

# **Alaska Behavioral Health Provider Service Standards & Administrative Procedures For SUD Provider Services**

State of Alaska

Department of Health and Social Services

Division of Behavioral Health Services

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## Preamble Language

**Background.** The goal of the Alaska Section 1115 SUD demonstration is for Alaska to maintain critical access to treatment services for opioid use disorder (OUD) and all other substance use disorder (SUD) treatment services and continue delivery system improvements for these services to provide a more coordinated and comprehensive OUD/SUD treatment for Alaska Medicaid beneficiaries.

**Recipient Eligibility.** Medicaid recipients aged 12-to-17 or adults 18 older who have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 or the most current version of the DSM) for substance-related and addictive disorders are eligible for waiver services.

The Division of Public Assistance (DPA) determines initial and ongoing eligibility for Medicaid in accordance with federal and state regulations as set forth in the Alaska Medicaid state plan. Medicaid recipient eligibility standards for the waiver are the same as standards set forth under the state plan.

All individuals who qualify for 1115 SUD waiver services derive their eligibility through the Alaska Medicaid state plan and are subject to all applicable Medicaid laws and regulations in accordance with the Alaska Medicaid state plan. All Medicaid eligibility standards and methodologies for these eligibility groups remain applicable.

Individuals in need of medical or other assistance may contact [DPA](#) or may consult the [Medicaid Recipient Handbook](#). While regulation defines children eligible for services as individuals under the age of 21, some children between the ages of 18 and 21 may be eligible as adults for certain waiver services. This eligibility depends on their eligibility under Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit in Medicaid. For questions regarding such eligibility, please contact the DPA.

### **Medicaid Billing: Several steps are required to meet requirements to bill Medicaid for 1115 SUD demonstration services:**

- I. **Provider Enrollment.** Providers must be enrolled with the Alaska Medical Assistance program in order to receive reimbursement for services rendered to eligible recipients. Additionally, a service rendered based on a referral, order, or prescription is reimbursable only if the referring, ordering, or prescribing provider is enrolled as an Alaska Medical Assistance program provider.

Behavioral health service providers may enroll with Alaska Medical Assistance by submitting an application through [Alaska Medicaid Health Enterprise](#), a secure website that is accessible 24 hours a day, seven days a week. Health Enterprise includes links to numerous websites that can help you complete your provider enrollment.

Online training is available to guide providers through enrollment. To view this training, visit the Alaska Medicaid [Learning Portal](#).

If extenuating circumstances prevent a provider from enrolling online, please contact the [Provider Enrollment Department](#).

When your enrollment is approved you will receive a Medicaid Provider ID and a welcome packet.

- II. **Provider Agreement.** As part of the enrollment process, providers must sign and submit a [Provider Agreement](#) certifying that the provider agrees to comply with applicable federal and

state laws and regulations. The provider agreement remains in effect so long as the provider renders services to Alaska Medical Assistance recipients and applies to the provider and all of the provider's employees and contractors.

The provider agreement is available as part of the enrollment application process.

**III. Changes in Provider Enrollment.** Providers must report all changes to their enrollment information within 30 days of the change. Notifications of enrollment changes must be made in writing and an original signature is required; changes will not be made based on oral requests. Use the [Update Provider Information Request Form](#) to report any change in the following:

- Ownership
- Licensure, certification, or registration status
- Federal tax identification number
- Type of service or area of specialty
- Additions, deletions, or replacements in group membership
- Mailing address or phone number
- Medicare provider identification number

**IV. Department Approval.** Behavioral health service providers that are described in 7 AAC 70.010 must have Departmental Approval in order to operate in Alaska. The Departmental Approval types are:

- Behavioral health clinic services
- Behavioral health rehabilitation services
- Withdrawal management services
- Residential substance use treatment services under 7 AAC 70.120
- Opioid use disorder treatment services under 7 AAC 70.125
- Substance use treatment under 7 AAC 70.130

To obtain Department Approval, submit an application to MPASS Unit.

**V. Regulations.** Providers must meet the requirements specific to their accrediting authority and those are not included in this document. Behavioral health service providers must also meet the requirements in the Behavioral Health Services Integrated Regulations 7 AAC 70 and 7 AAC 135.

The Department of Health and Social Services (DHSS) is granted statutory authority to allow the Division of Behavioral Health (DBH) on-site access to all documents related to Medicaid service delivery (including client files), per AS 47.05 for mental health treatment and AS 47.37 for substance use treatment.

All behavioral health service providers are required to have a written grievance policy and procedure that will be posted and made available to all individuals upon admission. The Department encourages individuals currently enrolled with a provider to follow that provider's grievance policies and procedures. The Department may investigate complaints made by a patient or interested parties, per AS.47.30.660 (b) (12).

At the request of the Department, a provider must provide records in accordance with 7 AAC 105.240. The Department may review records of Medicaid providers without prior notice from Medicaid providers if the Department has cause that is based on reliable evidence to do so, per 7 AAC 160.110 (e).

## Individual Qualified Behavioral Health Professional Enrollment

Each individual WITHIN an agency must be an approved Behavioral Health Professional with a designation of Qualified Addictions Professional (QAP) and/ or a Peer Support Specialist (PSS) and/or a Housing or Employment Specialist. In order for facilities to bill 1115 SUD services, the Qualified Behavioral Health Professional (QBHP) who is providing services must be enrolled in 1115 SUD Medicaid and is affiliated with said facility. The following bullet points are the steps for Individual Enrollment:

- A National Provider Identification Number (NPI) is required for all individuals rendering services. Applications that do not have an NPI number will not be processed
- An application is required for all individuals applying for approval as a QBHP
- Individuals can enroll as a Qualified Addictions Professional (QAP), a Peer Support Specialist (PSS), a Housing or Employment Specialist (H/ES), or with multiple credentials.

Applications and requirements are as follows:

- A. **Provisional Approval for Individuals without Qualifying Credentials** – Under the 1115 SUD Waiver, individuals without qualifying credentials are required to submit an application for provisional approval as described below. *Note:* The provisional accommodation outlined in section A) is available on an ongoing basis. The three-year provisional period begins on the date of the applicant’s provisional application approval. Applicants who fail to meet the required credentialing during the three-year provisional period may apply for a one-year extension. Extension requests will be reviewed on a case by case basis. Applicants requesting a one-year extension must show proof they have participated in required trainings and supervision during the initial three-year provisional period.
1. **Qualified Addiction Professional:** Under the provisional, the **QAP** applicant (who does not have a master’s degree or above, medical license, RN license, LPN license or ONE certification(s) listed below) must obtain one of the following qualifying credentials within a three (3) year period:
    1. Alaska Behavioral Health Certification  CDC II  CDCS  CDC Admin
    2. Behavioral Health Aide Certification  BHA II  BHA III  BHA/P
    3. National Certification Commission for Addiction Professionals  NCAC I  NCAC II  MAC
  2. **Peer Support Services:** Under the provisional, the **PSS** applicant and their supervisor must attest to meeting at least (A) of the following
    - a. Able to self-identify as someone who has lived experience of recovery from mental illness and/or addiction and/or is a family member of someone with lived experience of recovery from mental illness and/or addiction
    - b. Family members of people with SED, SMI, SUD, or Co-Occurring disorders are

- applicable to provide services to other individuals with similar experiences.
- c. Has skills learned in formal training and/or supervised work experience, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.
  - d. Has training and/or experience in providing direct services reflective of, and consistent with the Alaska Core Competencies for Direct Service Providers and/or the SAMHSA Core Competencies for Peer Support Specialists, (<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers>)
- e. **Housing or Employment Specialist:** Under the provisional, the H/ES applicant and their supervisor must attest to meeting the following
- a. Applicant has specialized training in delivery of housing or employment services.
  - b. Applicant will be specifically (and only) providing housing or employment services.
  - c. The housing or employment services provided will be part of a treatment plan that was developed by a qualified addiction professional.
  - d. The housing or employment services will be provided under the supervision of a qualified addiction professional.
- f. **Already Credentialed Individuals:** Applicants who have one or more of the required credentials (listed in A of this section) will be automatically approved and will not need to go through the three-year provisional process.
- a. The already credentialed individual will fill out an application and attach their required credential (s) to the application.
  - b. The individual's approval as a QBHP will have an expiration date that matches their credentialing expiration date.
  - c. The following are accepted credentials to avoid the provisional process:
    1. Alaska Behavioral Health Certification  CDC II  CDCS  CDC Admin
    2. Behavioral Health Aide Certification  BHA II  BHA III  BHA/P
    3. National Certification Commission for Addiction Professionals  NCAC I  NCAC II  MAC
3. **Provisional Approval with a Qualifying Credential/Degree.** Individuals with a qualifying degree in a behavioral health field (Licensed, Unlicensed, Master's, PhD/PsyD,) will qualify to be a QAP and/or a PSS and/or H/ES to provide SUD services under the 1115 SUD Waiver as described below.
- a. **Additional education** is required under the 1115 SUD Waiver. Agency/ Clinical Supervisor must attest that the applicant has obtained or is working toward obtaining continuing education units that are necessary for the provision of 1115 SUD services. Each unit is approximately one hour of education. The CEU requirements are as follows:
    - a. Addiction (4 CEUs)
    - b. ASAM (2 CEUs)
    - c. Cultural Competency (2 CEUs)
    - d. Ethics (3 CEUs)



- scope of practice, experience, ethical guidelines and area of specialty.
- b. The professional in this section attests to having a DATA waiver
- c. Once this professional attests to section (a) above, the professional must sign the application.
- d. The signed application with the attached copy of the professional's medical license is then sent to the Division of Behavioral Health for processing.

**b. Approval:**

- a. Applications must be submitted to DBH with all required attachments.
- b. Once DBH has approved an individual's application, a letter of approval delineating the types of services the individual can provide will be mailed to the facility under which the individual will be working. No certificate for individuals under this section will be provided.
- c. The receiving facility will then submit the approval letter when they enroll the individual online through the Conduent Portal –Alaska Medicaid Health Enterprise.
- d. The individual must be affiliated with EACH facility or provider location where they will be providing services.

**c. Exemptions:**

- a. Separately enrolled medical providers (Physicians, Pas, NPS and Tribal Clinics) furnishing and reimbursed for MAT through the traditional fee for service schedule and other medical services that are within their current scope of practice are exempt from these requirements.
- b. Medical practitioner's not offering/rendering 1115 SUD waiver services will not be required to be separately approved and enrolled as SUD providers, or to render and document their services according to behavioral health standards rather they will continue to render and document for medical services.

**In addition, Providers must meet standards to bill Medicaid for 1115 SUD demonstration services including:**

**I. General Standards**

All behavioral health service providers will adhere to the 10 guiding principles of recovery as defined by SAMHSA and listed below:

- Recovery emerges from hope
- Recovery is person-driven
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect

**II. ASAM Standards of Care.** The demonstration will build on the state's existing efforts to improve models of care focused on supporting individuals in the community and home,



outside of institutions and strengthen a continuum of SUD services based on the [American Society of Addiction Medicine \(ASAM\) criteria](#) or other nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.

[ASAM criteria](#) uses six dimensions to provide a holistic assessment of the individual:

- Dimension 1: Acute Intoxication and/or Withdrawal Potential Past and current experiences of substance use and withdrawal.
- Dimension 2: Biomedical Conditions and Complications Physical health history and current condition.
- Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications Thoughts, emotions, mental health needs, and behavioral health history
- Dimension 4: Readiness to Change Readiness and interest in changing
- Dimension 5: Relapse, Continued Use, or Continued Problem Potential Likelihood of relapse or continued use or continued behavioral health problems
- Dimension 6: Recovery and Living Environment Relationship between recovery and living environment (people, places, and things).

The status of these six dimensions, as assessed by a trained clinician, will provide recommendations on the most appropriate treatment options.

## Medicaid-Covered Services for Section 1115 SUD Services

### I. Outpatient Substance Use Disorder Treatment Services

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service Name<br>Abbreviation           | ASAM 1.0 Outpatient Services – Adolescents and Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Effective Date and<br>Revision History | 7 AAC 138.250<br>Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Service<br>Description                 | <p>Adolescents under the 1115 SUD waiver are identified as age 12- 17.</p> <p>Outpatient includes regularly scheduled services provided to beneficiaries with a maximum of 5 hours a week for adolescents.</p> <p>Adult outpatient includes regularly scheduled services provided to beneficiaries at a maximum of 8 hours a week.</p> <p>Level 1 services are designed to meet the individual’s needs and must address major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment or to impair the individuals ability to cope with major life tasks without the addictive use of substances.</p> <p>Components Services include:</p> <ul style="list-style-type: none"> <li>• Individualized, biopsychosocial assessment and clinically directed treatment.</li> <li>• Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/ or family basis</li> </ul> |

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|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    | <ul style="list-style-type: none"> <li>• Appropriate drug screening</li> <li>• Psychoeducation Services</li> <li>• Medication Services</li> <li>• Crisis Intervention Services</li> <li>• Community Recovery Support Services</li> <li>• SUD Care Coordination</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Contraindicated Services           | <ul style="list-style-type: none"> <li>• Partial Hospitalization Program</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Clinically Managed Low Intensity Residential-3.1</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Population Specific)</li> <li>• Clinically Managed High Intensity Residential-3.5</li> <li>• Clinically Managed Medium Intensity Residential-3.5 Adolescent</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Service Requirements/ Expectations | <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended IVDUs be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide clients with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> |

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|                      | <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population    | Adolescents under the 1115 SUD waiver are identified as age 12- 17 and adults 18 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Staff Qualifications | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer Support Specialist.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| Service Location               | <p>Services may be provided in outpatient. The following Place of Service codes are allowed for IOP services:</p> <p>05-Indian Health Service Free-standing Facility<br/> 06-Indian Health Service Provider-based Facility<br/> 07-Tribal 638 Free-standing Facility<br/> 08-Tribal 638 Provider-based Facility<br/> 11-Office<br/> 26-Military Treatment Center<br/> 49-Independent Clinic<br/> 50-Federally Qualified Health Center<br/> 52-Partial Hospitalization Program<br/> 53-Community Mental Health Center<br/> 57-Non-residential Substance Abuse Treatment Center<br/> 71-State or local Public Health Clinic<br/> 72-Rural Health Clinic</p> |
| Service Frequency/Limits       | <p>Group -28 units per week minimums; max 304 units per SFY-Adult<br/> Individual -4 units per week minimums; max 128 units per SFY-Adult<br/> Group -16 units per week minimums; max 304 units per SFY-Adolescent<br/> Individual- 4 units per week minimums; max 128 units per SFY-Adolescent</p> <p>Combine with Telehealth units at which point a service authorization is required.</p>                                                                                                                                                                                                                                                              |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Service Documentation          | Delivery of intensive outpatient services must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Relationship to Other Services | Providers may administer pharmacological treatment in conjunction with the outpatient substance use disorder treatment services in (a) of this section if the pharmacological treatment is provided by an individual listed in 7 AAC 135.010(b)(2).                                                                                                                                                                                                                                                                                                                                                                                                       |
| Service Code                   | <p><u>Adult</u><br/> H007 V1-Individual<br/> H007 V1 GT –Telehealth Individual<br/> H007 V1 HQ HB-Group<br/> H007 V1 GT HQ HB–Telehealth Group</p> <p><u>Adolescent</u><br/> H007 V1-Individual<br/> H007 V1 GT –Telehealth Individual<br/> H007 V1 HQ HA-Group<br/> H007 V1 GT HQ HA–Telehealth Group</p>                                                                                                                                                                                                                                                                                                                                                |
| Unit Value                     | per 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Payment Rate                   | <p>\$25.64-Individual<br/> \$8.43-Group</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| Additional Information | Programs may employ a multidisciplinary team of professionals to work in their outpatient programs; however, clinical services must be facilitated by a QAP. Peer certification/designation alone does not meet the minimum requirement. |
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## II. ASAM 2.1 Intensive Outpatient Services (IOP)

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service Name Abbreviation           | ASAM 2.1 Intensive Outpatient Services – Adolescents and Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Effective Date and Revision History | 7 AAC 138.250<br>Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Service Description                 | IOP includes structured programming provided when individual is experiencing significant functional impairment that interferes with the individual’s ability to participate in one or more life domains including home, work, school, and community. Treatment is focused on clinical issues which functionally impair the individual’s ability to cope with major life tasks.                                                                                                                                                                                                                                                                                                                                                |
| Service Components                  | <ul style="list-style-type: none"> <li>• Individualized, person-centered assessment and clinically directed treatment</li> <li>• Cognitive, behavioral, and other mental health and substance use disorder</li> <li>• Treatment therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/ or family basis</li> <li>• Psychoeducational services</li> <li>• Linkage to medication services—including medication administration</li> <li>• Crisis Intervention Services</li> <li>• Linkage to social support services, except for any contraindicated services</li> </ul>                                                                                               |
| Contraindicated Services            | <ul style="list-style-type: none"> <li>• Partial Hospitalization Program</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Clinically Managed Low Intensity Residential-3.1</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential-3.5</li> <li>• Clinically Managed Medium Intensity Residential-3.5 Adolescent</li> </ul> |
| Service Requirements/ Expectations  | <p>IOP must:</p> <ol style="list-style-type: none"> <li>1. Be provided as a therapeutic outpatient program that maintains daily scheduled treatment activities; and</li> <li>2. Provide the range of service components identified for intensive outpatient services in this manual.</li> </ol> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> </ol>                                                                                                                      |

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|  | <p>5. All others</p> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended IVDUs be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide clients with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
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| Target Population        | <ol style="list-style-type: none"> <li>1. Adolescents under the 1115 SUD waiver are identified as age 12- 17 and adults 18 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan, and</li> <li>2. Individuals experiencing a mental disorder, as defined under 139.010, and significant functional impairment that interferes with the individual's ability to participate in one or more life domains, including home, work, school, and community.</li> </ol>                                                                                                                                                             |
| Staff Qualifications     | <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer Support Specialist.</p> |
| Service Location         | <p>Services may be provided in outpatient. The following Place of Service codes are allowed for outpatient services:</p> <p>05-Indian Health Service Free-standing Facility<br/> 06-Indian Health Service Provider-based Facility<br/> 07-Tribal 638 Free-standing Facility<br/> 08-Tribal 638 Provider-based Facility<br/> 11-Office<br/> 26-Military Treatment Center<br/> 49-Independent Clinic<br/> 50-Federally Qualified Health Center<br/> 52-Partial Hospitalization Program<br/> 53-Community Mental Health Center<br/> 57-Non-residential Substance Abuse Treatment Center<br/> 71-State or local Public Health Clinic<br/> 72-Rural Health Clinic</p>                                                          |
| Service Frequency/Limits | <p>Group IOP</p> <ul style="list-style-type: none"> <li>• Youth must receive 16 units per week at a minimum with a maximum of 304 units per SFY.</li> <li>• Adults must receive 28 units per week at a minimum with a maximum of 304 units per SFY.</li> </ul> <p>Individual IOP</p> <ul style="list-style-type: none"> <li>• Youth and adults must receive at a minimum of 8 units per week with a maximum of 128 units per SFY.</li> </ul>                                                                                                                                                                                                                                                                              |

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|                                | Services may be combined with telehealth units at which point a service authorization is required.                                                                                                                                                                                                                                                                       |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                       |
| Service Documentation          | Must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                  |
| Relationship to Other Services | IOP services may be provided concurrently with any service listed in standards manual not otherwise contraindicated. Providers may administer pharmacological treatment in conjunction with the outpatient substance use disorder treatment services in (a) of this section if the pharmacological treatment is provided by an individual listed in 7 AAC 135.010(b)(2). |
| Service Code                   | H0015 V1-Individual<br>H0015 V1 GT –Telehealth Individual<br>H0015 HQV1-Group<br>H001 HQ V1 GT–Telehealth Group                                                                                                                                                                                                                                                          |
| Unit Value                     | per 15 minutes                                                                                                                                                                                                                                                                                                                                                           |
| Payment Rate                   | \$29.61-Individual<br>\$9.77-Group                                                                                                                                                                                                                                                                                                                                       |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to work in their intensive outpatient programs; however, clinical services must be facilitated by a QAP under 7 AAC 70.990. Peer certification/designation alone does not meet the minimum requirement.                                                                                                    |

### III. ASAM Level 2.5 SUD Partial Hospitalization Program – Adolescents

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| Service Name Abbreviation           | SUD Partial Hospitalization Program – Adolescents (PHP- Adolescents)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Effective Date and Revision History | 7 AA 138.250<br>Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Service Description                 | <p>Outpatient SUD PHP services for eligible youth are designed for the diagnosis or active and clinically intensive treatment of a SUD to maintain an eligible person’s functional level and prevent decrease risk for recurrence of or inpatient hospitalization.</p> <p>PHPs have the capacity to:</p> <ul style="list-style-type: none"> <li>• Address major lifestyle, attitudinal, &amp; behavioral issues which impair the adolescent’s ability to cope with major life tasks without the addictive use of alcohol and/or other drugs</li> <li>• Treat the adolescent with substantial medical and psychiatric problems.</li> </ul> <p>PHP services are designed for the diagnosis or active treatment of a substance use disorder (SUD) for adolescents presenting with:</p> <ul style="list-style-type: none"> <li>• Biomedical conditions and problems severe enough to distract from recovery efforts but not sufficient to interfere with treatment; and</li> <li>• Emotional, behavioral, or cognitive conditions and complications that affect</li> </ul> |



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|                          | <p>the individual's level of functioning, stability, and degree of impairment; and</p> <ul style="list-style-type: none"> <li>• A need for repeated, structured, clinically directed motivational interventions, or at high risk of relapse, or an unsupportive recovery environment.</li> </ul> <p>Therapeutic environments for PHP should be highly structured and have the capacity to treat substantial mental health, behavioral, medical and/or substance use problems including:</p> <ul style="list-style-type: none"> <li>• Major lifestyle, attitudinal, &amp; behavioral issues which impair the individual's ability to cope with major life tasks</li> <li>• Biomedical conditions and problems severe enough to distract from recovery efforts but insufficient to interfere with treatment</li> <li>• Emotional, behavioral, or cognitive conditions and complications that affect the individual's level of functioning, stability, and degree of impairment</li> <li>• Need for repeated, structured, clinically directed motivational interventions, or at high risk of failure in an unsupportive recovery environment</li> <li>• Co-occurring psychiatric, behavioral, medical and SUD problems</li> </ul> <p>Required weekly program schedule hours include a combination of:</p> <ul style="list-style-type: none"> <li>• Individual therapy/week</li> <li>• Group therapy/week</li> <li>• Family therapy/week</li> <li>• Case management/week</li> <li>• Educational instruction/week (during regular school year)</li> <li>• Recreational therapy/week</li> <li>• Medication services/week</li> <li>• Community and recovery support services/week</li> <li>• Random drug screening</li> <li>• Crisis intervention services as needed</li> <li>• Occupational therapy services as needed</li> </ul> |
| Contraindicated Services | <ul style="list-style-type: none"> <li>• Home Based Family Treatment Level I/II/III</li> <li>• Intensive Outpatient Program</li> <li>• Assertive Community Treatment</li> <li>• Outpatient- 1.0</li> <li>• Intensive Outpatient Program</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Community Recovery Support Services</li> <li>• Clinically Managed Low Intensity Residential-3.1</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential-3.5</li> <li>• Clinically Managed Medium Intensity Residential-3.5 (Adolescent)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| <p>Service Requirements/ Expectations</p> | <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said persons be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot is available, it is recommended SUD Programs provide clients with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services. SUD Programs must offer services that help families or</p> |
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|                      | <p>the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Target Population    | <p>Adolescents 12- 17 with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.</p> <p>SUD PHP services are specifically designed for individuals who do not meet an inpatient level of care, but still require intense monitoring to maintain the individual's level of functioning and prevent relapse or residential/inpatient services. Adolescents appropriate for this level of care:</p> <ul style="list-style-type: none"> <li>• Have manageable biomedical conditions/problems,</li> <li>• Have mild to moderate emotional/behavioral/or cognitive conditions &amp; complications,</li> <li>• Have poor engagement in treatment,</li> <li>• Are at high risk for relapse, and</li> <li>• Have an unsupportive recovery environment &amp; therefore require repeated, structured, clinically directed motivational interventions.</li> </ul> <p>PHP may be the initial level of care, a "step-up" from Level 1 outpatient, or a "step-down" from Level 3 residential services. Adolescents admitted to this level of care meet the requirements of IOP but warrant near-daily monitoring or management and more clinically intensive services.</p> |
| Staff Qualifications | <p>Staff should be knowledgeable about adolescent development and experienced in engaging and working with adolescents. PHPs must be staffed by an interdisciplinary team of qualified professionals, which may include any of the following:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>                                                                                                                                                                                                                                                                         |
| Service Location     | <p>Services may be provided in outpatient. The following Place of Service codes are allowed for outpatient services:</p> <p>05-Indian Health Service Free-standing Facility<br/> 06-Indian Health Service Provider-based Facility<br/> 07-Tribal 638 Free-standing Facility<br/> 08-Tribal 638 Provider-based Facility<br/> 11-Office</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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|                                | <p>26-Military Treatment Center<br/> 49-Independent Clinic<br/> 50-Federally Qualified Health Center<br/> 52-Partial Hospitalization Program<br/> 53-Community Mental Health Center<br/> 57-Non-residential Substance Abuse Treatment Center<br/> 71-State or local Public Health Clinic<br/> 72-Rural Health Clinic</p> <p>Telehealth is not allowed for PHP.</p>                                                                                    |
| Service Frequency/Limits       | PHP services must be provided at least 20 hours of services per week. Medicaid reimburses PHP for a maximum of 35 hours/week per beneficiary for a maximum of twenty-one (21) days SFY at which point a service re-authorization is required. The minimum daily limit for PHP is four (4) hours. Medicaid will not reimburse for hospital-based PHPs.                                                                                                 |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Service Documentation          | Must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                               |
| Relationship to Other Services | Providers may administer pharmacological treatment in conjunction with the outpatient substance use disorder treatment services in (a) of this section if the pharmacological treatment is provided by an individual listed in 7 AAC 135.010(b)(2).                                                                                                                                                                                                   |
| Service Code                   | H0035 V1                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Unit Value                     | 1 day = 1 unit                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Payment Rate                   | \$500.00                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to work in their PHP programs; however, at least one clinical service per day must be facilitated by a mental health professional or above to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which met the minimum per day requirement even if a recipient discharges from treatment against medical advice. |

#### IV. ASAM Level 2.5 SUD Partial Hospitalization Program - Adults

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| Service Name Abbreviation           | ASAM Level 2.5 Partial hospitalization (PHP - Adult)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Effective Date and Revision History | 7 AAC 138.250<br>Eff. 7/1/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Service Description                 | <p>Outpatient SUD PHP services for adults are designed for the diagnosis or active and clinically intensive treatment of a SUD to maintain the person's functional level and prevent decrease risk for recurrence of or inpatient hospitalization.</p> <p>PHPs should have the capacity to:</p> <ul style="list-style-type: none"> <li>• Address major lifestyle, attitudinal, &amp; behavioral issues which impair the adult's ability to cope with major life tasks without the addictive use of alcohol and/or other drugs,</li> <li>• Treat adults with substantial medical and psychiatric problems.</li> </ul> |

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|                                           | <p>PHP services are designed for the diagnosis or active treatment of a substance use disorder (SUD) for eligible adults presenting with:</p> <ul style="list-style-type: none"> <li>• Biomedical conditions and problems severe enough to distract from recovery efforts but not sufficient to interfere with treatment; and</li> <li>• Emotional, behavioral, or cognitive conditions and complications that affect the individual's level of functioning, stability, and degree of impairment; and</li> <li>• A need for repeated, structured, clinically directed motivational interventions, or at imminent risk of relapse, or an unsupportive recovery environment.</li> </ul> <p>Placement in a partial hospital program is a clinical decision that can be made only by a clinician thoroughly knowledgeable about the individual's illness, history, environment, and support system.</p>                                                                                                                 |
| <p>Contraindicated Services</p>           | <ul style="list-style-type: none"> <li>• Outpatient -1.0</li> <li>• Home Based Family Treatment Level I/II/III</li> <li>• Intensive Outpatient Program</li> <li>• Assertive Community Treatment</li> <li>• Intensive Outpatient Program</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Community Recovery Support Services</li> <li>• Clinically Managed Low Intensity Residential-3.1</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential-3.5</li> <li>• Clinically Managed Medium Intensity Residential-3.5 (Adolescent)</li> </ul>                                                                       |
| <p>Service Requirements/ Expectations</p> | <p>Required services are individual therapy, group therapy, family therapy, medication services, case management, and community and recovery support services. Random drug screening should also occur, and crisis intervention services are to be provided as needed.</p> <p>The weekly program schedule may include the following services:</p> <ul style="list-style-type: none"> <li>• Individual therapy/week</li> <li>• Group therapy/week</li> <li>• Family therapy/week</li> <li>• Case management/week</li> <li>• Medication services/week</li> <li>• Community and recovery support services/week</li> <li>• Random drug screening</li> <li>• Crisis intervention services as needed.</li> </ul> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> </ol> |

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|  | <p>5. All others</p> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services. SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency.</p> <p>Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
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| Target Population              | <p>Adults with a substance use disorder who do not meet an inpatient level of care, but still require intense monitoring to maintain the individual's level of functioning and prevent relapse or residential/inpatient services.</p> <p>Adults appropriate for this level of care:</p> <ul style="list-style-type: none"> <li>• Have manageable biomedical conditions/problems;</li> <li>• Have mild to moderate emotional, behavioral, or cognitive conditions and complications;</li> <li>• Have poor engagement in treatment;</li> <li>• Are at high risk for relapse; and</li> <li>• Have an unsupportive recovery environment &amp; therefore require repeated, structured, clinically directed motivational interventions.</li> </ul> <p>PHP may be the initial level of care, a "step-up" from Level 2.1 outpatient, or a "step-down" from Level 3 residential services. Adults admitted to this level of care meet the requirements of IOP but warrant near-daily monitoring or management and more clinically intensive services.</p> |
| Staff Qualifications           | <p>PHPs must be staffed by an interdisciplinary team of qualified professionals, which may include any of the following:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 138.250</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>                                                                                                                                                                                                      |
| Service Location               | Outpatient settings only (e.g., treatment provider location or private practice location). No inpatient or residential settings allowed. Telehealth is not allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Service Frequency/Limits       | Medicaid reimburses PHP for a maximum of 35 hours/week per beneficiary for a maximum of twenty-one (21) days/ per SFY, at which point a service re-authorization will be required. The minimum daily limit for PHP is five (5) hours. Medicaid will not reimburse for hospital-based PHPs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Service Documentation          | Must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Relationship to Other Services | An integrated comprehensive clinical assessment conducted by a Qualified Addiction Professional is required. PHP services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Service Code                   | H0035 V1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Unit Value                     | 1 day = 1 unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| Payment Rate           | \$500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Additional Information | <p>Programs may employ a multidisciplinary team of professionals to work in their PHP programs; however, at least one clinical service per day must be facilitated by a mental health professional or above to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which met the minimum per day requirement even if a recipient discharges from treatment against medical advice.</p> <p>The Department is finalizing evidence-based practices (EBPs) to be used for Adult PHP. The Department will establish an EBP monitoring mechanism to specify requirements for application, review, approval, and monitoring of implementation fidelity for all EBP used for Waiver services.</p> |

#### V. Inpatient Substance Use Disorder Treatment Services

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| Service Name<br>Abbreviation           | ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services – Adolescents and Adults                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Effective Date and<br>Revision History | <p>7 AAC 138.300<br/>7 AAC 70.120 (a-f)<br/>Eff. 7/1/2019<br/>Revision: 10/07/2019<br/>Revision: 05/27/2020</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Service<br>Description                 | <p>The primary goal of Level 3.1 is to focus on a structured recovery environment that provides sufficient stability. Support while seeking education and/or employment is an essential feature of these SUD Programs. There is a heavy focus on ASAM Dimensions 5 and 6.</p> <p>Level 3.1 includes a minimum of five hours of treatment services per week.</p> <p>Level 3.1 may also apply to the final phase of a 3.5 residential program, where individuals in a residential or Intensive Therapeutic Community Program need reduced hours of clinical services and increased hours of employment seeking, exploring housing options and other community reintegration efforts.</p>                                                                                       |
| Contraindicated<br>Services            | <ul style="list-style-type: none"> <li>• Outpatient 1.0</li> <li>• Intensive Outpatient Program</li> <li>• Partial Hospitalization</li> <li>• Community Recovery Support Services</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential-3.5</li> <li>• Clinically Managed Medium Intensity Residential-3.5 (Adolescent)</li> </ul> |



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| <p>Service Requirements/ Expectations</p> | <p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services. SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>It is recommended if no slot is available SUD Programs provide clients with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to</p> |
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|                          | <p>whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>                                                                                                                                                                                                                                                   |
| Target Population        | Adolescents ages 12 – 17 and adults ages 18 or older with SUD diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Staff Qualifications     | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p> |
| Service Location         | <p>55-Residential Substance Abuse Treatment Facility</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of Social Security Act.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Service Frequency/Limits | 5 hours minimum, 30 Units per SFY with Service Authorization bypass at which point a service re-authorization is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Service Authorization    | Yes, after 1 <sup>st</sup> 30 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Service Documentation    | Delivery of inpatient substance use disorder treatment must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Service Code             | <p>H2036 HA V1 -Adolescents</p> <p>H2036 HF V1-Adult</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Unit Value               | 1 day = 1 unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Payment Rate             | <p>\$400.83-Adult</p> <p>\$348.39-Adolescent</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Additional Information   | Programs may employ a multidisciplinary team of professionals to work in their level 3.1 residential program(s); however, at least one clinical service per day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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|  | must be facilitated by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement. |
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#### VI. ASAM Level 3.3 Clinically Managed High-Intensity Residential Services (Pop. Specific)

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| Service Name/<br>Abbreviation            | ASAM Level 3.3 Clinically Managed High-Intensity Residential Services<br>(Population Specific)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Effective Date and<br>Revision History   | 7 AAC 138.300<br>7 AAC 70.120 (a-f)<br>Eff. 8/19/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Service<br>Description                   | <p>The primary goal of Level 3.3 is to provide a structured recovery environment to meet needs for individuals with functional limitations, such as severe cognitive impairment and/or traumatic brain injury, and to support recovery from substance use disorder. Individuals presenting for this level of care must be medically stable but will require support to help manage their mental stability as well as their substance use. The presence of their cognitive impairment may be the result of substance induced impairment, or it may be more permanent impairment resulting from a neurological disorder like fetal alcohol spectrum disorders. This level of care moves at a slower rate allowing individuals experiencing not only SUD but also cognitive impairments to process information.</p> <p>Level 3.3 includes a minimum of 15 hours of clinical treatment services per week.</p> |
| Contraindicated<br>Services              | <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Intensive Outpatient Program</li> <li>• Partial Hospitalization</li> <li>• Community Recovery Support Services</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Clinically Managed Low Intensity Residential – 3.1</li> <li>• Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)</li> <li>• Clinically Managed Medium Intensity Residential Treatment 3.5 (Adult)</li> </ul>                                                                                                                             |
| Service<br>Requirements/<br>Expectations | <p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol>                                                                                                                                                                                                                                                |

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|                   | <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling To this end, interim services should be provided to individuals on the waitlist, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population | Adults ages 18 or older with SUD diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| Staff Qualifications     | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p> |
| Service Location         | <p>55-Residential Substance Abuse Treatment Facility</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of Social Security Act.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Service Frequency/Limits | 30 Units per SFY with Service Authorization bypass at which point a service re-authorization is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Service Authorization    | Yes, after the first 30 days of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Service Documentation    | Delivery of inpatient substance use disorder treatment must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Unit Value               | 1 day = 1 unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Service Code             | H0047 HF V1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Payment Rate             | \$615.94-Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Additional Information   | Programs may employ a multidisciplinary team of professionals to work in their Clinically Managed High Intensity Residential Program(s); however, at least one clinical service per day must be facilitated by a mental health professional to be eligible to draw down the daily rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

#### VII. ASAM Level 3.5 Clinically Managed High-Intensity Residential Services (Adult)

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| Service Name Abbreviation           | ASAM Level 3.5 Clinically Managed High-Intensity Residential Services (Adult)                                                |
| Effective Date and Revision History | <p>7 AAC 138.300</p> <p>7 AAC 70.120 (a-f)</p> <p>Eff. 8/19/2019</p> <p>Revision: 10/07/2019</p> <p>Revision: 05/27/2020</p> |

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| Service Description                | <p>The primary goal of Level 3.5 is to focus on a structured recovery environment that provides sufficient stability. Support while seeking education and/or employment is an essential feature of these SUD Programs. There is a heavy focus on ASAM Dimensions 5 and 6.</p> <ul style="list-style-type: none"> <li>• Level 3.5 includes a minimum of twenty hours of clinical treatment services per week.</li> <li>• Level 3.1 may also apply to the final phase of a 3.5 residential program, where individuals in a residential or Intensive Therapeutic Community Program need reduced hours of clinical services and increased hours of employment seeking, exploring housing options and other community reintegration efforts.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Contraindicated Services           | <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Intensive Outpatient Program</li> <li>• Partial Hospitalization</li> <li>• Community Recovery Support Services</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Service Requirements/ Expectations | <p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling To this end, interim services should be provided to</p> |

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|                      | <p>individuals on the waitlist, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population    | Adults ages 18 or older with SUD diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Staff Qualifications | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses supervised</li> <li>• Mental health professional clinicians</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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|                          | <ul style="list-style-type: none"> <li>Behavioral Health Aides</li> <li>Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p> |
| Service Location         | 55-Residential Substance Abuse Treatment Facility                                                                                                                                                                                                                  |
| Service Frequency/Limits | 30 Units per SFY with Service Authorization bypass at which point a service re-authorization is required.                                                                                                                                                          |
| Service Authorization    | Yes, after the first 30 days of service.                                                                                                                                                                                                                           |
| Service Documentation    | Delivery of inpatient substance use disorder treatment must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                     |
| Service Code             | H0047 TG-V1-Adult                                                                                                                                                                                                                                                  |
| Unit Value               | 1 day = 1 unit                                                                                                                                                                                                                                                     |
| Payment Rate             | \$455.29-Adult                                                                                                                                                                                                                                                     |
| Additional Information   | Programs may employ a multidisciplinary team of professionals to work in their Clinically Managed High Intensity Residential Program(s); however, at least one clinical service per day must be facilitated by a QAP to be eligible to draw down the daily rate.   |

#### VIII. ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services Adolescents

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| Service Name/Abbreviation           | ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services Adolescents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Effective Date and Revision History | 7 AAC 138.300<br>7 AAC 70.120 (a-f)<br>Eff. 8/19/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Service Description                 | <p>Adolescents under the 1115 SUD waiver are identified as age 12- 17. The primary goal of Level 3.5 is to focus on a structured recovery environment that provides sufficient stability. Support while seeking education and/or employment is an essential feature of these SUD Programs. There is a heavy focus on ASAM Dimensions 5 and 6.</p> <p>Level 3.5 includes a minimum of 15 hours of treatment services per week, 10 of which must be clinical and 5 may include therapeutic community activities such as morning business, peer activity, social activity.</p> <p>Level 3.1 may also apply to the final phase of a 3.5 residential program, where individuals in a residential or Intensive Therapeutic Community Program need reduced hours of clinical services and increased hours of employment seeking, exploring housing options and other community reintegration efforts.</p> |
| Contraindicated Services            | <ul style="list-style-type: none"> <li>Outpatient</li> <li>Intensive Outpatient Program</li> <li>Partial Hospitalization</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



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|                                    | <ul style="list-style-type: none"> <li>• Community Recovery Support Services</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.5 Adult</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Service Requirements/ Expectations | <p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment</p> |

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|                          | <p>protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population        | Adolescents ages 12-17 with SUD diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Staff Qualifications     | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>                                                                                                                                                                                                                                                                                                                                                                                                    |
| Service Location         | <p>55-Residential Substance Abuse Treatment Facility</p> <p>Providers are exempt from requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion, Section 1905(a) (B) of Social Security Act.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Service Frequency/Limits | 30 Units per SFY with Service Authorization bypass at which point a service re-authorization is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Service Authorization    | Yes, after the first 30 days of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Service Documentation    | Delivery of inpatient substance use disorder treatment must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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| Service Code           | H0047 HA V1 TF-Adolescents                                                                                                                                                                                                                                                                               |
| Unit Value             | 1 day = 1 unit                                                                                                                                                                                                                                                                                           |
| Payment Rate           | \$498.62-Adolescent                                                                                                                                                                                                                                                                                      |
| Additional Information | Programs may employ a multidisciplinary team of professionals to work in their Clinically Managed Medium Intensity Residential Program(s); however, at least one clinical service per day must be facilitated by a substance use disorder counselor or above to be eligible to draw down the daily rate. |

**X. ASAM Level 3.7 Medically Monitored Intensive Inpatient Services for Adults and Medically Monitored High Intensity Inpatient for Adolescents**

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| Service Name/<br>Abbreviation          | ASAM Level 3.7 Medically Monitored Intensive Inpatient Services for Adults and Medically Monitored High Intensity Inpatient for Adolescents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Effective Date and<br>Revision History | 7 AAC 138.300<br>Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Service<br>Description                 | <p>Adolescents under the 1115 SUD waiver are identified as age 12- 17. This level of care is appropriate for patients with biomedical, emotional, behavioral, and/or cognitive conditions that require highly structured 24-hour services including direct evaluation, observation, and medically monitored addiction treatment.</p> <p>Medically monitored treatment is provided through a combination of direct patient contact, record review, team meetings and quality assurance programming.</p> <p>These services are differentiated from Level 4.0 in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.</p> <p>Level 3.7 is appropriate for adolescents with co-occurring psychiatric disorders or symptoms that hinder their ability to successfully engage in SUD treatment in other settings.</p> <p>Services in this program are meant to orient or re-orient patients to daily life structures outside of substance use.</p> |
| Service<br>Components                  | <ul style="list-style-type: none"> <li>• Individualized, person-centered assessment and medically monitored treatment</li> <li>• Addiction pharmacotherapy and medication services</li> <li>• Appropriate drug screening</li> <li>• Cognitive behavioral and other substance-use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis</li> <li>• Daily medical and nursing services</li> <li>• Counseling and clinical/medical monitoring</li> <li>• Daily treatment services focused on managing the individual's acute symptoms</li> <li>• Psychoeducation services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| <p>Contraindicated Services:</p>          | <ul style="list-style-type: none"> <li>• Outpatient -1.0</li> <li>• Intensive Outpatient Program</li> <li>• Partial Hospitalization</li> <li>• Community Recovery Supports Services</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Ambulatory Withdrawal Management</li> <li>• Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.5</li> <li>• Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p>Service Requirements/ Expectations</p> | <p>All inpatient residential substance use disorder treatment services in addition to being delivered during regular business hours must also be delivered according to the requirements of this section during evening hours and on weekends and holidays. SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services. SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early</p> |

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|                      | <p>intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population    | Adolescents 12 – 17 and adults ages 18 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Staff Qualifications | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Service Location     | <p>Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility:</p> <p>05-Indian Health Service Free-standing Facility<br/>06-Indian Health Service Provider-based Facility</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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|                                | <p>07-Tribal 638 Free-standing Facility<br/> 08-Tribal 638 Provider-based Facility<br/> 99-Other</p> <ul style="list-style-type: none"> <li>• General acute care hospitals</li> <li>• Specialized psychiatric hospitals</li> <li>• Critical Access Hospitals</li> <li>• Freestanding withdrawal management center</li> </ul> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of Social Security Act.</p> |
| Service Frequency/Limits       | 7 units per SFY with service authorization bypass; service authorization to extend limit required.                                                                                                                                                                                                                                                                                                                                                                                                |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Service Documentation          | Delivery of medically monitored high intensity inpatient services must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                         |
| Relationship to Other Services | ASAM Level 3.7 Medically Monitored High-Intensity Inpatient Services – Adolescent and Adult services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                                                                                                                                                      |
| Service Code                   | H0009 TF V1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Unit Value                     | 1 day = 1 unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Payment Rate                   | \$900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to work in their Medically Monitored High-Intensity Program(s); however, at least one clinical service per day must be facilitated by a mental health professional or above to be eligible to draw down the daily rate.                                                                                                                                                                                                             |

#### XI. ASAM Level 4.0 Medically Managed Intensive Inpatient Services – Adolescents and Adults

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| Service Name/Abbreviation           | ASAM Level 4.0 Medically Managed Intensive Inpatient Services – Adolescents and Adults                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Effective Date and Revision History | 7 AAC 138.300<br>Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Service Definition/Description      | <p>Adolescents under the 1115 SUD waiver are identified as age 12- 17. This level of care is appropriate for patients with biomedical, emotional, behavioral, and/or cognitive conditions severe enough to warrant primary medical care and nursing care. Services offered at this level differ from Level 3.7 services in that patients receive daily direct care from a licensed physician who is responsible for making shared treatment decisions with the patient (i.e. medically managed care). These services are provided in a hospital-based setting and include medically directed evaluation and treatment.</p> <p>Component Services include:</p> <ul style="list-style-type: none"> <li>• Individualized, person-centered assessment and medically directed &amp; managed treatment</li> <li>• Addiction pharmacotherapy and medication services</li> <li>• Appropriate drug screening</li> </ul> |

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|                                    | <ul style="list-style-type: none"> <li>• Cognitive behavioral and other substance-use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis</li> <li>• Daily medical and nursing services</li> <li>• Counseling and clinical/medical monitoring</li> <li>• Daily treatment services focused on managing the individual’s acute symptoms</li> <li>• Psychoeducation services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Contraindicated Service            | <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Intensive Outpatient Program</li> <li>• Community Recovery Support Services</li> <li>• Partial Hospitalization</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Ambulatory Withdrawal Management</li> <li>• Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Service Requirements/ Expectations | <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> </ul> |

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|                      | <ul style="list-style-type: none"> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population    | Adolescents ages 12 – 17 and adults ages 18 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Staff Qualifications | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



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| Service Location               | Services may be provided in an acute care general hospital, an acute psychiatric hospital, or a psychiatric unit within an acute care general hospital, or through a licensed addiction treatment specialty hospital.<br><br>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of Social Security Act. |
| Service Frequency/Limits       | 7 units per SFY with service authorization bypass; service authorization required to extend limit.                                                                                                                                                                                                                                                                                         |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                         |
| Service Documentation          | Delivery of ASAM Level 4.0 Medically Managed Intensive Inpatient services must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                          |
| Relationship to Other Services | ASAM Level 4.0 Medically Managed Intensive Inpatient Services – Adolescent and Adult services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                                                      |
| Service Code                   | H0009 TG V1                                                                                                                                                                                                                                                                                                                                                                                |
| Unit Value                     | 1 day = 1 unit                                                                                                                                                                                                                                                                                                                                                                             |
| Payment Rate                   | \$1,500                                                                                                                                                                                                                                                                                                                                                                                    |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to work in their Medically Managed Intensive Inpatient Program(s); however, at least one clinical service per day must be facilitated by a mental health professional or above to be eligible to draw down the daily rate.                                                                                                   |

## **XII. Alcohol and Drug Withdrawal Management Services**

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| Service Name/ Abbreviation          | ASAM Level WM 1: Ambulatory Withdrawal Management Without Extended On-site Monitoring – Adolescents and Adults                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Effective Date and Revision History | 7 AAC 138.350<br>Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Service Definition/ Description     | Mild withdrawal<br>Adolescents under the 1115 SUD waiver are identified as age 12- 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Contraindicated Service             | <ul style="list-style-type: none"> <li>• Intensive Outpatient Program</li> <li>• Partial Hospitalization</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)</li> </ul> |
| Service Requirements/ Expectations  | SUD Programs must give priority preference to treatment as follows: <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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|  | <p>3. Other injecting drug users</p> <p>4. Office of Children Services engaged families</p> <p>5. All others</p> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family</p> |
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|                                | members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Target Population              | Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Staff Qualifications           | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p> |
| Service Location               | 99-Other; Outpatient (e.g., treatment provider location, private practitioner location). No IP or residential settings allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Service Frequency/Limits       | 320 units per SFY with service authorization bypass, service authorization required to extend limit. Combine with extended onsite.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Service Documentation          | Delivery of ASAM Level WM 1: Ambulatory Withdrawal Management Without Extended On-site Monitoring services must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Relationship to Other Services | ASAM Level WM 1: Ambulatory Withdrawal Management Without Extended On-site Monitoring – Adolescent and Adult services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Service Code                   | H0014 V1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Unit Value                     | Per 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Payment Rate                   | \$30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to work in their Ambulatory Withdrawal Management Program(s); however, at least one clinical service per day must be facilitated by a medical professional with prescribing privileges or a nursing professional to be eligible to draw down the per 15 minute unit rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**XIII. ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring – Adolescents and Adults**

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| Service Name/Abbreviation | ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring – Adolescents and Adults |
| Effective Date and        | 7 AAC 138.350                                                                                                  |

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| Revision History                      | 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Service Definition/<br>Description    | Moderate withdrawal with all-day withdrawal management, support, and supervision; has supportive family or living situation at night. Adolescents under the 1115 SUD waiver are identified as age 12- 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Contraindicated Service               | <ul style="list-style-type: none"> <li>• Intensive Outpatient Program</li> <li>• Partial Hospitalization</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Service Requirements/<br>Expectations | <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early</p> |

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|                          | <p>intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population        | Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Staff Qualifications     | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Service Location         | Outpatient (e.g., treatment provider location, private practitioner location). No IP or residential settings allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Service Frequency/Limits | 320 units per SFY with service authorization bypass, service authorization required to extend limit. Combined with without extended onsite.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                         |
| Service Documentation          | Delivery of ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring services must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                         |
| Relationship to Other Services | ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                     |
| Service Code                   | H0014 V1                                                                                                                                                                                                                                                                                                                                                   |
| Unit Value                     | Per 15 minutes                                                                                                                                                                                                                                                                                                                                             |
| Payment Rate                   | \$30.00                                                                                                                                                                                                                                                                                                                                                    |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to work in their Ambulatory Withdrawal Management with Extended On-Site Monitoring Program(s); however, at least one clinical service per day must be facilitated by a medical professional with prescribing privileges or nursing professional to be eligible to draw down the hourly rate. |

#### XIV. ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management

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| Service Name/Abbreviation           | ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Effective Date and Revision History | 7 AAC 138.350<br>Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Service Description                 | Moderate withdrawal but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Contraindicated Service             | <ul style="list-style-type: none"> <li>• Intensive Outpatient Program</li> <li>• Partial Hospitalization</li> <li>• Community Recovery Supports Services</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Ambulatory Withdrawal Management</li> <li>• Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Population Specific)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)</li> <li>• Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)</li> </ul> |
| Service Requirements/Expectations   | SUD Programs must give priority preference to treatment as follows: <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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|  | <p>5. All others</p> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
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| Target Population              | Adolescents ages 12 -17 and adults ages 18 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Staff Qualifications           | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, , 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p> |
| Service Location               | <p>55-Residential Substance Abuse Treatment Facility<br/>Residential Withdrawal Management Facilities<br/>Free standing Appropriately Licensed ASAM 3.2 Withdrawal Management Facilities</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion, Section 1905(a) (B) of Social Security Act.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Service Frequency/Limits       | 1 billable service per day, 7 units per SFY with service authorization bypass, service authorization required to extend limit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Service Documentation          | Delivery of ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management services must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Relationship to Other Services | ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Service Code                   | H0010 V1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Unit Value                     | Daily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Payment Rate                   | \$302.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to work in their Clinically Managed Residential Withdrawal Management Program(s); however, at least one clinical service per day must be facilitated by a QAP to draw down the daily rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

#### **XV. ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management**

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| Service Name/ Abbreviation | ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management |
| Effective Date and         | 7 AAC 138.350                                                         |



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| Revision History                   | Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Service Description                | Severe withdrawal needing 24-hour nursing care and physician visits; unlikely to complete withdrawal management without medical monitoring.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Contraindicated Service            | <ul style="list-style-type: none"> <li>• Intensive Outpatient Program</li> <li>• Partial Hospitalization</li> <li>• Community Recovery Supports Services</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Ambulatory Withdrawal Management</li> <li>• Clinically Managed Low Intensity Residential Treatment-3.1(Adult/Adolescent)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.5 Adult</li> <li>• Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Service Requirements/ Expectations | <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> |

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|                      | <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to</p> <p>HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population    | Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Staff Qualifications | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| Service Location               | <p>Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility:</p> <p><u>99-Other</u></p> <p>AK licensed general acute care hospitals<br/>Specialized psychiatric hospitals<br/>Critical Access Hospitals</p> <p><u>Alaska Native tribal facilities</u></p> <p>07-Tribal 638 Free-standing Facility<br/>08-Tribal 638 Provider-based Facility<br/>Providers are exempt from the Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of the Social Security Act.</p> |
| Service Frequency/Limits       | 1 billable service per day, 7 units per SFY with service authorization bypass, service authorization required to extend limit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Service Documentation          | Delivery of ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management services must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Relationship to Other Services | ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Service Code                   | H0010 TG V1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Unit Value                     | 1 day = 1 unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Payment Rate                   | \$900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to work in their Medically Monitored Inpatient Withdrawal Management program(s); however, at least one clinical service per day must be facilitated by a medical professional with prescribing privileges to be eligible to draw down the daily rate.                                                                                                                                                                                                                                                                                                                     |

#### **XVI. ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management**

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| Service Name/Abbreviation           | ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management                                                                                                                                                                                                                                   |
| Effective Date and Revision History | <p>7 AAC 138.350<br/>Eff. 7/1/2019<br/>Revision: 10/07/2019<br/>Revision: 05/27/2020</p>                                                                                                                                                                                                                   |
| Service Description                 | Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.                                                                                                                                              |
| Contraindicated Service             | <ul style="list-style-type: none"> <li>• Intensive Outpatient Program</li> <li>• Partial Hospitalization</li> <li>• Community Recovery Supports Services</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> </ul> |

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|                                    | <ul style="list-style-type: none"> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Ambulatory Withdrawal Management</li> <li>• Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.5 Adult</li> <li>• Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Service Requirements/ Expectations | <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these</p> |

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|                      | <p>procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population    | Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Staff Qualifications | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>                       |
| Service Location     | <p>Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility:</p> <p>07-Tribal 638 Free-standing Facility<br/>08-Tribal 638 Provider-based Facility<br/>99 - Other</p> <ul style="list-style-type: none"> <li>• AK licensed general acute care hospitals</li> <li>• Specialized psychiatric hospitals</li> <li>• Critical Access Hospitals</li> </ul> <p>Providers are exempt from the Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of the Social Security Act.</p>                                                                                                                                                                                                           |

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| Service Frequency/Limits       | 1 billable service per day, 7 units per SFY with service authorization bypass, service authorization required to extend limit.                                                                                                                                                                                 |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                             |
| Service Documentation          | Delivery of ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management services must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                          |
| Relationship to Other Services | ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management support services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                              |
| Service Code                   | H0011 V1                                                                                                                                                                                                                                                                                                       |
| Unit Value                     | 1 day = 1 unit                                                                                                                                                                                                                                                                                                 |
| Payment Rate                   | \$1,500                                                                                                                                                                                                                                                                                                        |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to work in their Medically Managed Intensive Inpatient Withdrawal Management program(s); however, at least one service per day must be facilitated by a medical professional with prescribing privileges to be eligible to draw down daily rate. |

#### **XVII. Community Recovery Support Services (CRSS)**

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| Service Name/ Abbreviation          | Community Recovery Support Services (CRSS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Effective Date and Revision History | 7 AAC 138.400<br>Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Service Description                 | CRSS includes skill building, counseling, coaching, and support services to help prevent relapse, improve self-sufficiency and promote recovery from behavioral health disorders (i.e. mental health disorders and/or substance use disorders).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Service Components                  | <ul style="list-style-type: none"> <li>• Recovery coaching by a qualified professional, including guidance, support and encouragement with strength-based supports during recovery.</li> <li>• Skill building services, including coaching and referrals, to build social, cognitive, and daily living skills and help identify resources for these skills.</li> <li>• Facilitation of level-of-care transitions.</li> <li>• Peer-to-peer services <ul style="list-style-type: none"> <li>○ Family members of people experiencing SED, SMI, SUD or Co-occurring disorders may provide services to these family members</li> </ul> </li> <li>• Family education, training and supports, like psychoeducational services with self-help concepts/skills that promote wellness, stability, self-sufficiency/recovery, and education for individuals and family members about mental health and substance use disorders using factual data about signs/symptoms, prognosis of recovery, therapies/drugs, family relationships, and other issues impacting recovery and functioning.</li> <li>• Relapse prevention services.</li> <li>• Child therapeutic support services, including linking child and/or parents with supports, services, and resources for healthy child development, and identifying development milestones, and educating parents about healthy</li> </ul> |

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|                                    | cognitive, emotional, and social child development.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Contraindicated Service            | <ul style="list-style-type: none"> <li>• Home Based Family Treatment Level I</li> <li>• Assertive Community Treatment</li> <li>• Partial Hospitalization Program</li> <li>• Clinically Managed Residential Withdrawal Management-3.2</li> <li>• Medically Monitored Inpatient Withdrawal Management-3.7</li> <li>• Medically Managed Intensive Inpatient Withdrawal Management-4.0</li> <li>• Medically Monitored Intensive Inpatient Services-3.7</li> <li>• Medically Managed Intensive Inpatient Services-4.0</li> <li>• Clinically Managed Low Intensity Residential-3.1 (Adult/Adolescent)</li> <li>• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)</li> <li>• Clinically Managed High Intensity Residential-3.5 Adult</li> <li>• Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Service Requirements/ Expectations | <p>CRSS must be provided according to the criteria listed in 7 AAC 138.400(a)(1).</p> <p>Providers of CRSS for individuals with substance use disorders must meet the following requirements:</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> |

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|                      | <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to</p> <p>HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population    | Children, adolescents and adults with a behavioral health disorder (mental health disorders and/or substance use disorder) when determined to be medically necessary, and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Staff Qualifications | <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Community Health Aide</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Service Location     | <p>Services may be provided in outpatient settings. The following Place of Service codes are allowed for CRSS services:</p> <p>04-Homless Shelter</p> <p>05-Indian Health Service Free-standing Facility</p> <p>06-Indian Health Service Provider-based Facility</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |



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|                                | 07-Tribal 638 Free-standing Facility<br>08-Tribal 638 Provider-based Facility<br>11-Office<br>26-Military Treatment Center<br>49-Independent Clinic<br>50-Federally Qualified Health Center<br>52-Partial Hospitalization Program<br>53-Community Mental Health Center<br>57-Non-residential Substance Abuse Treatment Center<br>71-State or local Public Health Clinic<br>72-Rural Health Clinic<br>99-Other; Any other Appropriate Setting in the Community |
| Service Frequency/Limits       | Individual-15 minutes/280 units per beneficiary SFY; requires service authorization required to extend limit; combine with telehealth.<br>Group-15 minutes/600 units per beneficiary per SFY; requires services authorization to extend limit; combine with telehealth.                                                                                                                                                                                       |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Service Documentation          | Must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                       |
| Relationship to Other Services | CRSS may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                                                                                                                                                                                                                  |
| Service Code                   | H2021 V1-Individual<br>H2021 HQV1 GT-Telehealth Group<br>H2021 V1 GT-Telehealth-Individual<br>H2021 HQ- V1 Group                                                                                                                                                                                                                                                                                                                                              |
| Unit Value                     | 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Payment Rate                   | \$21.46-Individual<br>\$5.63-Group                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to perform community recovery support services(s); however, each unit of services must be facilitated by a peer support specialist or above to be eligible to draw down the per unit rate.                                                                                                                                                                                                      |

### XIII. SUD Care Coordination

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| Service Name/Abbreviation           | SUD Care Coordination Services (also known as MAT Care Coordination in the 1115 SUD Implementation Plan) |
| Effective Date and Revision History | 7 AAC 138.400<br>Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                           |

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| Service Definition/<br>Description    | <p>Substance use disorder care coordination services, which must be provided at least a minimum of once per month to a recipient who is receiving medication assisted treatment, and are provided to:</p> <ul style="list-style-type: none"> <li>• Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, behavioral health, educational, social, or other services;</li> <li>• Coordinate the integrated delivery of behavioral health and medical services;</li> <li>• Assist the recipient with level of care transitions; and</li> <li>• Assist the recipient to develop skills necessary for the self-management of treatment needs and the maintenance of long-term social supports.</li> <li>• Monitoring and follow up activities</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Contraindicated Service               | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Service Requirements/<br>Expectations | <p>This service is required for individuals receiving any pharmacotherapy for the treatment of their substance use disorder. The expectation is that this service is provided at minimum 1 time per month</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> |

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|                      | <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to</p> <p>HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population    | <p>Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan. Individuals receiving Medication Assisted Treatment are required to receive this service for the first 12 months.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Staff Qualifications | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer support Specialist</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| Service Location               | Services may be provided in outpatient or residential settings. The following Place of Service codes are allowed for SUD Care coordination services:<br>05-Indian Health Service Free-standing Facility<br>06-Indian Health Service Provider-based Facility<br>07-Tribal 638 Free-standing Facility<br>08-Tribal 638 Provider-based Facility<br>11-Office<br>26-Military Treatment Center<br>49-Independent Clinic<br>50-Federally Qualified Health Center<br>52-Partial Hospitalization Program<br>53-Community Mental Health Center<br>57-Non-residential Substance Abuse Treatment Center<br>71-State or local Public Health Clinic<br>72-Rural Health Clinic<br>Emergency Department<br>Other Primary Care Outpatient Setting |
| Service Frequency/Limits       | 6 units per SFY combine with telehealth code; at which point a service re-authorization is required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Service Documentation          | Delivery of SUD Care Coordination services must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Relationship to Other Services | SUD Care Coordination services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Service Code                   | H0047 V1<br>H0047 V1 GT -Telehealth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Unit Value                     | Monthly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Payment Rate                   | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to perform SUD care coordination services(s); however, each unit of monthly services must be facilitated by a QAP to be eligible to draw down the per month rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

#### **XIV. Intensive Case Management Services**

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| Service Name/Abbreviation           | Intensive Case Management Services (ICM)                                                                                                                                                                                                                                 |
| Effective Date and Revision History | 7 AAC 138.400<br>Eff. 7/1/2019<br>Revision: 10/07/2019<br>Revision: 05/27/2020                                                                                                                                                                                           |
| Service Definition/Description      | ICM services include evaluation, outreach, support services, advocacy with community agencies, arranging services and supports, teaching community living and problem-solving skills, modeling productive behaviors, and teaching individuals to become self-sufficient. |

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| Service components                 | <ul style="list-style-type: none"> <li>• Case manager serves as the central point of contact for an individual brokering and/or linking individual with mental health, SUD, medical, social, educational, vocational, legal, and financial resources in the community, including: <ul style="list-style-type: none"> <li>○ Intensive outreach services outside of clinic, including street outreach, visiting the client’s home, work, and other community settings</li> <li>○ Referring for individual, group or family therapy, medical, or other specialized services; and</li> <li>○ Engaging natural supports (natural supports are family members/close kinship relationships and community members (e.g. friends, co-workers, etc.) that enhance the quality of life</li> </ul> </li> <li>• Assessment and treatment plan with quarterly update assessments;</li> <li>• Regular (biweekly, at a minimum) monitoring of behavioral health services, delivery, safety, and stability;</li> <li>• Triaging for crisis intervention purposes (e.g., determining need for intervention and referral to appropriate service or authority); and</li> <li>• Assisting individuals in being able to better perform activities of daily living—problem-solving skills, self-sufficiency, productive behaviors, conflict resolution.</li> </ul>                                                                                                                                                   |
| Contraindicated Services           | <ul style="list-style-type: none"> <li>• Home Based Family Treatment Level I</li> <li>• Assertive Community Treatment Services (ACT)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Service Requirements/ Expectations | <p>ICM providers must have the capacity to furnish the following:</p> <ul style="list-style-type: none"> <li>• Multiple contacts with client per week with a frequency of at least 2-to-3 times a day based on recipient need</li> <li>• At least one face-to-face contact every two weeks for all recipients</li> <li>• Community engagement as often needed</li> </ul> <p>Providers of ICM for individuals with substance use disorders must meet the following requirements:</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> <li>1. Pregnant injecting drug users</li> <li>2. Other pregnant substance users</li> <li>3. Other injecting drug users</li> <li>4. Office of Children Services engaged families</li> <li>5. All others</li> </ol> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then it is recommended person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> |

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|                      | <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> <li>• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.</li> <li>• Referral for HIV and TB testing and treatment.</li> <li>• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.</li> </ul> <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to</p> <p>HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p> |
| Target Population    | Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Staff Qualifications | <p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|                                | <ul style="list-style-type: none"> <li>• Substance Use Disorder Counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral Health Clinical Associates</li> <li>• Behavioral Health Aides</li> <li>• Peer Support Specialist</li> </ul> <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>                                                                                                                                                                                                                                                                                                 |
| Service Location               | <p>Services may be provided in outpatient or residential settings. The following Place of Service codes are allowed for ICM services:</p> <p>05-Indian Health Service Free-standing Facility<br/> 06-Indian Health Service Provider-based Facility<br/> 07-Tribal 638 Free-standing Facility<br/> 08-Tribal 638 Provider-based Facility<br/> 11-Office<br/> 26-Military Treatment Center<br/> 49-Independent Clinic<br/> 50-Federally Qualified Health Center<br/> 52-Partial Hospitalization Program<br/> 53-Community Mental Health Center<br/> 57-Non-residential Substance Abuse Treatment Center<br/> 71-State or local Public Health Clinic<br/> 72-Rural Health Clinic<br/> 99-Other; Any Appropriate Setting in the Community</p> |
| Service Frequency/Limits       | 960 units or 240 hrs. per beneficiary per SFY, at which point a service re-authorization is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Service Documentation          | Intensive Case Management services must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Relationship to Other Services | Intensive Case Management Services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Service Code                   | H0023 V1<br>H0023 V1 GT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Unit Value                     | 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Payment Rate                   | \$28.07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to perform Intensive Case Management services(s); however, each unit of service must be facilitated by a QAP to be eligible to draw down the per unit rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

#### XV. Treatment Plan Development Review

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|-------------------------------------------|----------------------------------------|
| Service Name Abbreviation                 | <b>Treatment Plan Review</b>           |
| Authority Effective Date Revision History | 7 AAC 138.100<br>Eff. Date: 05/27/2020 |

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| Service Description                | As a client moves through treatment in any level of behavioral health services, his or her progress should be formally assessed at regular intervals relevant to the client's severity of illness and level of function, and the intensity of service and level of care. This includes the development and review of the client's treatment plan that was developed in accordance with 7 AAC 135.120 to determine whether the level of care, services, and interventions remain appropriate or whether changes are needed to the client's treatment plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Service Components                 | See 7 AAC 135.120.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Contraindicated Service            | <ul style="list-style-type: none"> <li>• Mobile Outreach and Crisis Response Services (MOCR)</li> <li>• Peer-based crisis services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Service Requirements/ Expectations | <p>A treatment plan review and any necessary revisions must be completed at least every 90 days. This includes documenting the results of the treatment plan review in the clinical record and including the name, signature, and credentials of the individual who conducted the review.</p> <p>The parameters for a treatment plan review may include the following:<br/>A review may find that it is appropriate for a client to stay at the current level of care if at least of the following findings is articulated in the review:</p> <ul style="list-style-type: none"> <li>• The client is making progress, but the goals articulated in the treatment plan have not been achieved and with continued treatment the client will be able to continue to work toward these goals.</li> <li>• The client is not making progress but has capacity to resolve problems and is actively working to achieve the goals articulated in the treatment plan.</li> <li>• New problems or goals for the client have been identified that can be appropriately treated at the client's current level of care or the client needs a higher level of care and a referral has been made to an appropriate setting.</li> </ul> |
| Target Population                  | Individual's eligible under 7 AAC 139.010 receiving services determined to be medically necessary and in accordance with an individual treatment plan developed in accordance with 7 AAC. AAC 135.120.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Staff Qualifications               | <p>Providers qualified to be reimbursed for treatment plan review provided to client include the following as long as a directing clinician signs and monitors the treatment plan review:</p> <ul style="list-style-type: none"> <li>• Licensed physicians</li> <li>• Licensed physician assistants</li> <li>• Licensed advanced nurse practitioners</li> <li>• Licensed registered nurses</li> <li>• Licensed practical nurses</li> <li>• Community health aide</li> <li>• Mental health professional clinicians, 7 AAC 70.990 (28)</li> <li>• Substance use disorder counselors</li> <li>• Certified Medical Assistants/Certified Nursing Assistant</li> <li>• Behavioral health clinical associates</li> <li>• Behavioral health aides</li> <li>• Peer support specialist</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Service Location                   | 04-Homeless Shelter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |



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|                                | 05-Indian Health Service Free-standing Facility<br>06-Indian Health Service Provider-based Facility<br>07-Tribal 638 Free-standing Facility<br>08-Tribal 638 Provider-based Facility<br>11-Office<br>26-Military Treatment Center<br>49-Independent Clinic<br>50-Federally Qualified Health Center<br>52-Partial Hospitalization Program<br>53-Community Mental Health Center<br>55-Residential Substance Abuse Treatment Facility<br>57-Non-residential Substance Abuse Treatment Center<br>71-State or local Public Health Clinic<br>72-Rural Health Clinic<br>99-Other (any appropriate setting in the community) |
| Service Frequency/Limits       | No more than every 90 days per beneficiary; 4 maximum per beneficiary per SFY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Service Authorization          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Service Documentation          | Must be documented in a progress note in accordance with 7 AAC 135.130.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Relationship to Other Services | Treatment plan review may be provided concurrently with any service listed in standards manual not otherwise contraindicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Service Code                   | T1007 V1<br>T1007 V1 GT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Unit Value                     | Per review                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Payment Rate                   | \$135.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Additional Information         | Programs may employ a multidisciplinary team of professionals to facilitate Treatment plan review; however, each unit of service must be facilitated by a qualified professional to be eligible to draw down the per unit rate.                                                                                                                                                                                                                                                                                                                                                                                      |

### **Recommended Screening Tools for 1115 Waiver- SUD Services**

The Division recommends that screening tools used under the waiver for screening cover both mental health, substance use disorder and trauma. The Division has not mandated the use of a particular tool exclusively and encourages providers to select an evidenced based screening tool that best meets the needs of the population served.

<https://www.integration.samhsa.gov/clinical-practice/screening-tools>

[http://www.bhevolution.org/public/screening\\_tools.page](http://www.bhevolution.org/public/screening_tools.page)

Stages of change readiness:

Socrates 8A

<https://casaa.unm.edu/inst/SOCRATESv8.pdf>

URICA

<https://habitslab.umbc.edu/urica/>