

Kevin Meyer
Lieutenant Governor
State Capitol
Juneau, Alaska 99811
907.465.3520
WWW.LTGOV.ALASKA.GOV




530 West 7th Ave, Suite 1700
Anchorage, Alaska 99501
907.269.7460
LT.GOVERNOR@ALASKA.GOV

**OFFICE OF THE LIEUTENANT GOVERNOR
ALASKA**

MEMORANDUM

TO: Triptaa Surve
Department of Health and Social Services

FROM: April Simpson, Office of the Lieutenant Governor 
465.4081

DATE: March 25, 2020

RE: Filed Permanent Regulations: Department of Health and Social Services

Department of Health and Social Services regulations re: money and grants for behavioral health services, Medicaid coverage and payment for behavioral health services, and technical changes to replace "advanced nurse practitioner" with "advanced practice registered nurse" (7 AAC 70; 7 AAC 78; 7 AAC 105-160)

Attorney General File:	2019200243
Regulation Filed:	3/25/2020
Effective Date:	4/24/2020
Print:	234, July 2020

cc with enclosures: Harry Hale, Department of Law
Judy Herndon, LexisNexis

ORDER ADOPTING CHANGES TO REGULATIONS
OF THE DEPARTMENT OF HEALTH & SOCIAL SERVICES

The attached 68 pages of regulations, dealing with Medicaid & Behavioral Health Services Revised Requirements for Behavioral Health Providers, are adopted and certified to be a correct copy of the regulation changes that the Department of Health and Social Services adopts under the authority of AS 18.05.040, AS 18.08.010, AS 18.08.080, AS 18.25.100, AS 18.28.010, AS 18.28.050, AS 29.60.600, AS 44.29.020, AS 47.05.010, AS 47.07.030, AS 47.07.040, AS 47.07.055, AS 47.30.470, AS 47.30.475, AS 47.30.477, AS 47.30.530, AS 47.30.540, AS 47.30.570, AS 47.37.130, AS 47.37.140, and after compliance with the Administrative Procedure Act (AS 44.62), specifically including notice under AS 44.62.190 and 44.62.200 and opportunity for public comment under AS 44.62.210.

It is estimated that this action will require increased appropriations as shown on the attached fiscal note.

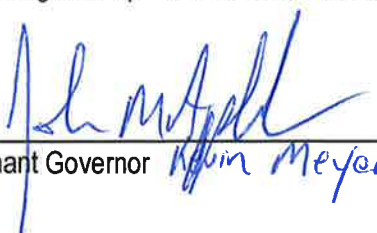
In considering public comments, the Department of Health and Social Services paid special attention to the cost to private persons of the regulatory action being taken.

The regulation changes adopted under this order take effect on the 30th day after they have been filed by the lieutenant governor, as provided in AS 44.62.180.

Date: 3/19/2020


Adam Crum, Commissioner
Department of Health & Social Services

 FILING CERTIFICATION
I, Kevin Meyer, Lieutenant Governor for the State of Alaska, certify that I on March 25,
2020, at 9:50 a.m., I filed the attached regulations according to the provisions of AS 44.62.040 -
44.62.120.


For Lieutenant Governor Kevin Meyer

Effective: April 24, 2020

Register: 234, July 2020

FOR DELEGATION OF THE LIEUTENANT GOVERNOR'S AUTHORITY

**I, KEVIN MEYER, LIEUTENANT GOVERNOR OF THE STATE OF ALASKA,
designate the following state employees to perform the Administrative Procedures Act
filing functions of the Office of the Lieutenant Governor:**

**Josh Applebee, Chief of Staff
Kady Levale, Notary Administrator
April Simpson, Regulations and Initiatives Specialist**

**IN TESTIMONY WHEREOF, I have
signed and affixed the Seal of the State of
Alaska, in Juneau, on December 11th,
2018.**



A handwritten signature in blue ink, appearing to read "K. Meyer", is written over a horizontal dotted line.

**KEVIN MEYER
LIEUTENANT GOVERNOR**

7 AAC 70.010 is amended to read:

7 AAC 70.010. Applicability. (a) This chapter applies to

(1) a community behavioral health services provider, including a

(A) [A] community mental health services provider receiving money from the department under AS 47.30.520 - 47.30.620; [AND]

(B) [A] substance use disorder treatment provider receiving money from the department under AS 47.30.475 or AS 47.37.045;

(C) health facility or other legal entity that provides behavioral health services under this chapter and 7 AAC 105 - 7 AAC 160, and does not receive money from the department under AS 47.30.520 - 47.30.620; and

(D) health facility or other legal entity that provides substance use disorder treatment services under AS 47.37, but does not receive money from the department under AS 47.37;

(2) a substance use disorder treatment provider that is subject to the requirements of AS 47.37, but does not receive money under AS 47.37, including an opioid use disorder treatment program or a substance use disorder treatment provider that provides treatment to recipients [INDIVIDUALS] referred by an alcohol safety action program; in this paragraph, "treatment" does not include services designed solely to provide support, advocacy, education, referral, or other assistance navigating the behavioral health services available to the recipient; and

(3) a substance use disorder treatment program operated for the Department of Corrections under AS 33.30.

(b) This chapter does not apply to

(1) an independent mental health practitioner providing diagnostic testing and evaluation services for which the practitioner is billing Medicaid under AS 47.07 and 7 AAC 105 - 7 AAC 160;

(2) a mental health physician clinic providing mental health clinic services for which the provider is billing Medicaid under AS 47.07 and 7 AAC 105 - 7 AAC 160; [OR]

(3) an inpatient psychiatric hospital; [OR]

(4) a behavior analyst or assistant behavior analyst licensed under AS 08.15, or a behavior analyst group practice enrolled under 7 AAC 105.210;

(5) a psychologist licensed under AS 08.86; or

(6) a social worker licensed under AS 08.95.

(c) In this section,

(1) "alcohol safety action program" has the meaning given in AS 28.35.039;

(2) **"health facility"**

(A) includes any profit or not-for-profit business or corporation that

(i) provides behavioral health clinic services, behavioral health rehabilitation services, or substance use disorder treatment services;

(ii) is organized in part as a subsidiary to provide behavioral health clinic services, behavioral health rehabilitation services, or substance use disorder treatment services; or

(iii) operates a program designed to provide behavioral health clinic services, behavioral health rehabilitation services, or substance use

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disorder treatment services;

(B) does not include an entity operated by a municipality, borough,
or other government entity;

(3) [(2)] "inpatient psychiatric hospital" has the meaning given in 7 AAC
160.990(b).

7 AAC 70.010 is amended by adding a new subsection to read:

(d) A community behavioral health services provider listed in this section may not represent itself as a behavioral health service provider or provide services described in this chapter without first obtaining a department approval under 7 AAC 70.030. (Eff. 10/1/2011, Register 199; am 4/9/2017, Register 222; am 7/1/2018, Register 226; am 4/24/2020, Register 234)

Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140
	AS 47.30.475	AS 47.30.540	

7 AAC 70.030(a) is repealed and readopted to read:

7 AAC 70.030. Department approval of a provider of behavioral health services. (a)

The department will approve an organization to provide behavioral health services in this state only if that organization meets the requirements for a community behavioral health services provider under 7 AAC 70.100 or 7 AAC 70.130 and provides one or more of the following:

(1) behavioral health clinic services under 7 AAC 135.010(b);

- (2) behavioral health rehabilitation services under 7 AAC 135.010(c);
- (3) day treatment services for children under 7 AAC 135.250;
- (4) 1115 substance use disorder waiver services under 7 AAC 138;
- (5) one or more withdrawal management services under 7 AAC 70.110;
- (6) one or more residential substance use disorder treatment services under 7 AAC 70.120;
- (7) opioid use disorder treatment services under 7 AAC 70.125;
- (8) behavioral health services to a recipient referred by the alcohol safety action program under 7 AAC 70.145; or
- (9) autism services under 7 AAC 135.350.

7 AAC 70.030(b) is repealed and readopted to read:

- (b) In an approval issued under this section, the department will identify
 - (1) one or more of the services identified in (a) of this section for which the provider is approved;
 - (2) the service area for which the provider is approved;
 - (3) the physical location approved by the department for each facility operated by the provider where an individual in the community can access behavioral health services;
 - (4) the local school district that has a written agreement with a community behavioral health services provider for day treatment services, in accordance with 7 AAC 135.250(d); and
 - (5) the total number of alcohol and other drug withdrawal management beds or

the total number of residential substance use disorder treatment service beds regardless of the funding source.

7 AAC 70.030(c) is repealed and readopted to read:

(c) If a behavioral health services provider is accredited under 7 AAC 70.150, the department will issue a department approval for a fixed period of time not to exceed 180 days from the expiration date of the provider's certificate of accreditation, except as provided in (f) and (k) of this section. A provider must seek renewal of a department approval before the expiration date of a current department approval.

7 AAC 70.030(d) is repealed and readopted to read:

(d) The department will issue a provisional department approval to a community behavioral health services provider who otherwise meets the requirements of this chapter to allow the provider sufficient time to obtain national accreditation in accordance with 7 AAC 70.150 if the provider

(1) is seeking initial department approval that complies with the interim standards set out in 7 AAC 70.200, and is currently working to get national accreditation;

(2) has a current department approval and is accredited, but is adding a location or service category; or

(3) has a current department approval and is accredited, but the accreditation is not applicable to the services provided.

(Eff. 10/1/2011, Register 199; am 4/9/2017, Register 222; am 7/1/2018, Register 226; am

Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140
	AS 47.30.475	AS 47.30.540	

The introductory language of 7 AAC 70.100(a) is amended to read:

(a) To be approved by the department as a community behavioral health services provider listed in 7 AAC 70.010(a)(1)(A) and (B), a provider

...

7 AAC 70.100(a)(3) is amended to read:

(3) if providing behavioral health clinic services, must have a documented formal agreement with a physician to provide [FOR THE PURPOSE OF PROVIDING] general direction and direct clinical services as needed;

7 AAC 70.100(a)(11) is amended to read:

(11) if providing withdrawal management [DETOXIFICATION] services, must meet the additional requirements of 7 AAC 70.110;

7 AAC 70.100(a)(12) is amended to read:

(12) if providing residential substance use disorder treatment services, must meet the additional requirements of 7 AAC 70.120; [AND]

7 AAC 70.100(a)(13) is amended to read:

(13) if providing opioid use disorder treatment services, must meet the additional requirements of 7 AAC 70.125; [.]

7 AAC 70.100(a) is amended by adding new paragraphs to read:

(14) if providing behavioral health services to a recipient referred by the alcohol safety action program under 7 AAC 70.145, must meet the additional requirements of that section;

(15) must ensure that all recipients have given informed consent;

(16) must report to the department any recipient who is missing or deceased;

(17) must comply with the requirements of AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990 as applicable for each individual described in 7 AAC 10.900(b) associated with the provider; and

(18) must submit to the department a record of a criminal history background check for each member of the provider's staff upon request.

(Eff. 10/1/2011, Register 199; am 4/9/2017, Register 222; am 4/24/2020, Register 234)

Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140
	AS 47.30.475	AS 47.30.540	

7 AAC 70.110 is repealed and readopted to read:

7 AAC 70.110. Additional requirements for providing alcohol and drug withdrawal

management services. (a) The department will approve a community behavioral health services provider under 7 AAC 70.010(a)(1) or a substance use disorder treatment provider not receiving money from the department under 7 AAC 70.010(a)(2) that meets the requirements of this section to provide one or more of the withdrawal management services listed in this subsection if the provider uses the service criteria described in the *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, adopted by reference in 7 AAC 70.910, for each recipient according to need as follows:

(1) level 1 withdrawal management: ambulatory withdrawal management services without extended on-site monitoring;

(2) level 2 withdrawal management: ambulatory withdrawal management services with extended on-site monitoring;

(3) level 3.2 withdrawal management: clinically managed residential withdrawal management services;

(4) level 3.7 withdrawal management: medically monitored inpatient withdrawal management services.

(b) All withdrawal management services must be medically necessary, must be clinically appropriate, and must comply with one or more of the following:

(1) the *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 70.910;

(2) the *International Classification of Diseases*, adopted by reference in 7 AAC 70.910;

(3) the *Revised Clinical Institute Withdrawal Assessment for Alcohol Scale*

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(*CIWA-Ar*), adopted by reference in 7 AAC 70.910; and

(4) the *Clinical Opiate Withdrawal Scale (COWS)*, adopted by reference in 7 AAC 70.910. (Eff. 10/1/2011, Register 199; am 6/16/2016, Register 218; am 4/24/2020, Register 234)

Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.130
	AS 47.30.475	AS 47.30.540	AS 47.37.140

The section heading of 7 AAC 70.120 is amended to read:

7 AAC 70.120. Additional requirements for providing residential substance use disorder treatment services.

7 AAC 70.120(a) is amended to read:

(a) The department will approve a community behavioral health services provider that meets the requirements of this section to provide clinically managed low-intensity, medium-intensity, or high-intensity residential substance use **disorder** treatment services.

The introductory language of 7 AAC 70.120(b) is amended to read:

(b) All residential substance use **disorder** treatment services must include, at admission and during the course of active treatment as needed,

...

7 AAC 70.120(b)(1) is amended to read:

(1) a substance use intake assessment conducted in accordance with 7 AAC 135.110(c), or an integrated mental health and substance use intake assessment conducted in accordance with 7 AAC 135.110(d); if the assessment conducted under this paragraph is an integrated mental health and substance use intake assessment, and of the individuals listed in (f)(6), (g)(5), or (h)(5) of this section, only a physician, a physician assistant, an advanced **practice registered** nurse [PRACTITIONER], or a mental health professional clinician may provide that assessment; and

The introductory language of 7 AAC 70.120(c) is amended to read:

(c) Residential substance use **disorder** treatment services may be administered to an individual or a group, or on a family basis, but must include the following component services:

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7 AAC 70.120(c)(4) is amended to read:

(4) medication administration services; of the individuals listed in (f)(6), (g)(5), or (h)(5) of this section, only a physician, a physician assistant, an advanced **practice registered** nurse [PRACTITIONER], a registered nurse supervised by a physician or advanced **practice registered** nurse [PRACTITIONER], or a licensed practical nurse supervised by a physician or advanced **practice registered** nurse [PRACTITIONER] may provide medication administration services;

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The introductory language of 7 AAC 70.120(d) is amended to read:

(d) All residential substance use **disorder** treatment services must be medically necessary, clinically appropriate, and provided in accordance with

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7 AAC 70.120(e) is amended to read:

(e) In addition to being delivered during regular business hours, all residential substance use **disorder** treatment services must be delivered as needed during evening hours and on weekends.

The introductory language of 7 AAC 70.120(f) is amended to read:

(f) Clinically managed low-intensity residential substance use **disorder** treatment services must

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7 AAC 70.120(f)(4) is amended to read:

(4) include the availability of telephonic or in-person consultation with a physician, a physician assistant, an advanced **practice registered** nurse [PRACTITIONER], or the emergency medical staff of a general acute care hospital 24 hours a day, seven days per week;

7 AAC 70.120(f)(6)(D)(iii) is amended to read:

(iii) an advanced practice registered nurse [PRACTITIONER];

7 AAC 70.120(f)(6)(D)(iv) is amended to read:

(iv) a registered nurse supervised by a physician or advanced
practice registered nurse [PRACTITIONER]; or

7 AAC 70.120(f)(6)(D)(v) is amended to read:

(v) a licensed practical nurse supervised by a physician or
advanced practice registered nurse [PRACTITIONER]; and

The introductory language of 7 AAC 70.120(g) is amended to read:

(g) Clinically managed medium-intensity residential substance use disorder treatment
services must

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The introductory language of 7 AAC 70.120(g)(3) is amended to read:

(3) include the availability of consultation with a physician, a physician assistant,
an advanced practice registered nurse [PRACTITIONER], or the emergency medical staff of a
general acute care hospital 24 hours a day, seven days per week, including

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7 AAC 70.120(g)(5)(D)(iii) is amended to read:

(iii) an advanced practice registered nurse [PRACTITIONER];

7 AAC 70.120(g)(5)(D)(iv) is amended to read:

(iv) a registered nurse supervised by a physician or advanced
practice registered nurse [PRACTITIONER]; or

7 AAC 70.120(g)(5)(D)(v) is amended to read:

(v) a licensed practical nurse supervised by a physician or
advanced practice registered nurse [PRACTITIONER]; and

The introductory language of 7 AAC 70.120(h) is amended to read:

(h) Clinically managed high-intensity residential substance use disorder treatment
services must

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The introductory language of 7 AAC 70.120(h)(3) is amended to read:

(3) include the availability of consultation with a physician, a physician assistant,
an advanced practice registered nurse [PRACTITIONER], or the emergency medical staff of a
general acute care hospital 24 hours a day, seven days per week, including

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7 AAC 70.120(h)(5)(D)(iii) is amended to read:

(iii) an advanced **practice registered** nurse [PRACTITIONER];

7 AAC 70.120(h)(5)(D)(iv) is amended to read:

(iv) a registered nurse supervised by a physician or advanced
practice registered nurse [PRACTITIONER]; or

7 AAC 70.120(h)(5)(D)(v) is amended to read:

(v) a licensed practical nurse supervised by a physician or
advanced **practice registered** nurse [PRACTITIONER]; and

(Eff. 10/1/2011, Register 199; am 6/16/2016, Register 218; am 4 / 24 / 2020, Register 234)

Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140
	AS 47.30.475	AS 47.30.540	

The introductory language of 7 AAC 70.125(a) is amended to read:

(a) To be approved by the department to provide opioid use disorder treatment services,
a community behavioral health services provider described in **7 AAC 70.010(a)(1)** [7 AAC
70.010(a)(1)(B)] or a substance use **disorder** treatment provider described in 7 AAC
70.010(a)(2) must

...

(Eff. 4/9/2017, Register 222; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.30.477 AS 47.30.570
AS 47.30.470 AS 47.30.530 AS 47.37.140
AS 47.30.475 AS 47.30.540

7 AAC 70.130 is repealed and readopted to read:

7 AAC 70.130. Qualifications of a community behavioral health services provider not receiving money from the department. To be approved by the department, a community behavioral health services provider described in 7 AAC 70.010(a)(1) that does not receive money from the department must

- (1) meet the requirements of this section and the additional requirements of 7 AAC 70.030(a) for the services that the provider has been approved to provide;
- (2) collect and report the statistical and service data requested by the department under AS 47.37.140, if providing any substance use disorder treatment service listed in 7 AAC 70.030(a)(4) - (7);
- (3) have a documented formal agreement with a physician to provide general direction and direct clinical services as needed, if the provider is providing behavioral health clinic services;
- (4) maintain a clinical record for each recipient in accordance with 7 AAC 135.130;
- (5) ensure that all recipients have given informed consent;
- (6) report to the department any recipient who is missing or deceased;
- (7) comply with the requirements of AS 47.05.300 - 47.05.390 and 7 AAC

10.900 - 7 AAC 10.990 as applicable for each individual described in 7 AAC 10.900(b) and associated with a provider;

(8) submit to the department a record of a criminal history background check for each member of the provider's staff upon request;

(9) maintain liability and malpractice insurance in accordance with professional and industry standards; and

(10) comply with the following requirements regarding provider records, including recipient clinical records if the provider closes as a service provider under this chapter:

(A) notify the department in writing not later than 48 hours after the decision to close as a service provider;

(B) notify the department whether the provider will

(i) retain and store the provider records;

(ii) transfer its records to the department; or

(iii) transfer its records to another organization;

(C) maintain a formal plan for the transfer of records that ensures access to records and include a description of how and when the provider will notify each recipient of service of where the files will be transferred, and how the recipient can get a copy of that recipient's records; the plan for notice under this subparagraph must include a list of those recipients for whom the provider has on file a signed release allowing the recipient's files to be transferred, and a list of those for whom a signed release has not been obtained;

(D) before transfer, ensure that records of minors are separated from

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records of adults. (Eff. 10/1/2011, Register 199; am 4/9/2017, Register 222; am

4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.30.530 AS 47.37.140

7 AAC 70.140 is amended to read:

7 AAC 70.140. Qualifications of a Department of Corrections substance use disorder treatment program. To be approved by the department, a substance use disorder treatment program operated for the Department of Corrections under AS 33.30 must collect and report the statistical and service data requested by the department under a memorandum of agreement, or similar device, with the Department of Corrections. (Eff. 10/1/2011, Register 199; am

4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.37.140

7 AAC 70 is amended by adding a new section to read:

7 AAC 70.145. Additional requirements to accept referrals from the alcohol safety action program or other court-ordered treatment referrals. A provider that renders behavioral health services to a recipient referred by the alcohol safety action program, as defined in AS 28.35.039, or that accepts other court-ordered treatment referrals must

(1) agree to receive paperwork or referral authorization before screening, assessing, or rendering behavioral health services for the purpose of satisfying court-ordered treatment;

(2) immediately notify in writing the referring entity if a recipient has been

discharged for not complying with the treatment program;

(3) seek approval from the referring entity before a recipient can be readmitted to services to satisfy the recipient's court-ordered treatment if that recipient has been discharged for noncompliance;

(4) agree to admit recipients to receive behavioral health services not later than 30 calendar days after the referral unless the provider contacts the referring entity to make other arrangements for the recipient's care; and

(5) report to the department or referring entity any information related to the recipient's care as requested. (Eff. 4 / 24 / 2020, Register 234)

Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.130
	AS 47.30.475	AS 47.30.540	AS 47.37.140

7 AAC 70.150(c) is amended to read:

(c) A **community** behavioral health services provider must obtain accreditation **for each location reported to the department under 7 AAC 70.030(b)(3)** that is **applicable** [RELEVANT] to the services for which the provider is seeking department approval.

(Eff. 10/1/2011, Register 199; am 4 / 24 / 2020, Register 234)

Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140
	AS 47.30.475	AS 47.30.540	

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7 AAC 70.160(b)(5) is amended to read:

(5) must be capable of evaluating the provider's ability to safely and effectively provide behavioral health clinic services, behavioral health rehabilitation services, **withdrawal management** [DETOXIFICATION] services, or residential substance use **disorder** services;

(Eff. 10/1/2011, Register 199; am 4 /24 /2020, Register 234)

Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140
	AS 47.30.475	AS 47.30.540	

7 AAC 70.990(7) is amended to read:

(7) "behavioral health services provider" means

(A) a community behavioral health services provider;

(B) a substance use **disorder** treatment provider that, as described in

7 AAC 70.010(a)(2), is not receiving money from the department;

7 AAC 70.990(9)(B) is amended to read:

(B) substance use **disorder** treatment;

7 AAC 70.990(11) is repealed and readopted to read:

(11) "community behavioral health services provider" means a provider listed in 7 AAC 70.010(a)(1) that has obtained a department approval under 7 AAC 70.030 to provide identified behavioral health services and meets the requirements set out in 7 AAC 70.100 or

7 AAC 70.130;

7 AAC 70.990(17) is repealed:

(17) repealed 4/24/2020;

7 AAC 70.990(18) is repealed:

(18) repealed 4/24/2020;

7 AAC 70.990(26) is amended to read:

(26) "medication administration services" means the administration, by medical personnel, of injectable or oral medications to a recipient, documentation of medication compliance, assessment and documentation of side effects, and evaluation and documentation regarding the effectiveness of the medication; in this paragraph, "medical personnel" means

(A) a physician;

(B) a physician assistant;

(C) an advanced **practice registered** nurse [PRACTITIONER];

(D) a registered nurse supervised by a physician or advanced **practice registered** nurse [PRACTITIONER];

(E) a licensed practical nurse supervised by a physician or advanced **practice registered** nurse [PRACTITIONER];

7 AAC 70.990(32) is repealed and readopted to read:

(32) "substance use disorder counselor" means an individual who

(A) has completed a course of study, training, or education, or who has documented evidence of experience, that has resulted in demonstrated competency to assist with or to independently conduct screening, assessment, treatment planning, case management, and provision of rehabilitative services for the treatment of substance use disorders; and who

(i) works within the scope of the individual's education, training, and experience;

(ii) adheres to a code of professional ethics; and

(iii) participates in continuing education to enhance relevant knowledge, skills, abilities, and professional characteristics; or

(B) holds any current, valid certificate from the National Association for Alcoholism and Drug Abuse Counselors, the International Certification and Reciprocity Consortium, the Alaska Commission for Behavioral Health Certification, or the Alaska Native Tribal Health Consortium Behavioral Health Aide Program;

7 AAC 70.990(33) is repealed and readopted to read:

(33) "substance use disorder treatment provider" means a provider that is subject to the requirements of AS 47.30.475, 47.30.520 - 47.30.620, or AS 47.37 and that operates an opioid disorder treatment program, alcohol and drug withdrawal management services, residential substance use disorder treatment facility, or outpatient substance use disorder

treatment services to provide treatment to recipients with substance use disorders;

7 AAC 70.990 is amended by adding new paragraphs to read:

(37) "missing," with respect to

(A) a child, means absent for more than 10 hours without approval from a residential child care facility as defined in AS 47.32.900;

(B) an adult recipient who currently receives services from a behavioral health services provider, means absent for more than 72 hours without approval from a residential treatment facility, a housing facility owned or operated by the provider, or an assisted living home where services are delivered to the recipient by the provider; or

(C) an individual described in (A) or (B) of this paragraph, means the subject of a missing person report that the provider receives from a member of law enforcement or a family member;

(38) "withdrawal management" means the process to safely and effectively provide the immediate physiological stabilization and treatment of a recipient who is intoxicated, incapacitated, or experiencing withdrawal from a specific psychoactive substance;

(39) "withdrawal management services" means treatment in accordance with the *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, adopted by reference in 7 AAC 70.910, for the following levels of care:

(A) level 1 withdrawal management: ambulatory withdrawal management services without extended on-site monitoring;

(B) level 2 withdrawal management: ambulatory withdrawal management

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services with extended on-site monitoring provided under 7 AAC 70.110;

(C) level 3.2 withdrawal management: clinically managed residential withdrawal management services provided under 7 AAC 70.110;

(D) level 3.7 withdrawal management: medically monitored inpatient withdrawal management services provided under 7 AAC 70.110. (Eff. 10/1/2011, Register 199; am 6/16/2016, Register 218; am 4/9/2017, Register 222; am 7/1/2018, Register 226; am 4 / 24 / 2020, Register 234)

Authority:	AS 47.05.010	AS 47.30.540	AS 47.37.130
	AS 47.30.477	AS 47.30.570	AS 47.37.140
	AS 47.30.530		

7 AAC 78.950(17) is repealed and readopted to read:

(17) "grant income" means income earned during the grant period from a grant-funded project;

(Eff. 7/21/2002, Register 163; am 6/24/2004, Register 170; am 10/16/2012, Register 204; am 4 / 24 / 2020, Register 234)

Authority:	AS 18.05.040	AS 44.29.020	AS 47.30.530
	AS 18.08.010	AS 47.05.010	AS 47.37.030
	AS 18.08.080	AS 47.20.075	AS 47.37.045
	AS 18.25.100	AS 47.20.110	AS 47.40.041
	AS 18.28.010	AS 47.27.005	AS 47.40.120
	AS 18.28.050	AS 47.27.050	AS 47.80.130

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AS 29.60.600

AS 47.30.477

7 AAC 105.200(a)(1)(K) is amended to read:

(K) an advanced **practice registered** nurse [PRACTITIONER];

7 AAC 105.200(a)(1) is amended by adding a new subparagraph to read:

(S) a clinical social worker;

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 5/1/2016, Register 218; am

6/16/2016, Register 218; am 7/1/2018, Register 226; am 6/2/2019, Register 230; am

4 / 24 / 2020, Register 234)

Authority: AS 47.05.010

AS 47.07.030

AS 47.07.040

7 AAC 110.100 is amended to read:

7 AAC 110.100. Advanced practice registered nurse [PRACTITIONER] enrollment requirements. (a) To be eligible for payment under 7 AAC 105 - 7 AAC 160 for providing advanced **practice registered** nurse [PRACTITIONER] services, including nurse midwife services, a provider must be an independent practicing advanced **practice registered** nurse [PRACTITIONER] who

(1) is enrolled [IN] as an advanced **practice registered** nurse [PRACTITIONER] in accordance with 7 AAC 105.210;

(2) has an active license to practice as an advanced **practice registered** nurse [PRACTITIONER] issued by the jurisdiction in which the individual provides services; if

services are provided in this state, the individual must hold an active license under AS 08.68;

(3) has a current advanced **practice registered** nurse [PRACTITIONER] certification in a specialty area of nursing granted by a national certification body recognized by the licensing authority for advanced **practice registered nurses** [NURSE PRACTITIONERS] in the jurisdiction in which the advanced **practice registered** nurse [PRACTITIONER] provides services; and

(4) if the advanced **practice registered** nurse [PRACTITIONER] prescribes legend drugs, has a valid license endorsement issued by the jurisdiction in which the individual provides services authorizing the advanced **practice registered** nurse [PRACTITIONER] to prescribe legend drugs; if legend drugs are prescribed in this state, the advanced **practice registered** nurse [PRACTITIONER] must be authorized to prescribe drugs by the Board of Nursing under 12 AAC 44.440.

(b) In addition to meeting the requirements of (a) of this section, to be eligible for payment for laboratory services performed in the advanced **practice registered nurse's** [NURSE PRACTITIONER'S] own laboratory, an advanced **practice registered** nurse [PRACTITIONER] must have a CMS Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver under 42 C.F.R. 493.35 - 493.37 or a registration certificate under 42 C.F.R. 493.43 - 493.45. A copy of the CLIA certificate of waiver or registration certificate must be submitted with the application for enrollment under 7 AAC 105.210.

(c) In addition to meeting the requirements of (a) of this section, to be eligible for payment for dispensing legend drugs, an advanced **practice registered** nurse [PRACTITIONER] must also be enrolled as a dispensing provider under 7 AAC 120.100.

(d) The department will not pay an advanced **practice registered** nurse [PRACTITIONER] enrolled under 7 AAC 105.210 and this section for services the advanced **practice registered** nurse [PRACTITIONER] provided as a salaried employee of a hospital or services for which the advanced **practice registered** nurse [PRACTITIONER], through an agreement with a hospital, received compensation in cash or in-kind from the hospital. (Eff. 2/1/2010, Register 193; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110.105 is amended to read:

7 AAC 110.105. Advanced **practice registered nurse [PRACTITIONER] services.**

(a) The department will pay an advanced **practice registered** nurse [PRACTITIONER] who meets the requirements of 7 AAC 110.100 for services provided that are within the scope of the advanced **practice registered nurse's** [NURSE PRACTITIONER'S] license to practice, including

(1) primary care, including

(A) diagnosis and treatment of an illness or injury for children or adults;

and

(B) immunizations to a recipient

(i) under 21 years of age;

(ii) 21 years of age or older, in accordance with 7 AAC

110.405(b)(2);

(2) early and periodic screening, diagnosis, and treatment services; and

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(3) if applicable, dispensing of legend drugs in accordance with 7 AAC 110.100 and 7 AAC 120.100.

(b) The department will pay an advanced practice registered nurse [PRACTITIONER] certified as a nurse midwife for services for a normal vaginal delivery performed at a free-standing birth center licensed under AS 47.32. (Eff. 2/1/2010, Register 193; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110.205(a)(5) is amended to read:

(5) an advanced practice registered nurse [PRACTITIONER];
(Eff. 2/1/2010, Register 193; am 5/11/2012, Register 202; am 5/1/2016, Register 218; am 9/1/2017, Register 223; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110.230(a)(5) is amended to read:

(5) a physician, advanced practice registered nurse [PRACTITIONER], or physician assistant;
(Eff. 2/1/2010, Register 193; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110.275(a) is amended to read:

(a) The department will pay for outpatient nutrition services provided to a recipient

under 21 years of age who, consistent with the criteria in (b) of this section, is determined to be at high risk nutritionally by a physician, an advanced **practice registered** nurse [PRACTITIONER], or another licensed or certified health care practitioner who may order those services within the scope of the practitioner's license or certification.

7 AAC 110.275(c)(3)(A) is amended to read:

(A) medically justified and prescribed by a physician, an advanced **practice registered** nurse [PRACTITIONER], or a physician assistant, who may order those services within the scope of the practitioner's license; and

(Eff. 2/1/2010, Register 193; am 5/1/2016, Register 218; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110.280(a)(2)(A) is amended to read:

(A) a physician, an advanced **practice registered** nurse [PRACTITIONER], or a physician assistant who may order those services within the scope of the practitioner's license or certification; or

7 AAC 110.280(c)(3)(A) is amended to read:

(A) medically justified and prescribed by a physician, an advanced **practice registered** nurse [PRACTITIONER], or a physician assistant who may order those services within the scope of the practitioner's license; and

(Eff. 2/1/2010, Register 193; am 5/1/2016, Register 218; am 4 / 24 / 2020, Register 234)

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Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110.445(e) is amended to read:

(e) Mental health services rendered by someone other than a physician, an advanced **practice registered** nurse [PRACTITIONER], a rural health clinic, or a federally qualified health center must be provided **by an individual licensed under AS 08 and within the individual's scope of practice under 7 AAC 135** [IN ACCORDANCE WITH 7 AAC 110.550], or must be provided by a tribal health program. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110.450(a) is amended to read:

(a) The department will pay for a physician, an advanced **practice registered** nurse [PRACTITIONER], or a physician assistant acting as a surgical assistant. A second surgical assistant will be paid at the same rate as the first surgical assistant if the primary surgeon submits a written explanation acceptable to the department that justifies the need for the second surgical assistant.

(Eff. 2/1/2010, Register 193; am 3/19/2014, Register 209; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 110.520(a)(2) is amended to read:

(2) be enrolled as either a hospice service provider under 7 AAC 140.270, or a

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home health service provider under 7 AAC 125.300, who employs a registered nurse, a licensed practical nurse, or an advanced practice registered nurse [PRACTITIONER].

7 AAC 110.520(b)(1)(B) is amended to read:

(B) an advanced practice registered nurse [PRACTITIONER] in accordance with 7 AAC 105.200(a) and 7 AAC 105.210;

7 AAC 110.520(b)(2) is amended to read:

(2) have an active license to practice as a registered nurse, a licensed practical nurse, or an advanced practice registered nurse [PRACTITIONER] issued by the jurisdiction in which the nurse provides services; if services are provided in this state the nurse must hold an active license under AS 08.68; and

(Eff. 2/1/2010, Register 193; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

The section heading of 7 AAC 110.550 is changed to read:

7 AAC 110.550. Psychologist testing services.

The introductory language of 7 AAC 110.550(a) is amended to read:

(a) To be eligible for payment under 7 AAC 105 - 7 AAC 160 for providing psychologist testing services, a provider must be an independently practicing psychologist who

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The introductory language of 7 AAC 110.550(b) is amended to read:

(b) Covered psychologist **testing** services are limited to medically necessary psychological testing to determine the status of the patient's mental, intellectual, and emotional functioning. Testing services must include administration of psychodiagnostic tests, the interpretation of the results of the tests, and a written report. Testing services must be provided directly by the psychologist. Payment is limited to the following services:

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7 AAC 110.550(c) is amended to read:

(c) Psychologist **testing** services may be provided to a recipient who has received a referral from the recipient's treating physician, a physician assistant, an advanced **practice registered** nurse [PRACTITIONER], a community mental health clinic, a tribal health program, or an appropriate school official, if the referral documents the purpose for the testing, including the need to determine acuity of need, severity of symptoms, or level of impairment.

7 AAC 110.550(d) is amended to read:

(d) Psychologist **testing** services may be provided in the psychologist's office, an outpatient clinic, an outpatient hospital, a general acute care hospital, a tribal health program, an inpatient psychiatric hospital, a residential psychiatric treatment center, or other setting appropriate for patient care.

(Eff. 2/1/2010, Register 193; am 4 /24 /2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110 is amended by adding a new section to Article 13 to read:

7 AAC 110.555. Psychologist behavioral health services. (a) To be eligible for payment under 7 AAC 105 - 7 AAC 160, psychologist behavioral health services must be provided by an individual who meets the requirements in 7 AAC 110.550(a)(1) and (2).

(b) A provider may only bill the department for the following psychologist behavioral health services, provided in accordance with this chapter:

- (1) a mental health intake assessment;
- (2) an integrated mental health and substance use intake assessment;
- (3) individual psychotherapy;
- (4) group psychotherapy;
- (5) family psychotherapy;
- (6) multi-family group psychotherapy;
- (7) screening and brief intervention services described in 7 AAC 135.240;
- (8) behavioral health screening under 7 AAC 135.100.

(c) A psychologist behavioral health services provider must maintain the provider's records in accordance with 7 AAC 105.230.

(d) If a psychologist covered under this section provides behavioral health services in or for another enrolled provider, the psychologist must request payment for those services in accordance with 7 AAC 135.910(a). (Eff. 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110 is amended by adding a new section to read:

Article 14. Clinical Social Worker Services.

Section

565. Clinical social worker services

7 AAC 110.565. Clinical social worker services. (a) To be eligible for payment under 7 AAC 105 - 7 AAC 160 for providing clinical social worker services, a provider must

(1) be enrolled as a clinical social worker in accordance with 7 AAC 105.210;

and

(2) have an active license to practice as a clinical social worker issued by the jurisdiction in which the clinical social worker provides services; if services are provided in this state, the clinical social worker must hold an active license under AS 08.95.110 or 08.95.120.

(b) Clinical social worker services include only the following behavioral health clinic services:

- (1) a mental health intake assessment;
- (2) an integrated mental health and substance use intake assessment;
- (3) individual psychotherapy;
- (4) group psychotherapy;
- (5) family psychotherapy;
- (6) multi-family group psychotherapy;
- (7) screening and brief intervention services described in 7 AAC 135.240;
- (8) behavioral health screening under 7 AAC 135.100.

(c) A clinical social worker services provider must maintain the provider's records in accordance with 7 AAC 105.230.

(d) If a clinical social worker covered under this section provides behavioral health services in or for another enrolled provider, the clinical social worker must request payment for those services in accordance with 7 AAC 135.910(a). (Eff. 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 115.210(a)(1) is amended to read:

(1) prescribed by a physician, an advanced **practice registered** nurse [PRACTITIONER], or a physician assistant who may prescribe those services and supplies within the scope of the practitioner's license;

(Eff. 2/1/2010, Register 193; am 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 115.410(2)(A) is amended to read:

(A) prescribed by a physician, an advanced **practice registered** nurse [PRACTITIONER], or physician assistant and the services and supplies prescribed are within the scope of the practitioner's license;

(Eff. 2/1/2010, Register 193; am 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

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The introductory language of 7 AAC 115.600(d) is amended to read:

(d) The department will pay for school-based services for a Medicaid-eligible child if the individualized education plan developed for the child under AS 14.30.278 specifies the services that the school district is seeking payment for, each health condition to be addressed, the anticipated treatment goals, and the type, amount, frequency, and duration of each service to be offered. Any change to a plan that adds, eliminates, or alters a service, material, or supply described under this section must be documented in the Medicaid-eligible child's clinical record by or under the direction of a physician, a **physician** [PHYSICIAN'S] assistant, an advanced **practice registered** nurse [PRACTITIONER], a physical therapist, an occupational therapist, a speech-language pathologist, an audiologist, a psychologist or psychological associate, a behavioral health professional, a behavioral health associate, or other health care provider who is . . .

(Eff. 2/1/2010, Register 193; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.040 AS 47.07.063
AS 47.07.030

7 AAC 120.100(c) is amended to read:

(c) A physician, a podiatrist, a physician assistant, an advanced **practice registered** nurse [PRACTITIONER], a tribal health program, a federally qualified health center, or a rural health clinic that is authorized to prescribe drugs, who dispenses or plans to dispense drugs, and who seeks payment under 7 AAC 105 - 7 AAC 160 for dispensing drugs, must be enrolled as a dispensing provider. To enroll as a dispensing provider, the physician, podiatrist, physician

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assistant, advanced **practice registered** nurse [PRACTITIONER], tribal health program, federally qualified health center, or rural health clinic must

(1) be enrolled in accordance with 7 AAC 105.210 and the applicable provisions of 7 AAC 105 - 7 AAC 160; and

(2) submit a copy of the provider's United States Drug Enforcement Administration (DEA) certification of prescriptive authority. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 120.110(c)(1) is amended to read:

(1) if initially ordered by a physician, an advanced **practice registered** nurse [PRACTITIONER], or a physician assistant in addition to a tobacco cessation drug; (Eff. 2/1/2010, Register 193; am 6/13/2010, Register 194; am 7/7/2010, Register 195; am 1/1/2011, Register 196; am 9/7/2011, Register 199; am 1/4/2012, Register 201; am 5/18/2014, Register 210; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 120.235(b)(2) is amended to read:

(2) certified as medically necessary by the recipient's attending physician, physician assistant, or advanced **practice registered** nurse [PRACTITIONER], on a form provided by the department. (Eff. 2/1/2010, Register 193; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

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7 AAC 120.240(a)(2) is amended to read:

(2) prescribed by the attending physician, physician assistant, or advanced **practice registered** nurse [PRACTITIONER];

7 AAC 120.240(a)(3) is amended to read:

(3) certified as medically necessary by the attending physician, physician assistant, advanced **practice registered** nurse [PRACTITIONER], or dietitian on a form provided by the department; certification of medical necessity must indicate that sufficient caloric or protein intake is not obtainable through regular, liquefied, or pureed food; and (Eff. 2/1/2010, Register 193; am 6/2/2019, Register 230; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 120.435(c) is amended to read:

(c) The department will pay for services provided by a prematernal home to a pregnant woman in the community where delivery of the baby is planned if a physician, an advanced **practice registered** nurse [PRACTITIONER], or a physician assistant recommends those services.

(Eff. 2/1/2010, Register 193; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.227(j)(3)(A)(i) is amended to read:

(i) an advanced **practice registered** nurse [PRACTITIONER];

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7 AAC 130.227(j)(3)(B)(i) is amended to read:

(i) an advanced **practice registered** nurse [PRACTITIONER];

(Eff. 7/1/2013, Register 206; am 7/1/2015, Register 214; am 11/5/2017, Register 224; am

4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.285(b)(3) is amended to read:

(3) are prescribed by a physician, a physician assistant, or an advanced **practice registered** nurse [PRACTITIONER], licensed under AS 08, that specifies in writing the scope of care to be provided, including the type, frequency, and duration of that care; and

(Eff. 2/1/2010, Register 193; am 7/1/2013, Register 206; am 11/5/2017, Register 224; am

4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.305(a)(1)(A)(iii) is amended to read:

(iii) an advanced **practice registered** nurse [PRACTITIONER];

(Eff. 2/1/2010, Register 193; am 3/1/2011, Register 197; am 7/1/2013, Register 206; am

11/5/2017, Register 224; am 6/2/2019, Register 230; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

The introductory language of 7 AAC 135.010(b) is amended to read:

(b) **A provider may not bill the** [THE] department [WILL PAY] for the following

behavioral health clinic services unless the service is provided in accordance with this chapter
by

• • •

7 AAC 135.010(b)(1) is amended to read:

(1) a mental health professional clinician, a physician licensed as required under 7 AAC 110.400, a physician assistant licensed as required under 7 AAC 110.455, [OR] an advanced practice registered nurse [PRACTITIONER] licensed and certified as required under 7 AAC 110.100, a psychologist licensed as required under 7 AAC 110.550, or a clinical social worker licensed as required under 7 AAC 110.565, if the provider is working within the scope of the provider's education, training, and experience:

(A) the following professional behavioral health assessments conducted
in accordance with 7 AAC 135.110:

(i) a mental health intake assessment;

(ii) an integrated mental health and substance use intake
assessment;

(iii) psychological testing and evaluation;

(B) psychotherapy conducted in accordance with 7 AAC 135.150;

(C) short-term crisis intervention services conducted in accordance with
7 AAC 135.160;

(D) screening and brief intervention services in accordance with
7 AAC 135.240;

7 AAC 135.010(c) is amended to read:

(c) A provider may not bill the [THE] department [WILL PAY] for the following behavioral health rehabilitation services unless [IN ACCORDANCE WITH THIS CHAPTER IF] the service is provided in accordance with this chapter by a member of the provider's staff who is qualified to perform [PERFORMING] that service as a regular duty within the scope of that staff member's knowledge, experience, and education:

- (1) behavioral health screening under 7 AAC 135.100;
- (2) a substance use intake assessment under 7 AAC 135.110(c);
- (3) case management under 7 AAC 135.180;
- (4) withdrawal management [DETOXIFICATION] services under 7 AAC 135.190;
- (5) comprehensive community support services for adults under 7 AAC 135.200;
- (6) therapeutic behavioral health services for children under 7 AAC 135.220;
- (7) recipient support services under 7 AAC 135.230;
- (8) medication administration services under 7 AAC 135.260, from an individual listed in the definition of "medication administration services" in 7 AAC 70.990;
- (9) [BEHAVIORAL HEALTH TREATMENT PLAN REVIEW AND DEVELOPMENT, INCLUDING A CLIENT STATUS REVIEW UNDER 7 AAC 135.100;
- (10)] medical evaluation provided by a physician, physician assistant, or advanced practice registered nurse;
- (10) [(11)] methadone, buprenorphine, buprenorphine-naloxone combination, or naltrexone [OR ANTABUSE] administration or administration of any other

drug approved by the United States Food and Drug Administration for the treatment of opioid addiction if administered in an opioid use disorder treatment program under 7 AAC 70.125 and provided by an individual listed in the definition of "medication administration services" in 7 AAC 70.990;

(11) [(12)] behavioral health treatment plan review for a recipient in an opioid use disorder treatment program;

(12) [(13)] day treatment services for children under 7 AAC 135.250;

(13) [(14)] daily behavioral rehabilitation services under 7 AAC 135.270;

(14) [(15)] residential substance use disorder treatment services under 7 AAC 135.280;

(15) [(16)] short-term crisis stabilization services under 7 AAC 135.170;

(16) [(17)] FACILITATION OF A TELEMEDICINE SESSION UNDER 7 AAC 135.290;

(18)] autism services under 7 AAC 135.350.

(Eff. 10/1/2011, Register 199; am 4/9/2017, Register 222; am 7/1/2018, Register 226; am

4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 135.030(a) is amended by adding a new paragraph to read:

(6) a licensed mental health professional who meets the requirements of 7 AAC 135.910.

(Eff. 10/1/2011, Register 199; am 7/1/2018, Register 226; am 11/10/2019, Register 232; am

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4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

The introductory language of 7 AAC 135.040(c) is amended to read:

(c) A community behavioral health services provider may provide the following behavioral health rehabilitation services without **prior** [SPECIFIC] authorization by the department:

• • •

7 AAC 135.040(c)(11) is amended to read:

(11) **withdrawal management** [DETOXIFICATION] services, with no limit;

7 AAC 135.040(c)(12) is amended to read:

(12) behavioral health screening **in accordance with 7 AAC 135.100** [USING THE ALASKA SCREENING TOOL, ADOPTED BY REFERENCE UNDER 7 AAC 160.900,] to determine eligibility for admission to a treatment program, limited to one screening per program admission for new or returning recipients;

7 AAC 135.040(c)(13) is amended to read:

(13) medical evaluation for a recipient not receiving methadone, limited to one medical evaluation per recipient per admission to **withdrawal management** [DETOXIFICATION] treatment;

7 AAC 135.040(c)(17) is amended to read:

(17) residential substance use **disorder** treatment services under 7 AAC 135.280, with no limit;

7 AAC 135.040(g) is amended to read:

(g) After considering the area of the state where the service is provided, the provider's location, and whether other providers are available to a recipient, the director of the division responsible within the department for behavioral health services, or the director's designee, shall extend a behavioral health clinic service limitation under **7AAC 135.010 - 7 AAC 135.280** [7 AAC 135.010 - 7 AAC 135.290] if the director or the director's designee determines that

(1) the recipient's circumstances are exceptional; and

(2) the extension is necessary to protect the recipient's health.

(Eff. 10/1/2011, Register 199; am 4/9/2017, Register 222; am 7/1/2018, Register 226; am 11/10/2019, Register 232; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 135.100 is repealed and readopted to read:

7 AAC 135.100. Behavioral health screening. (a) The department will pay a provider listed in 7 AAC 70.010(a) and an eligible provider under 7 AAC 105.200 for conducting a behavioral health screening with a new or returning recipient using a screening tool recommended by the department or identified by the provider as appropriate for use with the recipient.

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(b) A provider under this section shall include the results of the screening in the recipient's clinical record including any action taken or recommended based on the recipient's responses. (Eff. 10/1/2011, Register 199; am 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

[EDITOR'S NOTE: THE CLIENT STATUS REVIEW MAY BE COMPLETED ELECTRONICALLY THROUGH THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH, ALASKA AUTOMATED INFORMATION MANAGEMENT SYSTEM, ACCESSIBLE AT THE FOLLOWING INTERNET ADDRESS: [HTTP://DHSS.ALASKA.GOV/DBH/PAGES/AKAIMS/DEFAULT.ASPX](http://DHSS.ALASKA.GOV/DBH/PAGES/AKAIMS/DEFAULT.ASPX). A PAPER COPY OF THE CLIENT STATUS REVIEW MAY BE OBTAINED BY WRITING TO THE DIVISION OF BEHAVIORAL HEALTH, 3601 C STREET, SUITE 878, ANCHORAGE, AK 99503 OR AT FOLLOWING INTERNET ADDRESS: [HTTPS://AKAIMS-SUPPORT.DHSS.ALASKA.GOV/FORMS.HTM](https://AKAIMS-SUPPORT.DHSS.ALASKA.GOV/FORMS.HTM).]

The introductory language of 7 AAC 135.110(a) is amended to read:

(a) If **an individual requests treatment** [A BEHAVIORAL HEALTH SCREENING CONDUCTED UNDER 7 AAC 135.100], or **is referred** [A REFERRAL] by a court or other agency, **as** [HAS IDENTIFIED] an individual who is suspected of having a behavioral health disorder that could require behavioral health services, the department will pay

...

7 AAC 135.110(a)(1)(B) is amended to read:

(B) a psychiatric assessment under (e) [OR (f)] of this section;

7 AAC 135.110(c)(2) is amended to read:

(2) conducted at a minimum by a substance use disorder counselor, behavioral health clinical associate [SOCIAL WORKER], or other qualified program staff member performing duties regularly within the scope of the individual's [AUTHORITY,] training, experience, and education [AND JOB DESCRIPTION]; however, if the substance use intake assessment is conducted as part of withdrawal management [DETOXIFICATION] services subject to 7 AAC 70.110 and 7 AAC 135.190, the assessment must be conducted by an individual identified in 7 AAC 70.110 for the type of withdrawal management [DETOXIFICATION] service provided;

7 AAC 135.110(h) is repealed:

(h) Repealed 4 / 24 / 2020. (Eff. 10/1/2011, Register 199; am 6/16/2016, Register 218; am 11/10/2019, Register 232; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 135.120(a) is repealed and readopted to read:

7 AAC 135.120. Behavioral health treatment plan. (a) The department will pay a community behavioral health services provider or a mental health physician clinic for services provided to a recipient only if

- (1) those services are provided under an individualized behavioral health treatment plan that meets the requirements of this section and 7 AAC 135.130;
- (2) the plan is based on a professional behavioral health assessment under 7 AAC 135.110;
- (3) the plan is signed and monitored by the directing clinician; and
- (4) if the recipient is 18 years of age or younger, the plan is developed with the recipient or the recipient's representative and is based upon the input of a treatment team that meets the requirements of (c) of this section.

7 AAC 135.120 is amended by adding a new subsection to read:

(f) The directing clinician must review a recipient's plan of treatment face-to-face with the recipient at least every 90 days to confirm that the identified problems and treatment services are current and relevant, and to identify any need for continuing assessment or treatment services to address new problems identified by the provider or the recipient. If the recipient is 18 years of age or younger, the review must be conducted in accordance with (c) of this section. The directing clinician shall document in the recipient's clinical record the date that the review was conducted. (Eff. 10/1/2011, Register 199; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 135.130 is repealed and readopted to read:

7 AAC 135.130. Clinical record. (a) To be eligible for payment under this chapter, a community behavioral health services provider or a mental health physician clinic must

maintain, for each recipient served, a clinical record in accordance with 7 AAC 105.230 that also must include a

(1) written report that documents the results of a professional behavioral health assessment conducted in accordance with 7 AAC 135.110 that also identifies the

(A) recipient's presenting problems, diagnosed conditions, and functional deficits that require treatment; and

(B) treatment recommendations for the recipient's presenting problems, diagnosed conditions, and functional impairments; and

(2) behavioral health treatment plan that meets the requirements of 7 AAC 135.120 and includes

(A) the recipient's identifying information;

(B) the date implementation of the behavioral health treatment plan will begin;

(C) treatment goals based on the presenting problems, assessed conditions, and functional deficits that are the current focus of treatment; and

(D) the services that will be used to address the written goals.

(b) The clinical record must include all the changes made to a recipient's behavioral health treatment plan and updates to the professional behavioral health assessment. (Eff.

10/1/2011, Register 199; am 6/16/2016, Register 218; am 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

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The section heading of 7 AAC 135.190 is changed to read:

7 AAC 135.190. Withdrawal management [DETOXIFICATION] services.

7 AAC 135.190(a) is repealed and readopted to read:

(a) A community behavioral health services provider may only bill the department for the following alcohol and drug withdrawal management services delivered face-to-face to the recipient if the services are provided in accordance with this section:

(1) level 1 withdrawal management: ambulatory withdrawal management services without extended on-site monitoring, provided in accordance with 7 AAC 70.110;

(2) level 2 withdrawal management: ambulatory withdrawal management services with extended on-site monitoring, provided in accordance with 7 AAC 70.110;

(3) level 3.2 withdrawal management: clinically managed residential withdrawal management services, provided in accordance with 7 AAC 70.110;

(4) level 3.7 withdrawal management: medically monitored inpatient withdrawal management services, provided in accordance with 7 AAC 70.110.

The introductory language of 7 AAC 135.190(b) is amended to read:

(b) The only behavioral health services that the department will pay for when provided on the same day as withdrawal management [ALCOHOL AND DRUG DETOXIFICATION] services are

...

(Eff. 10/1/2011, Register 199; am 4/24/2020, Register 234)

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Authority: AS 47.05.010 AS 47.07.030

7 AAC 135.200(b)(2) is amended to read:

(2) to an individual, [OR A] group, **or family**.

(Eff. 10/1/2011, Register 199; am 4 /24 /2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

The introductory language of 7 AAC 135.210(a) is amended to read:

(a) **A** [THE DEPARTMENT WILL PAY A] community behavioral health services provider **may only bill the department** for peer support services if those services

...

7 AAC 135.210(a)(1)(A) is repealed and readopted to read:

(A) one-on-one, family, or group activities designed to assist the recipient attain identified treatment goals;

7 AAC 135.210(a)(3) is amended to read:

(3) are **included** [COORDINATED] in the recipient's behavioral health treatment plan; and

7 AAC 135.210(a)(4) is amended to read:

(4) are focused on **the current presenting problems, diagnosed conditions,**

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and functional impairments included in the recipient's treatment plans [SPECIFIC GOALS AND OBJECTIVES INCLUDING IDENTIFIED BENCHMARKS OR OTHER MEASURABLE OUTCOMES].

7 AAC 135.210(b) is amended to read:

(b) Peer support services must be provided by a person who has experience similar to the recipient and [BEHAVIORAL HEALTH CLINICAL ASSOCIATE] who

(1) maintains frequent in-person or telephonic contact with the recipient in order to achieve all the objectives listed in (a) of this section [SUPPORT THE RECIPIENT AND PARTICIPATE IN GROUP ACTIVITIES];

(2) is competent to provide peer support services by virtue of having experienced behavioral health issues in self or family; and

(3) is supervised by a mental health professional clinician or substance use disorder counselor who the community behavioral health services provider has determined is competent to supervise peer support services [BY A BEHAVIORAL HEALTH CLINICAL ASSOCIATE].

7 AAC 135.210(c)(3) is amended to read:

(3) individual, family, or group comprehensive community support services under 7 AAC 135.200. (Eff. 10/1/2011, Register 199; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

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7 AAC 135.240(a) is amended to read:

(a) A [THE DEPARTMENT WILL PAY] community behavioral health services provider, a mental health physician clinic, or an individual identified in 7 AAC 135.910 may only bill the department for screening and brief intervention services if that provider conducts the screening component and, if needed, the brief intervention component in accordance with this section.

7 AAC 135.240(d) is amended to read:

(d) A provider listed in [UNDER] (a) of this section shall document screening and brief intervention services in a case [PROGRESS] note in accordance with 7 AAC 105.230 [7 AAC 135.130(a)(8)].

(Eff. 10/1/2011, Register 199; am 11/10/2019, Register 232; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 135.280(a) is amended to read:

(a) The department will pay a community behavioral health services provider for residential substance use disorder treatment services if the provider is operating a structured residential program to treat substance use disorders in accordance with 7 AAC 70.120.

The introductory language of 7 AAC 135.280(b) is amended to read:

(b) To qualify for payment for providing residential substance use disorder treatment services, a community behavioral health services provider must provide the following active

treatment each day the recipient is in treatment:

• • •

7 AAC 135.280(c) is amended to read:

(c) Residential substance use **disorder** treatment services may be provided within the structured residential program as individual, group, or family services.

7 AAC 135.280(d) is amended to read:

(d) The only behavioral health services that the department will pay for on the same day as residential substance use **disorder** treatment services are

- (1) behavioral health screening under 7 AAC 135.100;
- (2) [COMPLETING A CLIENT STATUS REVIEW UNDER 7 AAC 135.100;
- (3)] needed professional behavioral health assessments under 7 AAC 135.110;
- (3)** [(4)] case management services under 7 AAC 135.180;
- (4)** [(5)] needed behavioral health clinic services under 7 AAC 135.010;
- (5)** [(6)] a medical evaluation. (Eff. 10/1/2011, Register 199; am 4/24/2020,

Register 234)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 135.290 is repealed:

7 AAC 135.290. Facilitation of a telemedicine session. Repealed. (Eff. 10/1/2011,

Register 199; repealed 4/24/2020, Register 234)

7 AAC 135.800(a)(4)(B)(vi) is amended to read:

(vi) an advanced **practice registered** nurse [PRACTITIONER]

who is licensed and certified as required under 7 AAC 110.100 or described in

7 AAC 105.200(c);

(Eff. 10/1/2011, Register 199; am 11/3/2013, Register 208; am 4/24/2020, Register 239)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 135 is amended by adding a new section to read:

7 AAC 135.910. Licensed mental health professionals providing behavioral health services. (a) A mental health professional enrolled under 7 AAC 105.210 and licensed as required in AS 08 who provides behavioral health services under this chapter may only request payment for those services by submitting a claim for payment using the

(1) community behavioral health services provider's claims processing procedures if the mental health professional is an employee or volunteer of that organization; payment for services under this paragraph is subject to the same requirements and restrictions placed on a behavioral health services organization under this chapter;

(2) mental health physician clinic claims processing procedures if the mental health professional is an employee of the clinic; payment for services under this paragraph is subject to the same requirements and restrictions placed on a mental health physician clinic under this chapter; or

(3) mental health professional's National Provider Identifier (NPI) number if providing the service as an independent practitioner; payment for services under this paragraph

must be medically necessary and clinically appropriate, must be directly rendered by the licensed mental health professional, and must meet the service criteria set out in this chapter.

(b) If, during an assessment, evaluation, or treatment of a recipient under 21 years of age, the provider determines that the recipient may meet the criteria in 7 AAC 135.065 for a child experiencing a severe emotional disturbance, the provider shall refer the recipient to a community behavioral health services provider that provides behavioral health rehabilitation services in the community.

(c) If, during an assessment, evaluation, or treatment of a recipient 21 years of age or older, the provider determines that the recipient may meet the criteria in 7 AAC 135.055 for an adult experiencing a serious mental illness, the provider shall refer the recipient to a community behavioral health services provider that provides behavioral health rehabilitation services in the community.

(d) If, during an assessment, evaluation, or treatment of a recipient, the provider discovers that the recipient meets the criteria in 7 AAC 135.020(b)(1) for an individual experiencing a substance use disorder, the provider shall refer the recipient to a community behavioral health services provider that provides substance use disorder treatment services in the community.

(e) If a provider covered under this section refers a recipient to a community behavioral health services provider for rehabilitation services in accordance with (b) - (d) of this section, the provider may still continue to provide other services to the recipient that the provider is eligible to provide under 7 AAC 110. (Eff. 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

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7 AAC 135.990(6) is amended to read:

(6) "behavioral health screening" means administering and interpreting a screening tool described in 7 AAC 135.100 [THE *ALASKA SCREENING TOOL*, ADOPTED BY REFERENCE IN 7 AAC 160.990], at the point of entry to a behavioral health program to determine the appropriate assessments needed to identify the recipient's treatment needs;

7 AAC 135.990(8)(B) is amended to read:

(B) substance use disorder treatment;

7 AAC 135.990(10) is repealed:

(10) repealed 4/24/2020;

7 AAC 135.990(12) is repealed:

(12) repealed 4/24/2020;

7 AAC 135.990(17)(C) is amended to read:

(C) an advanced practice registered nurse [PRACTITIONER];

7 AAC 135.990(17)(D) is amended to read:

(D) a registered nurse supervised by a physician or advanced practice registered nurse [PRACTITIONER]; or

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7 AAC 135.990(17)(E) is amended to read:

(E) a licensed practical nurse supervised by a physician or advanced
practice registered nurse [PRACTITIONER];

7 AAC 135.990(20)(B) is amended to read:

(B) providing brief interventions or referral to a substance use disorder
[ABUSE] treatment program;

7 AAC 135.990(22) is repealed and readopted to read:

(22) "substance use disorder counselor" means an individual who

(A) has completed a course of study, training, or education, or who has
documented evidence of experience, that has resulted in demonstrated competency to
assist with or to independently conduct screening, assessment, treatment planning, case
management, and provision of rehabilitative services for the treatment of substance use
disorders; and who

(i) works within the scope of the individual's education, training,
and experience;

(ii) adheres to a code of professional ethics; and

(iii) participates in continuing education to enhance relevant
knowledge, skills, abilities, and professional characteristics; or

(B) holds any current, valid certificate from the National Association for
Alcoholism and Drug Abuse Counselors, the International Certification and Reciprocity

Consortium, the Alaska Commission for Behavioral Health Certification, or the Alaska Native Tribal Health Consortium Behavioral Health Aide Program;

7 AAC 135.990 is amended by adding new paragraphs to read:

(32) "licensed mental health professional" means

(A) a psychiatrist or physician who is licensed by the State Medical Board to practice in this state or is employed by the federal government;

(B) a clinical psychologist licensed by the Board of Psychologist and Psychological Associate Examiners;

(C) a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners;

(D) an advanced practice registered nurse or a registered nurse with a master's degree in psychiatric nursing, licensed by the Board of Nursing;

(E) a marital and family therapist licensed by the Board of Marital and Family Therapy;

(F) a professional counselor licensed by the Board of Professional Counselors;

(G) a clinical social worker licensed by the Board of Social Work Examiners;

(33) "withdrawal management" means the process to safely and effectively provide the immediate physiological stabilization and treatment of a recipient who is intoxicated, incapacitated, or experiencing withdrawal from a specific psychoactive substance;

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(34) "withdrawal management services" means those services under 7 AAC 135.190 provided by a community behavioral health services provider. (Eff. 10/1/2011, Register 199; am 6/16/2016, Register 218; am 7/1/2018, Register 226; am 11/10/2019, Register 232; am 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 140.215(b) is amended to read:

(b) The department will pay for primary care services provided by a physician, a physician assistant, or an advanced **practice registered** nurse [PRACTITIONER] acting within the scope of that individual's license to practice. The department will not pay for services that the department determines to be incidental to primary care services, including laboratory services, x-ray services, and supplies.

7 AAC 140.215(c)(13) is amended to read:

(13) nonprimary care services that are provided in a hospital by a rural health clinic physician, physician assistant, or advanced **practice registered** nurse [PRACTITIONER] acting within the scope of that individual's license to practice.

7 AAC 140.215(f) is amended to read:

(f) The department will separately pay a health clinic for labor and delivery services provided by a physician, a physician assistant, or an advanced **practice registered** nurse [PRACTITIONER], including a nurse midwife, who has separately enrolled under 7 AAC 105 -

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7 AAC 160. The department will pay a provider under this subsection in accordance with the relevant fee schedule established under 7 AAC 145.050.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.040 AS 47.07.073
AS 47.07.030 AS 47.07.070

7 AAC 140.220(a)(1)(C)(i) is amended to read:

(i) established and reviewed at least every 60 days by a supervising physician of the health clinic or established by an advanced **practice registered** nurse [PRACTITIONER] or a physician assistant and reviewed at least every 60 days by a supervising physician; and

7 AAC 140.220(a)(1)(C)(ii) is amended to read:

(ii) signed by the advanced **practice registered** nurse [PRACTITIONER], the physician assistant, or the supervising physician of the health clinic;

7 AAC 140.220(a)(3) is amended to read:

(3) a rural health clinic physician assistant or rural health clinic advanced **practice registered** nurse [PRACTITIONER], acting within the scope of that individual's license to practice, provides the services in a hospital; or

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7 AAC 140.220(a)(4) is amended to read:

(4) a federally qualified health center physician, physician assistant, or advanced **practice registered** nurse [PRACTITIONER], acting within the scope of the individual's license to practice, provides the services in a nursing facility.

(Eff. 2/1/2010, Register 193; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.040 AS 47.07.073
AS 47.07.030 AS 47.07.070

7 AAC 140.229(1)(N) is amended to read:

(N) services that are not primary care services, that are provided by a physician, physician assistant, or advanced **practice registered** nurse [PRACTITIONER], that are within the scope of that individual's license to practice, and that are

- (i) provided in or by a hospital; or
- (ii) laboratory or x-ray services only;

(Eff. 2/1/2010, Register 193; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

The section heading of 7 AAC 145.100 is changed to read:

7 AAC 145.100. Advanced practice registered nurse [PRACTITIONER] services payment rates.

7 AAC 145.100(a) is amended to read:

(a) The department will pay an in-state advanced **practice registered** nurse [PRACTITIONER], including a nurse midwife, in accordance with 7 AAC 145.020, not to exceed 85 percent of the rate determined under 7 AAC 145.050.

7 AAC 145.100(b) is amended to read:

(b) The department will pay an out-of-state advanced **practice registered** nurse [PRACTITIONER] the rate determined under 7 AAC 145.025.

7 AAC 145.100(c) is amended to read:

(c) The department will pay an advanced **practice registered** nurse [PRACTITIONER] acting as a surgical assistant the lesser of the billed charges or 25 percent of the rates established for an advanced **practice registered** nurse [PRACTITIONER] under (a) of this section. The department will not pay for an advanced **practice registered** nurse [PRACTITIONER] as the primary surgeon.

(Eff. 2/1/2010, Register 193; am 5/1/2016, Register 218; am 7/1/2019, Register 231; am

4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 145.220(b) is amended to read:

(b) The department will pay a physician acting as a surgical assistant the lesser of billed charges or 25 percent of the rate determined under 7 AAC 145.050. The department will pay an

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advanced **practice registered** nurse [PRACTITIONER] acting as a surgical assistant the lesser of billed charges or 25 percent of the rates established for advanced **practice registered nurses** [NURSE PRACTITIONERS] under 7 AAC 145.100.

7 AAC 145.220(c) is amended to read:

(c) The department will pay a physician for the use of a physician assistant, acting as a surgical assistant, the lesser of billed charges or at the same rate paid to an advanced **practice registered** nurse [PRACTITIONER] as described in (b) of this section.

(Eff. 2/1/2010, Register 193; am 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 145.250(a)(1) is amended to read:

(1) \$20 per 15 minutes of service provided by a registered nurse or advanced **practice registered** nurse [PRACTITIONER], including a nurse midwife; or

(Eff. 2/1/2010, Register 193; am 7/1/2019, Register 231; am 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 145.410(g) is amended to read:

(g) A claim for a covered outpatient drug dispensed by a dispensing provider to a recipient for outpatient use will be reimbursed in accordance with 7 AAC 145.400 with no dispensing fee. A covered outpatient drug administered to an outpatient recipient by a physician, advanced **practice registered** nurse [PRACTITIONER], or physician assistant, and billed using

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a covered code under the *Current Procedural Terminology (CPT)* or *Healthcare Common Procedure Coding System (HCPCS)*, adopted by reference in 7 AAC 160.900, will be reimbursed at the estimated acquisition cost defined in 7 AAC 145.400(p) for the amount administered with no dispensing fee. For state fiscal year 2020, starting on the later of August 1, 2019 or after a 30 day notice to the providers, a covered outpatient drug administered to an outpatient recipient by a physician, advanced practice registered nurse, or physician assistant that is not enrolled in the Medicaid Management Information System (MMIS) as a provider type or provider specialty identified in 7 AAC 145.050(c), and who is identified as the rendering provider on the claim submitted to the MMIS billed using a covered CPT or HCPCS code will be reimbursed at 95 percent of the estimated acquisition cost defined in 7 AAC 145.400(p) with no dispensing fee.

(Eff. 2/1/2010, Register 193; am 1/1/2011, Register 196; am 9/7/2011, Register 199; am 1/4/2012, Register 201; am 5/18/2014, Register 210; am 6/16/2016, Register 218; am 7/1/2019, Register 231; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

The introductory language of 7 AAC 145.580(a) is amended to read:

(a) The department will pay a corresponding unit of service for providing community behavioral health services under 7 AAC 135.100 - 7 AAC 135.280 [7 AAC 135.100 - 7 AAC 135.290], at the lesser of the following rates:

...

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 4/9/2017, Register 222; am

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5/21/2017, Register 222; am 7/1/2018, Register 226; am 1/1/2019, Register 228; am 7/1/2019, Register 231; am 10/25/2019, Register 232; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 145.610(c) is amended to read:

(c) Except for costs related to a physical examination at the time of admission to the inpatient psychiatric hospital, the department will pay separately for the covered services provided in the hospital by a physician or an advanced practice registered nurse [PRACTITIONER]. The department will pay separately for other necessary covered medical or dental services not related to the inpatient psychiatric admission that are provided in accordance with 7 AAC 105 - 7 AAC 160. The department will not pay separately for drugs provided in an inpatient psychiatric hospital, because drugs are included in determining the all-inclusive daily payment rate under 7 AAC 150.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 145.620(b)(2) is amended to read:

(2) prescription drugs and other covered services provided directly by a physician or advanced practice registered nurse [PRACTITIONER]; or

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 7/1/2019, Register 231; am 4 / 24 / 2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

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7 AAC 145.700(e)(2) is amended to read:

(2) labor and delivery services provided by a physician, a physician assistant, or an advanced **practice registered** nurse [PRACTITIONER] paid in accordance with 7 AAC 145.050.

(Eff. 2/1/2010, Register 193; am 10/1/2017, Register 223; am 4 /24 /2020, Register 234)

Authority: AS 47.05.010 AS 47.07.040 AS 47.07.073
AS 47.07.030 AS 47.07.070

7 AAC 145.710(a)(2) is amended to read:

(2) the total number of visits for all recipients provided services by a full-time equivalent physician assistant or advanced **practice registered** nurse [PRACTITIONER] employed by the clinic; the department will calculate this figure by using the greater of the actual number of visits or a number that represents the minimum rural health clinic productivity standard, as follows:

(A) at least 1,050 visits per year per full-time equivalent physician assistant or advanced **practice registered** nurse [PRACTITIONER] employed by the clinic;

(B) 50 percent of the number set out in (A) of this paragraph, for a rural health clinic's first year of enrollment, and 75 percent of that number for a rural health clinic's second year of enrollment.

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7 AAC 145.710(d)(2) is amended to read:

(2) an advanced **practice registered** nurse [PRACTITIONER] licensed under AS 08.68.100;

(Eff. 2/1/2010, Register 193; am 4 /24 /2020, Register 234)

Authority: AS 47.05.010 AS 47.07.040 AS 47.07.073
AS 47.07.030 AS 47.07.070

7 AAC 160.900(d)(27) is repealed:

(27) repealed 4 /24 /2020;

7 AAC 160.900(d)(28) is repealed:

(28) repealed 4 /24 /2020;

(Eff. 2/1/2010, Register 193; am 8/25/2010, Register 195; am 12/1/2010, Register 196; am 1/1/2011, Register 196; am 1/15/2011, Register 197; am 2/9/2011, Register 197; am 3/1/2011, Register 197; am 10/1/2011, Register 199; am 12/1/2011, Register 200; am 1/26/2012, Register 201; am 3/8/2012, Register 201; am 4/1/2012, Register 201; add'l am 4/1/2012, Register 201; am 5/11/2012, Register 202; am 10/16/2012, Register 204; am 11/3/2012, Register 204; am 12/1/2012, Register 204; am 12/2/2012, Register 204; am 1/1/2013, Register 204; am 1/16/2013, Register 205; am 7/1/2013, Register 206; add'l am 7/1/2013, Register 206; am 11/3/2013, Register 208; am 1/1/2014, Register 208; am 2/2/2014, Register 209; am 3/19/2014, Register 209; am 3/22/2014, Register 209; am 5/18/2014, Register 210; am 2/26/2015, Register 213; am 3/15/2015, Register 213; am 7/1/2015, Register 214; am 5/1/2016, Register 218; am 6/16/2016,

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Register 218; am 6/16/2016, Register 218; am 7/22/2017, Register 223; am 11/5/2017, Register 224; am 3/1/2018, Register 225; am 10/1/2018, Register 227; am 1/1/2019, Register 228; am 3/24/2019, Register 229; am 6/2/2019, Register 230; am 6/13/2019, Register 230; am 7/1/2019, Register 231; am 10/25/2019, Register 232; am 11/10/2019, Register 232; am 4/24/2020, Register 234)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040
AS 47.05.012

The 32nd and 33rd paragraphs of the editor's note following 7 AAC 160.900 are deleted:

[THE DEPARTMENT'S ALASKA SCREENING TOOL, ADOPTED BY REFERENCE IN 7 AAC 160.900, MAY BE OBTAINED FROM THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH, POLICY AND PLANNING SECTION, 3601 C STREET, SUITE 878, ANCHORAGE, AK 99503.

THE DEPARTMENT'S CLIENT STATUS REVIEW FORM, ADOPTED BY REFERENCE IN 7 AAC 160.900, MAY BE OBTAINED FROM THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH, POLICY AND PLANNING SECTION, 3601 C STREET, SUITE 878, ANCHORAGE, AK 99503.]

7 AAC 160.990(b)(13)(D) is amended to read:

(D) an advanced practice registered nurse [PRACTITIONER];

(Eff. 2/1/2010, Register 193; am 7/7/2010, Register 195; am 1/1/2011, Register 196; am 10/1/2011, Register 199; am 4/1/2012, Register 201; am 7/1/2013, Register 206; am 5/18/2014,

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Register 210; am 6/16/2016, Register 218; am 4/9/2017, Register 222; am 6/29/2017, Register 222; am 10/1/2018, Register 227; am 7/1/2019, Register 231; am 4/24/2020, Register 234)


Authority: AS 47.05.010 AS 47.07.040 AS 47.07.055

MEMORANDUM

State of Alaska Department of Law

To: The Honorable Kevin Meyer
Lieutenant Governor

Thru: Susan R. Pollard 
Chief Assistant Attorney General
and Regulations Attorney
Legislation and Regulations Section

From: Steven C. Weaver 
Senior Assistant Attorney General
Legislation and Regulations Section

Date: March 23, 2020

File No.: 2019200243

Tel. No.: 465-3600

Re: Department of Health and Social Services regulations re: money and grants for behavioral health services, Medicaid coverage and payment for behavioral health services, and technical changes to replace "advanced nurse practitioner" with "advanced practice registered nurse" (7 AAC 70; 7 AAC 78; 7 AAC 105 - 160)

The Department of Law has reviewed the attached regulations of the Department of Health and Social Services against the statutory standards of the Administrative Procedure Act. Based upon our review, we find no legal problems. This memorandum constitutes the written statement of approval under AS 44.62.060(b) and (c) that authorizes your office to file the attached regulations. The regulations were adopted by the Department of Health and Social Services after the close of the public comment period. Generally, the regulations update procedures and requirements in 7 AAC 70 for the receipt of money or grants from the department for behavioral health services, update procedures and requirements in 7 AAC 135 for Medicaid coverage and payment for behavioral health services, make conforming changes as needed, and replace the obsolete term "advanced nurse practitioner" with "advanced practice registered nurse."

The May 15, 2019 public notice and the March 19, 2020 adoption order both state that this action is expected to require an increased appropriation. Therefore, a fiscal note under AS 44.62.195 has been attached.

SCW

cc w/enc: Hon. Adam Crum, Commissioner
Department of Health and Social Services

Triptaa Surve, Regulations Contact
Department of Health and Social Services

Rick M. Calcote
Division of Behavioral Health
Department of Health and Social Services

Kelly E. Henriksen, Senior Assistant Attorney General
Human Services Section

AFFIDAVIT OF NOTICE OF PROPOSED REGULATION
AND FURNISHING OF ADDITIONAL INFORMATION

I, Rick Calcote, Mental Health Clinician III, of the Department of Health & Social Services, being sworn, state the following:

As required by AS 44.62.190, notice of the proposed adoption of changes to 7 AAC 70, 78, 105, 110, 135, and 160. Medicaid Coverage, Behavioral Health Services, Revised Requirements for Behavioral Health Providers, has been given by being

- (1) published in a newspaper or trade publication;
- (2) furnished to every person who has filed a request for notice of proposed action with the state agency;
- (3) furnished to appropriate state officials;
- (4) furnished to interested persons;
- (5) furnished to the Department of Law, along with a copy of the proposed regulation;
- (6) furnished electronically to incumbent State of Alaska legislators;
- (7) posted on the Alaska Online Public Notice System as required by AS 44.62.175(a)(1) and (b) and 44.62.190(a)(1).

As required by AS 44.62.190, additional regulation notice information regarding the proposed adoption of the regulation changes described above has been furnished to interested persons and those in (2), (4) and (6) of the list above. The additional regulation notice information also has been posted on the Alaska Online Public Notice System.

Date: 20 Sept. 2019

Rick Calcote, III

Rick Calcote, Mental Health Clinician III

Subscribed and sworn to before me at Anchorage, Alaska on

9/20/2019
(date)



Shana K. Garrels
Notary Public in and for the State of Alaska

AFFIDAVIT OF ORAL HEARING

I, Rick Calcote, MH Clinician III of Department of Health and Social Services / Behavioral Health, being sworn, state the following:

On June 11, 2019, at 1pm, in Room 880, 3601 C. St., Anchorage, AK., I presided over a public hearing held under AS 44.62.210 for the purpose of taking testimony in connection with the adoption of changes to "Medicaid Coverage, Behavioral Health Services, Revised Requirements for Behavioral Health Providers."

Date: 20 Sept. 2019

Rick Calcote, M.S.
Rick M. Calcote, M.S., MH Clinician III

Subscribed and sworn to before me at Anchorage, Alaska on 9/20/2019
(date)

Shana K. Garrels
Notary Public in and for the State of Alaska



AFFIDAVIT OF AGENCY RECORD OF PUBLIC COMMENT

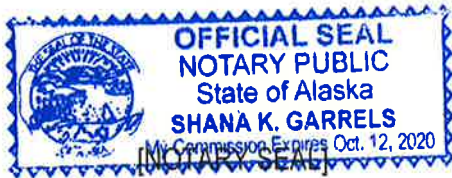
I, Rick Calcote, Mental Health Clinician III, of the Department of Health & Social Services, being sworn, state the following:

In compliance with AS 44.62.215, the Department of Health & Social Services has kept a record of its use or rejection of factual or other substantive information that was submitted in writing and orally as public comment and that was relevant to the accuracy, coverage, or other aspect of the Department of Health & Social Services regulation on 7 AAC 70, 78, 105, 110, 135, and 160. Medicaid Coverage, Behavioral Health Services, Revised Requirements for Behavioral Health Providers.

Date: 20 Sept. 2019

Rick Calcote, AS.
Rick Calcote, Mental Health Clinician III

Subscribed and sworn to before me at Anchorage, Alaska on
9/20/2019
(date)



Shana K. Garrels
Notary Public in and for the State of Alaska

FISCAL NOTE

Agency: Department of Health & Social Services.

Appropriation/Allocation: General Fund Medicaid, Mental Health, & Federal Funds.

General subject of regulation: Medicaid Coverage, Behavioral Health Services, Revised Requirements for Behavioral Health Providers.

Citation of regulation: 7 AAC 70, 78, 105, 110, 135, 160.

Estimated appropriations required (in thousands of dollars) \$1,965.

Expenditures/Revenues

	FY __ Appropriation Requested	(Thousands of Dollars)	
OPERATING EXPENDITURES	FY20	FY21	FY __
Personal Services			
Travel			
Services			
Commodities			
Capital Outlay			
Grants & Benefits			
Miscellaneous			
TOTAL OPERATING			

FUNDING SOURCE		(Thousands of Dollars)	
1002	Federal Receipts	5,779.	5,779.
1003	GF Match	1,965.	1,965.
1004	General Fund		
1005	GF/Program (DGF)		
1007	I/A Rcpts (Other)		
1037	GF/MH (UGF)		

POSITIONS			
Full-time			
Part-time			
Temporary			

CHANGE IN REVENUES	1,965.	1,965.	
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Date April 7, 2019

Prepared by: Rick M. Calcote, III
 Rick M. Calcote
 Mental Health Clinician III
 Division of Behavioral Health/Department of Health &
 Social Services

Telephone Number: (907) 269-3617

NOTICE OF PROPOSED CHANGES ON MEDICAID COVERAGE, BEHAVIORAL HEALTH SERVICES,
REVISED REQUIREMENTS FOR BEHAVIORAL HEALTH PROVIDERS, IN THE REGULATIONS OF THE
DEPARTMENT OF HEALTH & SOCIAL SERVICES.

The Department of Health & Social Services proposes to adopt regulation changes in Title 7 of the Alaska Administrative Code, dealing with Medicaid coverage for behavioral health services dealing with behavioral health provider requirements including the following:

7 AAC 70, 78, 105, 110, 135, & 160, are proposed to be changed as follows:

- Add requirements for (i) non-grantee providers of behavioral health services; (ii) individuals licensed under AS 08 to provide behavioral health services; and (iii) treatment referrals from the Alcohol Safety and Action Program (ASAP);
- Add new service criteria for (i) providing residential substance use disorder services and alcohol and drug withdrawal management services; (ii) screening and brief intervention services;
- Add a new definition for a substance use disorder counselor.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting written comments to Mr. Rick Calcote, at 3601 C Street, Suite 878, Anchorage, AK 99503. Additionally, the Department of Health & Social Services will accept comments by facsimile at (907) 269-3623 and by electronic mail at hss.dbh.publiccomments@alaska.gov. The comments must be received not later than 5 p.m. on July 29, 2019.

Oral or written comments also may be submitted at a hearing to be held on June 11, 2019, at Conference Room 880, 3601 C Street, Anchorage, AK 99503. The hearing will be held from 1 p.m. to 4:30 p.m. and might be extended to accommodate those present before 4:00 p.m. who did not have an opportunity to comment. If you are unable to attend in person, but would like to comment during the oral public hearing, you can call the teleconference number (800) 315-6338 (Toll Free) and use the code 36171#.

You may submit written questions relevant to the proposed action to Mr. Rick Calcote, at rick.calcote@alaska.gov, 3601 C Street, Suite 878, Anchorage, AK 99503. The questions must be received at least 10 days before the end of the public comment period. The Department of Health & Social Services will aggregate its response to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Mr. Rick Calcote at rick.calcote@alaska.gov or at (907) 269-3617 later than June 4, 2019, to ensure that any necessary accommodations can be provided.

A copy of the proposed regulation changes is available on the Alaska Online Public Notice System and by contacting Mr. Rick Calcote at rick.calcote@alaska.gov, or at (907) 269-3617.

A copy of material proposed for adoption by reference may be viewed at the agency's office at the Department of Health & Social Services, Division of Behavioral Health, 3601 C Street, Suite 878, Anchorage, AK 99503.

After the public comment period ends, the Department of Health & Social Services will either adopt the proposed regulation changes or other provisions dealing with the same subject, without further notice, or decide to take no action. The language of the final regulation may be different from that of the proposed regulation. **You should comment during the time allowed if your interests could be affected. Written comments received are public records and are subject to public inspection.**

Statutory authority: AS 18.05.040; AS 18.08.010; AS 18.08.080; AS 18.25.100; AS 18.28.010; AS 18.28.050; AS 29.60.600; AS 44.29.020; AS 47.05.010; AS 47.07.030; AS 47.07.040; AS 47.07.055; AS 47.30.470; AS 47.30.475; AS 47.30.477; AS 47.30.530; AS 47.30.540; AS 47.30.570; AS 47.37.130; AS 27.37.140.

Statutes being implemented, interpreted, or made specific: AS 18.05.040; AS 18.08.010; AS 18.08.080; AS 18.25.100; AS 18.28.010; AS 18.28.050; AS 29.60.600; AS 44.29.020; AS 47.05.010; AS 47.07.030; AS 47.07.040; AS 47.07.055; AS 47.30.470; AS 47.30.475; AS 47.30.477; AS 47.30.530; AS 47.30.540; AS 47.30.570; AS 47.37.130; AS 27.37.140.

Fiscal information: It is estimated that the proposed regulation changes will require increased appropriations (in thousands of dollars) as follows: FY2020, \$1,965; FY2021, \$1,965.

The Division of Behavioral Health/Department of Health & Social Services keeps a list of individuals and organizations interested in its regulations. Those on the list will automatically be sent a copy of all of the Division of Behavioral Health/Department of Health & Social Services notices of proposed regulation changes. To be added to or removed from the list, send a request to the Division of Behavioral Health/Department of Health & Social Services at 3601 C Street, Suite 878, Anchorage, AK 99503, giving your name, and either your e-mail address or mailing address, as you prefer for receiving notices.

DATE:

MAY 17, 2019.



Adam Crum
Commissioner,
Department of Health & Social Services

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Coverage, Behavioral Health Services, Revised Requirements for Behavioral Health Providers.
3. Citation of regulation (may be grouped): 7 AAC 70, 78, 105, 110, 135, 160.
4. Department of Law file number, if any: 2019200243
5. Reason for the proposed action:
 - (X) Compliance with federal law or action (identify): The Medicaid service titled *interactive psychiatric assessment using equipment and devices* is no longer a recognized service by the Centers for Medicare & Medicaid Services (CMS).
 - (X) Compliance with new or changed state statute
 - () Compliance with federal or state court decision (identify): _____
 - () Development of program standards
 - () Other (identify): _____
6. Appropriation/Allocation: General Fund Medicaid, Mental Health, & Federal Funds.
7. Estimated annual cost to comply with the proposed action to:
 - A private person: \$- Medicaid enrollment fees.
 - Another state agency: \$0.
 - A municipality: \$0.
8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY2020 ____	Subsequent Years
Operating Cost	\$ _____	\$ _____
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$5,779 ____	\$5,779 ____
1003 General fund match	\$1,965 ____	\$1,965 ____
1004 General fund	\$ _____	\$ _____
1005 General fund/ program	\$ _____	\$ _____
Other (identify)	\$ _____	\$ _____
9. The name of the contact person for the regulation:

Name: Rick Calcote

Title: Mental Health Clinician III
Address: 3601 C St., Suite 878, Anchorage, AK 99503
Telephone: (907) 269-3617
E-mail address: rick.calcote@alaska.gov

10. The origin of the proposed action:
- ☒ Staff of state agency
 - ☐ Federal government
 - ☐ General public
 - ☐ Petition for regulation change⁷
 - ☐ Other (identify): _____

11. Date: May 7, 2019 Prepared by: Rick Calcote, MS
[signature]

Name (printed): Rick Calcote

Title (printed): Mental Health Clinician III

Telephone: (907) 269-3617

ANCHORAGE DAILY NEWS

AFFIDAVIT OF PUBLICATION

Account #: 270229

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ANCHORAGE, AK 99503

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\$562.76

Product ADN-Anchorage Daily News
Placement 0300
Position 0301

STATE OF ALASKA THIRD JUDICIAL DISTRICT

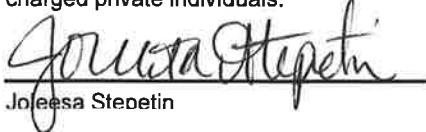
Joleesa Stepetin

being first duly sworn on oath deposes and says that he/she is a representative of the Anchorage Daily News, a daily newspaper. That said newspaper has been approved by the Third Judicial Court, Anchorage, Alaska, and it now and has been published in the English language continually as a daily newspaper in Anchorage, Alaska, and it is now and during all said time was printed in an office maintained at the aforesaid place of publication of said newspaper. That the annexed is a copy of an advertisement as it was published in regular issues (and not in supplemental form) of said newspaper on

May 15, 2019

and that such newspaper was regularly distributed to its subscribers during all of said period. That the full amount of the fee charged for the foregoing publication is not in excess of the rate charged private individuals.

Signed


Joleesa Stepetin

Subscribed and sworn to before me
this 15th day of May, 2019

Notary Public in and for
The State of Alaska.
Third Division
Anchorage, Alaska

MY COMMISSION EXPIRES

STATE OF ALASKA
NOTARY

PUBLIC

Jada L. Nowling

NOTICE OF PROPOSED CHANGES ON MEDICAID COVERAGE, BEHAVIORAL HEALTH SERVICES, REVISED REQUIREMENTS FOR BEHAVIORAL HEALTH PROVIDERS, IN THE REGULATIONS OF THE DEPARTMENT OF HEALTH & SOCIAL SERVICES.

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- Add new service criteria for (i) providing residential substance use disorder services and alcohol and drug withdrawal management services; (ii) screening and brief intervention services;

- Add a new definition for a substance use disorder counselor.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting comments to Mr. Rick Calcote, at 3601 C Street, Suite 902, Anchorage, AK 99503. Additionally, the Department of Health & Social Services will accept comments by facsimile at 907-273-1400 or electronic mail at hss.dhs.publiccomment@alaska.gov. Comments must be received not later than May 15, 2019.

Oral or written comments also may be held on June 11, 2019, at 3601 C Street, Anchorage, AK 99503. The meeting will be held from 10:00 a.m. to 4:30 p.m. and might be open to the public. Those who are unable to attend may submit comments by facsimile at 907-273-1400 or electronic mail at hss.dhs.publiccomment@alaska.gov. Comments must be received not later than June 11, 2019.

You may submit written comments to Mr. Rick Calcote, at 3601 C Street, Suite 902, Anchorage, AK 99503. Comments must be received not later than May 15, 2019. The Department of Health & Social Services will aggregate its responses to the comments and make the questions and answers available online at www.alaska.gov/dhs.

If you are a person who is unable to attend the meeting, you may submit comments by facsimile at 907-273-1400 or electronic mail at hss.dhs.publiccomment@alaska.gov. Comments must be received not later than May 15, 2019.

A copy of the proposed regulations will be available for review at the Department of Health & Social Services, 3601 C Street, Suite 902, Anchorage, AK 99503, from May 15, 2019, to May 15, 2019.

A copy of the proposed regulations will be available for review at the Department of Health & Social Services, 3601 C Street, Suite 902, Anchorage, AK 99503, from May 15, 2019, to May 15, 2019.

Questions asked, answered, and revised regulations will be available online at www.alaska.gov/dhs.

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