

Chapter 135

Medicaid Coverage; Behavioral Health Services

Article 1

Scope; Eligibility; Enrollment; Authorization

7 AAC 135.010. Scope of Medicaid behavioral health services

- (a) The department will pay for a behavioral health service under 7 AAC 135.010 - 7 AAC 135.350 if
- (1) the recipient meets the criteria for services under 7 AAC 135.020;
 - (2) the provider meets the criteria for payment under 7 AAC 135.030;
 - (3) the service is identified as a treatment need in
 - (A) a professional behavioral health assessment under 7 AAC 135.110 or a reassessment conducted while the recipient is receiving behavioral health services; and
 - (B) a behavioral health treatment plan;
 - (4) screening and brief intervention services are provided in accordance with 7 AAC 135.240;
 - (5) the department has given prior authorization for the service under 7 AAC 105.130 and 7 AAC 135.040;
 - (6) the service is medically necessary and clinically appropriate;
 - (7) the service is provided as active treatment;
 - (8) the service, if it is a behavioral health clinic service, is provided under the general direction of a physician;
 - (9) the service is provided by a member of the provider's staff who is performing that service as a regular duty within the scope of that staff member's knowledge, experience, and education;
 - (10) the clinical record requirements of 7 AAC 105.230 and 7 AAC 135.130 are met; and
 - (11) the provider meets the criteria for payment under 7 AAC 135.300, if the provider is providing autism services.
- (b) The department will pay for the following behavioral health clinic services provided in accordance with this chapter by
- (1) a mental health professional clinician, a physician licensed as required under 7 AAC 110.400, a physician assistant licensed as required under 7 AAC 110.455, or an advanced nurse practitioner licensed and certified as required under 7 AAC 110.100, if the provider is working within the scope of the provider's education, training, and experience:
 - (A) the following professional behavioral health assessments conducted in accordance with 7 AAC 135.110:
 - (i) a mental health intake assessment;
 - (ii) an integrated mental health and substance use intake assessment;
 - (iii) psychological testing and evaluation;
 - (B) psychotherapy conducted in accordance with 7 AAC 135.150;
 - (C) short-term crisis intervention services conducted in accordance with 7 AAC 135.160;
 - (2) a physician licensed as required under 7 AAC 110.400, a physician assistant licensed as required under 7 AAC 110.455, or an advanced nurse practitioner licensed and certified as required under 7 AAC 110.100, if the provider is working within the scope of the provider's education, training, and

experience, if the provider has prescriptive authority, and if the provider is enrolled under [7 AAC 120.100\(c\)](#) as a dispensing provider:

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

- (i) a psychiatric assessment interview;
- (ii) an interactive psychiatric assessment using equipment and devices;

(B) pharmacologic management services conducted in accordance with [7 AAC 135.140](#).

(c) The department will pay for the following behavioral health rehabilitation services in accordance with this chapter if the service is provided by a member of the provider's staff who is performing that service as a regular duty within the scope of that staff member's knowledge, experience, and education:

- (1) behavioral health screening under [7 AAC 135.100](#);
- (2) a substance use intake assessment under [7 AAC 135.110\(c\)](#);
- (3) case management under [7 AAC 135.180](#);
- (4) detoxification services under [7 AAC 135.190](#);
- (5) comprehensive community support services for adults under [7 AAC 135.200](#);
- (6) therapeutic behavioral health services for children under [7 AAC 135.220](#);
- (7) recipient support services under [7 AAC 135.230](#);
- (8) medication administration services under [7 AAC 135.260](#);
- (9) behavioral health treatment plan review and development, including a client status review under [7 AAC 135.100](#);
- (10) medical evaluation;
- (11) methadone or antabuse administration;
- (12) behavioral health treatment plan review for a recipient in an opioid use disorder treatment program;
- (13) day treatment services for children under [7 AAC 135.250](#);
- (14) daily behavioral rehabilitation services under [7 AAC 135.270](#);
- (15) residential substance use treatment services under [7 AAC 135.280](#);
- (16) short-term crisis stabilization services under [7 AAC 135.170](#);
- (17) facilitation of a telemedicine session under [7 AAC 135.290](#);
- (18) autism services under [7 AAC 135.350](#).

(d) The department will not pay for any of the following services as a Medicaid covered service under this chapter:

- (1) outpatient mental health services provided by a hospital or psychiatric facility, unless the outpatient program is a mental health physician clinic that is enrolled in accordance with [7 AAC 105.210](#);
- (2) experimental therapy;
- (3) telephone consultation or coordination with another service provider other than case management;
- (4) preparation of reports as a separate service;
- (5) narcosynthesis;
- (6) socializing;
- (7) recreation therapy;

- (8) primal therapy;
- (9) rage reduction or holding therapy;
- (10) marathon group therapy;
- (11) megavitamin therapy;
- (12) pastoral counseling;
- (13) explanation of an examination to a family member or other responsible individual that is provided outside of a family therapy session;
- (14) therapy or evaluation if the documentation required by [7 AAC 105.230](#), [7 AAC 135.120](#), and [7 AAC 135.130](#) is inadequate or is absent from the recipient's clinical record or behavioral health treatment plan;
- (15) room and board costs as a part of a behavioral health clinic service or rehabilitation service;
- (16) transportation or travel time as a part of a behavioral health clinic service or rehabilitation service, except as provided under [7 AAC 135.180](#).

7 AAC 135.020. Recipient eligibility for Medicaid behavioral health services

- (a) The department will pay for behavioral health clinic services for the following individuals only:
 - (1) a child experiencing an emotional disturbance;
 - (2) a child experiencing a severe emotional disturbance;
 - (3) an adult experiencing an emotional disturbance;
 - (4) an adult experiencing a serious mental illness.
- (b) The department will pay for behavioral health rehabilitation services for the following individuals only:
 - (1) an individual experiencing a substance use disorder characterized by
 - (A) a maladaptive pattern of substance use; or
 - (B) cognitive, behavioral, or physiological symptoms indicating that the individual will continue to use a substance despite significant substance-related problems associated with its use;
 - (2) a child experiencing a severe emotional disturbance;
 - (3) except as provided in (d) of this section, an adult experiencing a serious mental illness;
 - (4) an individual under 21 years of age who meets the criteria in (e) or (f) of this section.
- (c) If, during the assessment, evaluation, or treatment of a child experiencing an emotional disturbance, a provider determines that the recipient may have a severe behavioral health disorder and that the recipient is in need of behavioral health rehabilitation services, that provider shall refer the recipient to a provider that provides behavioral health rehabilitation services in the community.
- (d) A child experiencing a severe emotional disturbance may be provided comprehensive community support services under [7 AAC 135.200](#), in place of therapeutic behavioral health services for children under [7 AAC 135.220](#), if that recipient
 - (1) is at least 18 years of age and under 21 years of age; and
 - (2) except for age, falls within the definition of an adult experiencing a serious mental illness.
- (e) To be eligible for payment under [7 AAC 105](#) - [7 AAC 160](#) for autism services, a recipient must
 - (1) be under 21 years of age;
 - (2) have a qualifying diagnosis of autism spectrum disorder, as determined by either a mental health professional as defined in [AS 47.30.915](#) or a health care professional who is qualified based

on that individual's scope of practice, training, education, and experience to assess and diagnose autism spectrum disorders in children; and

(3) provide documentation, completed by a licensed behavior analyst who meets the requirements of [7 AAC 135.300](#), that includes a recipient assessment conducted under [7 AAC 135.350](#) and that

(A) establishes the presence of

(i) functional impairments;

(ii) delays in communication, behavior, or social interaction; or

(iii) repetitive or stereotyped behaviors;

(B) establishes that the recipient's identified impairments, delays, or behaviors adversely affect normal child growth and development, communication, or both, such that

(i) the recipient cannot adequately participate in home, school, or community activities because the behaviors or social skill deficits interfere or impede access with these activities; or

(ii) the recipient's behaviors endanger either the recipient or another person; and

(C) indicates that the requested autism services are expected to result in measurable improvement in either the recipient's behaviors, skills, or both.

(f) In addition to those individuals who are eligible under (e) of this section, an individual who is eligible for home and community-based waiver services under [7 AAC 130.205](#)(d)(1) and (3) and who received prior authorization from the department to receive, and was receiving, applied behavioral analysis services through intensive active treatment under [7 AAC 130.275](#) as of June 30, 2018, remains eligible for autism services under this section as of July 1, 2018.

7 AAC 135.030. Provider enrollment and organization

(a) To be eligible for payment under [7 AAC 135.010](#) - [7 AAC 135.350](#) for providing Medicaid behavioral health services, a provider must be enrolled in Medicaid under [7 AAC 105.210](#) and must be either

(1) a community behavioral health services provider;

(2) a mental health physician clinic that meets the requirements of (d) of this section;

(3) a psychologist who

(A) meets the requirements of [7 AAC 110.550](#); and

(B) provides psychological testing and evaluation under [7 AAC 135.110](#)(g);

(4) a licensed behavior analyst who

(A) meets the requirements of [7 AAC 135.300](#); and

(B) provides autism services under [7 AAC 135.350](#); or

(5) a licensed behavior analyst group practice that

(A) meets the requirements of [7 AAC 135.300](#); and

(B) provides autism services under [7 AAC 135.350](#).

(b) If a community behavioral health services provider is administratively, organizationally, financially, or otherwise connected to a health facility, as defined in [AS 47.07.900](#), the community behavioral health services provider must account for income and expenses separately from the health facility to verify that the cost used by the department to determine the health facility's prospective payment rate under [7 AAC 150](#) is excluded from the operating cost of the community behavioral health services provider.

(c) If a community behavioral health services provider is operated by a governmental or corporate entity that concurrently operates a health facility, the health facility may provide administrative and other support services to the community behavioral health services provider. However, the department will not include the cost of providing those behavioral health services in determining the health facility's prospective payment rate under [7 AAC 150](#). If a physician or other health professional is employed by the health facility and by the community behavioral health services provider, the physician or other health professional must be employed under a separate written agreement with the community behavioral health services provider that requires that the cost of services provided by the physician or other health care professional be

- (1) separately accounted for by the community behavioral health services provider; and
- (2) excluded from the costs considered by the department in determining the health facility's prospective payment rate under [7 AAC 150](#).

(d) The department will pay for behavioral health clinic services provided by a mental health physician clinic only if the

- (1) mental health physician clinic is operated by one or more physicians licensed under [AS 08.64](#) who provide direct supervision under [AS 47.07.030\(g\)](#) to all clinic employees and to individuals on contract with the clinic to provide behavioral health clinic services;
- (2) services are for treatment of a diagnosable mental health disorder;
- (3) services are provided by one of the physicians operating the clinic or by one of the following individuals who work under the direct supervision of those physicians:

- (A) a psychologist who is licensed under [7 AAC 110.550](#);
- (B) a psychological associate who is licensed under [AS 08.86](#) or in the jurisdiction where services are provided, and who renders the services within the scope of practice identified in [12 AAC 60](#);
- (C) a clinical social worker who is licensed under [AS 08.95](#);
- (D) a physician assistant who is licensed under [7 AAC 110.455](#);
- (E) an advanced practice registered nurse who is licensed and certified as required under [7 AAC 110.100](#);
- (F) a psychiatric nursing clinical specialist who is licensed under [AS 08.68](#) or in the jurisdiction where services are provided;
- (G) a marital and family therapist who is licensed under [AS 08.63](#) or in a jurisdiction with requirements substantially similar to the requirements of [AS 08.63](#) where services are provided; or
- (H) a professional counselor who is licensed under [AS 08.29](#) or in a jurisdiction with requirements substantially similar to the requirements of [AS 08.29](#) where services are provided;

- (4) services are provided on the premises of the mental health physician clinic or through a telemedicine application under [7 AAC 110.620](#) - [7 AAC 110.639](#), unless the service is provided to a person identified as homeless.

(e) Repealed 11/10/2019.

7 AAC 135.040. Service authorization and limitation

(a) Except as provided in (b) and (c) of this section and [7 AAC 105.130\(d\)](#), the department will not pay for behavioral health services unless the department has given prior authorization for those services.

(b) A community behavioral health services provider or mental health physician clinic may provide the following behavioral health clinic services without prior authorization from the department:

- (1) any combination of individual, group, and family psychotherapy, not to exceed 10 hours per recipient in a state fiscal year;
- (2) psychiatric assessments under [7 AAC 135.110\(e\)](#), not to exceed four per recipient in a state fiscal year;
- (3) psychological testing and evaluation under [7 AAC 135.110\(g\)](#), not to exceed six hours per recipient in a state fiscal year, except that neuropsychological testing and evaluation is limited to 12 hours per recipient in a state fiscal year if the provider has documentation validating the provider's qualifications to provide neuropsychological testing and evaluation services;
- (4) pharmacologic management services, not to exceed one visit per recipient per week during the first four weeks after the recipient begins receiving pharmacologic management services, and, thereafter, not to exceed one visit per recipient per month as long as the recipient is receiving a service under this chapter, unless more frequent monitoring is required because of
 - (A) the requirements of the specific medication; or
 - (B) a recipient's unusual clinical reaction to a medication;
- (5) if the individual is not already receiving services under this chapter at the time the assessment is provided under this paragraph, one integrated mental health and substance use intake assessment under [7 AAC 135.110](#), or a combination of one mental health intake assessment and one substance use intake assessment under [7 AAC 135.110](#); the assessment or combination of assessments must consist of
 - (A) one or more face-to-face sessions; and
 - (B) a review of collaterally connected information;
- (6) based on a current behavioral health treatment plan, one integrated mental health and substance use intake assessment under [7 AAC 135.110](#), or a combination of one mental health intake assessment and one substance use intake assessment under [7 AAC 135.110](#), every six months;
- (7) short-term crisis intervention services under [7 AAC 135.160](#) that do not exceed 22 hours of the total short-term crisis intervention services provided to a recipient during a state fiscal year;
- (8) screening and brief intervention services, with no limit.

(c) A community behavioral health services provider may provide the following behavioral health rehabilitation services without specific authorization by the department:

- (1) case management, not to exceed 180 hours per recipient per state fiscal year; no more than one hour per week per recipient may be used in monitoring by the directing clinician of the provision of services;
- (2) individual therapeutic behavioral health services for children under [7 AAC 135.220](#), or a combination of individual therapeutic behavioral health services for children and peer support services under [7 AAC 135.210](#) and [7 AAC 135.220](#); the services or combination of services may not exceed 100 hours per recipient per state fiscal year;

- (3) group therapeutic behavioral health services for children under [7 AAC 135.220](#), not to exceed 140 hours per recipient per state fiscal year;
- (4) family therapeutic behavioral health services for children under [7 AAC 135.220](#), or a combination of family therapeutic behavioral health services for children and peer support services under [7 AAC 135.210](#) and [7 AAC 135.220](#); the services or combination of services may not exceed 180 hours per recipient per state fiscal year;
- (5) individual comprehensive community support services under [7 AAC 135.200](#), or a combination of individual comprehensive community support services and peer support services under [7 AAC 135.200](#) and [7 AAC 135.210](#); the services or combination of services may not exceed 240 hours per recipient per state fiscal year;
- (6) group comprehensive community support services under [7 AAC 135.200](#), not to exceed 140 hours per recipient per state fiscal year;
- (7) recipient support services, not to exceed four hours per recipient per calendar day;
- (8) medication administration services as provided in the recipient's behavioral health treatment plan;
- (9) one medical evaluation of a recipient in an opioid use disorder treatment program per admission for that opioid use disorder treatment program, including
 - (A) consultation and referral;
 - (B) verification of one year of addiction; and
 - (C) establishing dosage for methadone or another agonist or partial agonist;
- (10) methadone or antabuse administration as prescribed by a physician;
- (11) detoxification services, with no limit;
- (12) behavioral health screening using the Alaska Screening Tool, adopted by reference under [7 AAC 160.900](#), to determine eligibility for admission to a treatment program, limited to one screening per program admission for new or returning recipients;
- (13) medical evaluation for a recipient not receiving methadone, limited to one medical evaluation per recipient per admission to detoxification treatment;
- (14) behavioral health treatment plan review for a recipient in an opioid use disorder treatment program, limited to one review per admission;
- (15) day treatment services for children under [7 AAC 135.250](#), not to exceed 180 hours per state fiscal year; day treatment services may not be provided more than six hours per school day;
- (16) repealed 11/10/2019;
- (17) residential substance use treatment services under [7 AAC 135.280](#), with no limit;
- (18) short-term crisis stabilization services under [7 AAC 135.170](#) that
 - (A) do not exceed 22 hours of the total short-term crisis stabilization services provided to a recipient during a state fiscal year; and
 - (B) are provided during a psychiatric emergency that is documented in the recipient's clinical record.
- (19) autism services provided in accordance with [7 AAC 135.350](#) that do not exceed more than
 - (A) a total of 1,040 hours in a six-month period for either
 - (i) adaptive behavior treatment by protocol;
 - (ii) group adaptive behavior treatment by protocol; or

- (iii) a combination of adaptive behavior treatment by protocol and group adaptive behavior treatment by protocol;
 - (B) 52 hours of adaptive behavior treatment by protocol modification in a six-month period;
 - (C) 12 family adaptive behavior treatment guidance sessions in a 12-month period of time;
 - (D) one behavior identification reassessment in a six-month period; and
 - (E) the initial behavior identification assessment conducted by a licensed behavior analyst in accordance with [7 AAC 135.350](#)(b) for a new or returning recipient.
- (d) A provider request for prior authorization of an extension of a service beyond service limitations or a provider request for a change in the level of the service that a recipient previously received must be made in writing on a form approved by the department. The request must
- (1) be documented in the clinical record prepared under [7 AAC 105.230](#) and [7 AAC 135.130](#);
 - (2) include a listing of all Medicaid reimbursable services and the expected duration of these services as set out in the recipient's behavioral health treatment plan; and
 - (3) affirm that the recipient's treatment team for a recipient under 18 years of age, in accordance with [7 AAC 135.120](#), has reviewed the behavioral health treatment plan and recommended the requested services as medically necessary and clinically appropriate.
- (e) An extension made under (d) of this section is valid through the date set by the director of the division responsible within the department for behavioral health services, or the director's designee.
- (f) The department will not pay for more than one service episode per day of a detoxification service. In this subsection, "service episode" means the completion of all services identified in this section for which a single payment is made in accordance with [7 AAC 145.580](#).
- (g) After considering the area of the state where the service is provided, the provider's location, and whether other providers are available to a recipient, the director of the division responsible within the department for behavioral health services, or the director's designee, shall extend a behavioral health clinic service limitation under [7 AAC 135.010](#) - [7 AAC 135.290](#) if the director or director's designee determines that
- (1) the recipient's circumstances are exceptional; and
 - (2) the extension is necessary to protect the recipient's health.
- (h) In this section, "state fiscal year" has the meaning given "fiscal year" in [AS 37.05.920](#) and 37.05.990.

7 AAC 135.050. Adult experiencing an emotional disturbance

An adult experiencing an emotional disturbance is an individual 21 years of age or older who is experiencing a nonpersistent mental, emotional, or behavioral disorder that

- (1) is identified and diagnosed during a professional behavioral health assessment under [7 AAC 135.110](#); and
- (2) is not the result of intellectual, physical, or sensory deficits.

7 AAC 135.055. Adult experiencing a serious mental illness

(a) An adult experiencing a serious mental illness is an individual 21 years of age or older who currently has or at any time during the past year has had a diagnosable mental, emotional, or behavioral disorder of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 160.900](#), or the International Classification of Diseases, adopted by reference in [7 AAC 160.900](#), and that

- (1) has consistently resulted in
 - (A) impaired thinking and judgment that may include the presence of delusions or hallucinations;
 - (B) socially disruptive behavior that may include an emotional response that is inappropriate to the situation; or
 - (C) conduct that is illegal or outside socially accepted rules and mores;
 - (2) has resulted in serious functional impairment that interferes with the individual's ability to participate in two or more of the following life domains within a culturally appropriate context:
 - (A) the ability to fulfill social responsibilities, including the ability to engage in work, school, parenting, maintaining a household, or other meaningful, productive activity;
 - (B) the ability to meaningfully interact with others, including the ability to actively communicate with others, maintain a supportive social network, avoid isolation, and control disruptive behaviors;
 - (C) the capacity for self-care of the individual's physical health, personal hygiene and grooming, and nutritional needs;
 - (D) the capacity to maintain mental health, including the ability to problem-solve issues, to maintain the individual's independence and personal safety, and to use available community resources for those purposes; or
 - (3) has resulted in current hospitalization or the imminent risk of hospitalization.
- (b) In addition to the impairments described in (a)(1) and (2) of this section, for individuals with cognitive impairments or organic brain syndrome, there must be documented evidence showing the ability of the individual to benefit from rehabilitative services that would enable the individual to self-regulate behavior, modulate emotional reactivity, and improve functioning in major life domains.

7 AAC 135.060. Child experiencing an emotional disturbance

A child experiencing an emotional disturbance is an individual under 21 years of age who is experiencing a nonpersistent mental, emotional, or behavioral disorder that

- (1) is identified and diagnosed during a professional behavioral health assessment under [7 AAC 135.110](#); and
- (2) is not the result of intellectual, physical, or sensory deficits.

7 AAC 135.065. Child experiencing a severe emotional disturbance

(a) A child experiencing a severe emotional disturbance is an individual under 21 years of age who currently has or at any time during the past year has had a diagnosable mental, emotional, or behavioral disorder of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 160.900](#), the International Classification of Diseases, adopted by reference in [7 AAC 160.900](#), or the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), adopted by reference in [7 AAC 160.900](#), and that

- (1) has resulted in a severe functional impairment that significantly interferes with the child's ability to participate in one or more life domains at a developmentally appropriate level and within a culturally appropriate context; or

(2) has resulted in the individual exhibiting one or more of the following:

- (A) persistent symptoms of distress or diminished affect that do not readily respond to encouragement, reassurance, or instructional control;
- (B) impeded development or inappropriate attachment as a result of exposure to traumatic life events or impaired relationships;
- (C) pervasive behavior that is disruptive, aggressive, or risk-taking and that places the individual at serious risk of physical harm to self or to another person or results in serious property damage;
- (D) consistent inability to participate appropriately in a community setting, including family, school, work, or child care;
- (E) imminent risk for out-of-home placement;
- (F) imminent risk for being placed in the custody of the department under [AS 47.12.120](#) or as a result of exposure to maltreatment under [AS 47.10.011](#); (G) current hospitalization or the imminent risk of hospitalization.

(b) In addition to the impairments described in (a)(1) and (2) of this section, for individuals with cognitive impairments or organic brain syndrome, there must be documented evidence showing that the individual has the ability to benefit from rehabilitative services that would enable the individual to self-regulate behavior, modulate emotional reactivity, and improve developmentally appropriate functioning in major life domains.

Article 2

Medicaid Behavioral Health Services

7 AAC 135.100. Behavioral health screening; client status review

(a) The department will pay a community behavioral health services provider for conducting a behavioral health screening using the Alaska Screening Tool, adopted by reference under [7 AAC 160.900](#), provided by the department. A community behavioral services health provider must complete a behavioral health screening for each new or returning recipient of behavioral health services before a professional behavioral health assessment is conducted for that recipient under [7 AAC 135.110](#).

(b) The department will pay a community behavioral health services provider for completing, in accordance with

(c) of this section, a client status review with the recipient present, if the client status review is completed and used as relevant clinical information concurrent with

- (1) an initial professional behavioral health assessment under [7 AAC 135.110](#) for a new or returning recipient;
- (2) a client status review under (c)(6) of this section;
- (3) a client status review under [7 AAC 135.120\(a\)\(6\)](#); or
- (4) at discharge from treatment.

(c) A client status review completed with the recipient present must be

- (1) administered using the department's Client Status Review form, adopted by reference under [7 AAC 160.900](#), or administered using the electronic version of that form, by means of the Alaska Automated Information Management System;
- (2) used to assist in determining a recipient's functioning in the life areas identified on the form;

- (3) used by the directing clinician to assist in measuring the outcomes of behavioral health treatment provided;
- (4) used by the directing clinician in making treatment decisions;
- (5) used by the directing clinician to revise the recipient's behavioral health treatment plan; and
- (6) administered and reviewed every 90 to 135 days
 - (A) while the recipient is in treatment; or
 - (B) from the date the behavioral health treatment plan was last reviewed.
- (d) Each time a client status review is completed, the community behavioral health services provider shall
 - (1) include a copy of the client status review in the recipient's clinical record; and
 - (2) report the client status review data to the department.
- (e) In this section, "in treatment" means the recipient is receiving or is ready to begin receiving services from a community behavioral health services provider who is providing or ready to begin providing the services identified in a behavioral health treatment plan approved by the recipient and directing clinician.

7 AAC 135.110. Professional behavioral health assessments

- (a) If a behavioral health screening conducted under [7 AAC 135.100](#), or a referral by a court or other agency, has identified an individual who is suspected of having a behavioral health disorder that could require behavioral health services, the department will pay
 - (1) a community behavioral health services provider for the following services:
 - (A) one of the following behavioral health intake assessments:
 - (i) a mental health intake assessment under (b) of this section;
 - (ii) a substance use intake assessment under (c) of this section;
 - (iii) an integrated mental health and substance use intake assessment under (d) of this section;
 - (B) a psychiatric assessment under (e) or (f) of this section;
 - (C) psychological testing and evaluation under (g) of this section;
 - (2) a mental health physician clinic for
 - (A) a mental health intake assessment under (b) of this section;
 - (B) a psychiatric assessment under (e) of this section;
 - (C) psychological testing and evaluation under (g) of this section;
 - (D) an integrated mental health and substance use intake assessment under (d) of this section.
- (b) To qualify for payment, a mental health intake assessment must be
 - (1) documented in the recipient's clinical record in accordance with [7 AAC 105.230](#) and [7 AAC 135.130](#);
 - (2) conducted in accordance with
 - (A) the requirements of [7 AAC 135.010](#)(b)(1), if the provider is a community behavioral health services provider;
 - (B) the requirements of [7 AAC 135.030](#)(d), if the provider is a mental health physician clinic;
 - (3) conducted upon admission to services and during the course of active treatment as necessary, for the purpose of determining and documenting

- (A) the recipient's mental status and social and medical history;
 - (B) the nature and severity of any identified mental health disorder;
 - (C) a diagnosis consistent with the
 - (i) Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 160.900](#);
 - (ii) International Classification of Diseases, adopted by reference in [7 AAC 160.900](#);
 - or
 - (iii) Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), adopted by reference in [7 AAC 160.900](#);
 - (D) treatment recommendations that form the basis of a subsequent behavioral health treatment plan; and
 - (E) functional impairment; and
- (4) updated as new information becomes available.
- (c) To qualify for payment, a substance use intake assessment must be
- (1) documented in the recipient's clinical record in accordance with [7 AAC 105.230](#) and [7 AAC 135.130](#);
 - (2) conducted by a substance use disorder counselor, social worker, or other qualified program staff member performing duties regularly within the scope of the individual's authority, training, and job description; however, if the substance use intake assessment is conducted as part of detoxification services subject to [7 AAC 70.110](#) and [7 AAC 135.190](#), the assessment must be conducted by an individual identified in [7 AAC 70.110](#) for the type of detoxification service provided;
 - (3) conducted upon admission to services and during the course of active treatment as necessary, for the purpose of determining and documenting
 - (A) if the recipient has a substance use disorder;
 - (B) the nature and severity of any identified substance use disorder;
 - (C) the correct diagnosis;
 - (D) treatment recommendations that form the basis of a subsequent behavioral health treatment plan; and
 - (E) functional impairment; and
 - (4) updated as new information becomes available.
- (d) To qualify for payment, an integrated mental health and substance use intake assessment must
- (1) be documented in the recipient's clinical record in accordance with [7 AAC 105.230](#) and [7 AAC 135.130](#);
 - (2) be conducted in accordance with
 - (A) the requirements of [7 AAC 135.010\(b\)\(1\)](#), if the provider is a community behavioral health services provider;
 - (B) the requirements of [7 AAC 135.030\(d\)](#), if the provider is a mental health physician clinic;
 - (3) meet the requirements of (b)(3) and (c)(3) of this section; and
 - (4) be updated as new information becomes available.

(e) The department will pay a community behavioral health services provider or mental health physician clinic for a psychiatric assessment interview, that is to serve as the professional behavioral health assessment under this section, if the recipient's condition indicates the need for a more intensive assessment, including an assessment to evaluate the need for medication. A psychiatric assessment interview must

- (1) be conducted by a professional described in [7 AAC 135.010\(b\)\(2\)](#);
- (2) include a review of any general medical and psychiatric history or problem the recipient is presenting;
- (3) include a relevant recipient history;
- (4) include a mental status examination;
- (5) result in a diagnosis consistent with the
 - (A) Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 160.900](#);
 - (B) International Classification of Diseases, adopted by reference in [7 AAC 160.900](#); or
 - (C) Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), adopted by reference in [7 AAC 160.900](#); and
- (6) include a listing of any identified psychiatric problems, including functional impairments, with treatment recommendations.

(f) Repealed 11/10/2019.

(g) The department will pay a community behavioral health services provider, mental health physician clinic, or psychologist for psychological testing and evaluation to assist in the diagnosis and treatment of mental and emotional disorders. Psychological testing and evaluation includes the assessment of functional capabilities, the administration of standardized psychological tests, and the interpretation of findings, and must be conducted in accordance with

- (1) the requirements of [7 AAC 135.010\(b\)\(1\)](#), if the provider is a community behavioral health services provider;
- (2) the requirements of [7 AAC 135.030\(d\)](#) and (e), if the provider is a mental health physician clinic;
- (3) the requirements of [7 AAC 135.030\(a\)](#), if the provider is a psychologist.

(h) If the provider is a community behavioral health services provider, the individual who conducts a professional behavioral health assessment under this section shall document in the written assessment that the results of the behavioral health screening, conducted under [7 AAC 135.100](#) using the Alaska Screening Tool, adopted by reference under [7 AAC 160.900](#), were reviewed and considered during the assessment.

7 AAC 135.120. Behavioral health treatment plan

(a) The department will pay a community behavioral health services provider or a mental health physician clinic for services provided to a recipient only if

- (1) those services are provided under an individualized behavioral health treatment plan that meets the requirements of [7 AAC 135.130](#);
- (2) the plan is based on a professional behavioral health assessment under [7 AAC 135.110](#);
- (3) the plan is signed and supervised by the directing clinician;
- (4) if the recipient is 18 years of age or older, the plan is

- (A) developed with the recipient or the recipient's representative; and
 - (B) signed by the recipient or the recipient's representative;
- (5) if the recipient is under 18 years of age, the plan is
 - (A) based upon the input of a treatment team that meets the requirements of (c) of this section; and
 - (B) signed by the recipient or the recipient's representative; and
- (6) the plan remains current based upon the periodic client status review conducted under 7 AAC 135.100(c).
- (b) By signing a behavioral health treatment plan, a directing clinician attests that in the directing clinician's professional judgment the services called for in the behavioral health treatment plan are
 - (1) appropriate to the recipient's needs;
 - (2) delivered at an adequate skill level; and
 - (3) achieving the treatment goals.
- (c) A behavioral health treatment team for a recipient under 18 years of age
 - (1) must include
 - (A) the recipient;
 - (B) the recipient's family members, including parents, guardians, and others similarly involved in providing general oversight of the recipient;
 - (C) a staff member of the office in the department responsible for children's services, if the recipient is in the state's protective custody or supervision;
 - (D) a staff member of the division in the department responsible for juvenile justice, if the recipient is in that agency's custody or care;
 - (E) the directing clinician; and
 - (F) the case manager, if the recipient is a child experiencing a severe emotional disturbance; and
 - (2) may include
 - (A) if the recipient currently resides within an alternative living arrangement, including foster care, residential child care, or an institution, a representative of that facility;
 - (B) if the recipient is currently unable to succeed in a school, a representative from the recipient's public, private, or home educational system, including a teacher, special education consultant, speech therapist, or other representative involved in the recipient's education.
- (d) All members of the behavioral health treatment team shall attend meetings of the team in person or by telephone and be involved in team decisions unless the clinical record documents that
 - (1) the other team members determine that participation by the recipient or other individual involved with the care of the recipient is detrimental to the recipient's well-being;
 - (2) family members, school district employees, or government agency employees refuse to or are unable to participate after the provider's responsible efforts to encourage participation; or
 - (3) weather, illness, or other circumstances beyond the member's control prohibits that member from participating.

(e) If a provision of this chapter requires the approval, concurrence, or recommendation of the treatment team, the treatment team may issue that approval, concurrence, or recommendation only upon the concurrence of

- (1) the directing clinician; and
- (2) the recipient or the recipient's representative.

7 AAC 135.130. Clinical record

(a) To be eligible for payment under this chapter, a community behavioral health services provider, mental health physician clinic, or psychologist enrolled under 7 AAC 135.030(a)(3), must maintain, for each recipient served, a clinical record that includes the following:

(1) if the provider is a community behavioral health services provider, a completed behavioral health screening that meets the requirements of 7 AAC 135.100 using the Alaska Screening Tool, adopted by reference under 7 AAC 160.900;

(2) if the provider is a community behavioral health services provider, a client status review that meets the requirements of 7 AAC 135.100, unless the services provided to the recipient are limited to

(A) detoxification services under 7 AAC 70.110 and 7 AAC 135.190;

(B) short-term crisis intervention services under 7 AAC 135.160; or

(C) short-term crisis stabilization services under 7 AAC 135.170;

(3) if a mental health intake assessment is provided under 7 AAC 135.110, a written report that documents

(A) a diagnosis consistent with the

(i) Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in 7 AAC 160.900;

(ii) International Classification of Diseases, adopted by reference in 7 AAC 160.900;

or

(iii) Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), adopted by reference in 7 AAC 160.900;

(B) the problems identified during the professional behavioral health assessment and client status review processes, including functional deficits that require mental health treatment; and

(C) treatment recommendations for one or more of the specific problems, symptoms, and functional impairments identified in the assessment;

(4) if a substance use intake assessment is provided under 7 AAC 135.110, a written report that documents

(A) a diagnosis of the substance use disorder, if a diagnosis exists;

(B) the problems identified during the professional behavioral health assessment and client status review processes; and

(C) treatment recommendations;

(5) if an integrated mental health and substance use intake assessment is provided under 7 AAC 135.110, a written report with the information required under (3) and (4) of this subsection;

(6) if a psychiatric assessment interview or an interactive psychiatric assessment using equipment and devices is provided under [7 AAC 135.110](#),

- (A) the recipient's identifying information;
- (B) the date the assessment was conducted;
- (C) a description of
 - (i) the symptoms that need medical care; and
 - (ii) how the symptoms established the medical necessity for, and clinical appropriateness of, treatment;
- (D) if medication is prescribed, a description of the symptoms that the medication is intended to target;
- (E) a diagnosis consistent with the
 - (i) Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 160.900](#);
 - (ii) International Classification of Diseases, adopted by reference in [7 AAC 160.900](#);
 - or
 - (iii) Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), adopted by reference in [7 AAC 160.900](#); and
- (F) the name, signature, and credentials of the medical professional conducting the assessment;

(7) a behavioral health treatment plan that meets the requirements of [7 AAC 135.120](#) and includes

- (A) the recipient's identifying information;
- (B) the date implementation of the behavioral health treatment plan will begin;
- (C) treatment goals that are directly related to the findings of a professional behavioral health assessment provided under [7 AAC 135.110](#);
- (D) the services and interventions that will be employed to address the written goals;
- (E) the name, signature, and credentials of the directing clinician; and
- (F) the signature of the recipient or the recipient's representative;

(8) a progress note for each service for each day the service is provided, that is signed by the individual provider, and that includes

- (A) a description or listing of the active treatment provided;
- (B) the date the service was provided;
- (C) the duration of the service expressed in the service unit or clock time used to determine the payment rate under [7 AAC 145.580](#);
- (D) the treatment goals that the service targeted;
- (E) a description of the recipient's progress toward those treatment goals; and
- (F) the name, signature, and credentials of the individual who rendered the service.

(b) A provider of Medicaid behavioral health services shall retain a record of any service provided to the recipient in accordance with [7 AAC 105.230](#) even if the recipient is not currently receiving services.

(c) To document active treatment, the provider must set out a description or a listing of the active interventions that the provider provides to, or on behalf of, the recipient.

(d) The clinical record must reflect all changes made to a recipient's behavioral health treatment plan and professional behavioral health assessment.

7 AAC 135.140. Pharmacologic management services

(a) The department will pay a community behavioral health services provider or mental health physician clinic for a pharmacologic management service if that service is provided directly by a professional described in [7 AAC 135.010](#)(b)(2).

(b) To qualify for payment under this section, a provider must monitor a recipient for the purposes of

- (1) assessing a recipient's need for pharmacotherapy;
- (2) prescribing appropriate medications to meet the recipient's need; and
- (3) monitoring the recipient's response to medication, including
 - (A) documenting medication compliance;
 - (B) assessing and documenting side effects; and
 - (C) evaluating and documenting the effectiveness of the medication.

7 AAC 135.150. Psychotherapy

(a) The department will pay a community behavioral health services provider or mental health physician clinic for one or more of the following forms of psychotherapy, as coded in Current Procedural Terminology (CPT), adopted by reference in [7 AAC 160.900](#):

- (1) insight-oriented individual psychotherapy;
- (2) interactive individual psychotherapy;
- (3) group psychotherapy;
- (4) family psychotherapy - without recipient;
- (5) family psychotherapy - with recipient;
- (6) multi-family group psychotherapy.

(b) Biofeedback or relaxation therapy may be provided as an element of insight-oriented individual psychotherapy and interactive individual psychotherapy if that biofeedback or relaxation therapy is

- (1) prescribed by a psychiatrist, if provided in a mental health physician clinic;
- (2) prescribed by a physician or ordered by a mental health professional clinician, if provided at a community behavioral health services provider; and
- (3) included in the behavioral health treatment plan as a recognized treatment or adjunct to a treatment only for the following conditions or substantially similar conditions:
 - (A) chronic pain syndrome;
 - (B) panic disorders;
 - (C) phobias.

(c) Family psychotherapy, with or without recipient involvement, may be provided telephonically if

- (1) the service could not otherwise be provided; and
- (2) the provider documents, in the recipient's treatment note for each session, the reason that family psychotherapy was provided telephonically.

7 AAC 135.160. Short-term crisis intervention services

(a) The department will pay a community behavioral health services provider or mental health physician clinic for short-term crisis intervention services, provided by a mental health professional clinician to a recipient, if that mental health professional clinician provides an initial assessment of the

- (1) nature of the short-term crisis;
- (2) recipient's mental, emotional, and behavioral status; and
- (3) recipient's overall functioning in relation to the short-term crisis.

(b) The mental health professional clinician may order and deliver, as a crisis intervention service, any medically necessary and clinically appropriate behavioral health clinic or rehabilitation service or intervention in accordance with 7 AAC 135.010 that is included in the crisis plan to

- (1) reduce the symptoms of the acute mental, emotional, or behavioral disorder;
- (2) prevent harm to the recipient or others;
- (3) prevent further relapse or deterioration of the recipient's condition; or
- (4) stabilize the recipient within the family system, if one exists.

(c) Short-term crisis intervention includes the following treatment and supports:

- (1) individual or family psychotherapy needed in response to the short-term crisis;
- (2) individual or family training and education related to resolving the existing short-term crisis and preventing a future crisis;
- (3) monitoring the recipient for safety purposes.

(d) The mental health professional clinician is responsible for

- (1) planning all behavioral health services needed to respond to the short-term crisis;
- (2) writing the short-term crisis intervention plan that contains
 - (A) treatment goals derived from the assessment performed under (a) of this section of the crisis; and
 - (B) a description of the medically necessary and clinically appropriate services provided under this chapter that the recipient requires to resolve the existing short-term crisis; and
- (3) directing all services that are ordered in the short-term crisis intervention plan except for pharmacologic management services.

(e) The department will separately pay a community behavioral health services provider for pharmacologic management services provided in accordance with 7 AAC 135.010(b)(2) and for the behavioral health clinic and rehabilitation services and interventions ordered and delivered under a short-term crisis intervention plan developed under (b) of this section if the bill for each service is separately submitted to the department.

(f) Notwithstanding any behavioral health treatment plan in effect for the recipient at the onset of a short-term crisis, if a recipient is receiving short-term crisis intervention services, the department will only pay for the behavioral health services identified in the short-term crisis intervention plan for the duration of the short-term crisis intervention service.

(g) Except as provided in (i) of this section, short-term crisis intervention must be documented on a contact form provided by the department. The services that are ordered by the mental health professional clinician in the short-term crisis intervention plan, but provided by others, must be documented by the individual who provides the service. All documentation under this subsection must be filed in the recipient's clinical record.

(h) Short-term crisis intervention may be provided in any appropriate outpatient or community setting, including

- (1) a hospital emergency room, if the recipient has not been admitted to the hospital;
- (2) a facility designated for crisis respite purposes; and
- (3) the recipient's place of residence, workplace, or school.

(i) A mental health physician clinic is not required under (g) of this section to use the form provided by the department to document short-term crisis intervention provided by a licensed mental health professional clinician.

7 AAC 135.170. Short-term crisis stabilization services

(a) The department will pay a community behavioral health services provider for short-term crisis stabilization services, provided by a substance use disorder counselor or a behavioral health clinical associate to a recipient, if that substance use disorder counselor or behavioral health clinical associate

- (1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;
- (2) develops a short-term crisis stabilization plan; and
- (3) documents, on a form provided by the department, the assessment, a short-term crisis stabilization plan, and the services that are provided.

(b) The substance use disorder counselor or behavioral health clinical associate may provide, as part of the short-term crisis stabilization plan, any medically necessary and clinically appropriate behavioral health rehabilitation services necessary to return the recipient to the recipient's mental, emotional, and behavioral level of functioning before the short-term crisis occurred.

(c) Short-term crisis stabilization includes the following treatment and supports:

- (1) individual or family counseling needed in response to the short-term crisis;
- (2) individual or family training and education related to resolving the existing short-term crisis and preventing a future crisis;
- (3) monitoring the recipient for safety purposes;
- (4) any behavioral health rehabilitation services.

(d) Notwithstanding any behavioral health treatment plan in effect for the recipient at the onset of a short-term crisis, if a recipient is receiving short-term crisis stabilization services, the department will only pay for the behavioral health services identified in the short-term crisis stabilization plan for the duration of the short-term crisis stabilization.

(e) Short-term crisis stabilization must be documented on a contact form provided by the department. Documentation under this section must be filed in the recipient's clinical record.

(f) If the substance use disorder counselor or behavioral health clinical associate is unable to resolve the short-term crisis, a mental health professional clinician may assume responsibility for the case and begin providing short-term crisis intervention services under [7 AAC 135.160](#).

(g) Short-term crisis stabilization services may be provided in any appropriate outpatient or community setting, including

- (1) the premises of the community behavioral health services provider;
- (2) a facility designated for crisis respite purposes; and
- (3) the recipient's place of residence, workplace, or school.

7 AAC 135.180. Case management

(a) The department will pay a community behavioral health services provider for case management provided to a recipient or recipient's family for one or more of the following purposes only:

- (1) coordinating assessments, treatment planning, and service delivery;
- (2) providing linkage between the recipient and other needed services;
- (3) monitoring, by direct observation by the directing clinician, the delivery of behavioral health services other than case management as those services are provided to the recipient to ensure that interventions and techniques are
 - (A) appropriate to the recipient's needs;
 - (B) delivered at an adequate skill level; and
 - (C) achieving the treatment goals;
- (4) providing advocacy and support to the parents and the foster parents of a child in foster care to preserve the placement;
- (5) providing overall advocacy and support for the recipient's social, educational, legal, and treatment needs.

(b) The department will pay only one case manager of a child experiencing a severe emotional disturbance for time setting up, traveling to or from, and attending a treatment team meeting conducted under [7 AAC 135.120](#) for that recipient.

(c) Except as provided in (b) of this section, the department will not pay a member of a treatment team for

- (1) travel to or from a meeting;
- (2) time spent in or preparing for a meeting;
- (3) serving as a member of a treatment team; or
- (4) writing or monitoring a behavioral health treatment plan.

(d) The department will not pay for case management if it is provided by a family member or foster parent of the recipient.

(e) Case management may be provided within the home, workplace, school, or any other appropriate community setting.

(f) Case management does not require the recipient to be present and may be provided at the same time the recipient is being provided another service.

7 AAC 135.190. Detoxification services

(a) The department will pay a community behavioral health services provider for the following alcohol and drug detoxification services delivered face-to-face to the recipient:

- (1) ambulatory detoxification with extended on-site monitoring provided in accordance with [7 AAC 70.110](#);
- (2) clinically managed residential detoxification provided in accordance with [7 AAC 70.110](#);
- (3) medically monitored residential detoxification provided in accordance with [7 AAC 70.110](#).

(b) The only behavioral health services that the department will pay for when provided on the same day as alcohol and drug detoxification services are

- (1) behavioral health screening under [7 AAC 135.100](#);
- (2) needed professional behavioral health assessments under [7 AAC 135.110](#);
- (3) case management services under [7 AAC 135.180](#);

- (4) needed behavioral health clinic services under [7 AAC 135.010](#);
- (5) a medical evaluation.

7 AAC 135.200. Comprehensive community support services for adults

(a) Except as provided in (c) of this section, the department will pay a community behavioral health services provider for comprehensive community support services, for a recipient 21 years of age or older except as provided in [7 AAC 135.020](#)(d), if those services

- (1) promote wellness, recovery, and resiliency;
- (2) improve the recipient's overall functioning;
- (3) assist the recipient to be successful with illness self-management;
- (4) restore the recipient's capacity for more effective daily functioning and reduce the likelihood of institutionalization or institution-based care;
- (5) help the recipient develop, maintain, or improve specific self-care, self-direction, communication, and social behavior;
- (6) restore the recipient's ability to engage in normal, age-appropriate daily activities that may include the use of stores, restaurants, churches, recreational facilities, public transportation, and workplaces; or
- (7) restore the behavioral, emotional, or intellectual skills necessary to live, learn, or work productively in the recipient's environment, including the following activities of daily living:
 - (A) obtaining and remembering to take prescribed medication;
 - (B) making appointments for health care or other needs;
 - (C) arranging for transportation to and from appointments;
 - (D) budgeting, meal planning, and grocery shopping;
 - (E) choosing safe friends;
 - (F) developing appropriate social relationships;
 - (G) other daily living responsibilities associated with being a fully functioning adult.

(b) Comprehensive community support services may be provided

- (1) on the premises of the community behavioral health services provider, the recipient's residence, the recipient's workplace, or any other appropriate community setting;
- (2) to an individual or a group.

(c) Comprehensive community support services are limited to the following:

- (1) teaching of life skills designed to restore the recipient's functioning;
- (2) counseling focused on functional improvement, recovery, and relapse prevention;
- (3) encouraging and coaching.

7 AAC 135.210. Peer support services

(a) The department will pay a community behavioral health services provider for peer support services if those services

- (1) include
 - (A) one-on-one or family activities designed to facilitate a smooth transition from an institutional setting to the community;

- (B) assisting the recipient or recipient's family in regaining balance and control of their lives;
 - (C) enhancing the recipient's community living skills; and
 - (D) supporting a self-directed recovery and independence;
- (2) are based on the unique therapeutic relationship between the provider, the recipient, and the recipient's family;
- (3) are coordinated in the recipient's behavioral health treatment plan; and
- (4) are focused on specific goals and objectives including identified benchmarks or other measurable outcomes.
- (b) Peer support services must be provided by a behavioral health clinical associate who
- (1) maintains frequent in-person or telephonic contact with the recipient in order to support the recipient and participate in group activities;
 - (2) is competent to provide peer support services by virtue of having experienced behavioral health issues in self or family; and
 - (3) is supervised by a mental health professional clinician who the community behavioral health services provider has determined is competent to supervise peer support services by a behavioral health clinical associate.
- (c) Subject to the limitation in [7 AAC 135.040](#), peer support services may only be offered in combination with
- (1) individual therapeutic behavioral health services for children under [7 AAC 135.220](#);
 - (2) family therapeutic behavioral health services for children under [7 AAC 135.220](#); or
 - (3) individual comprehensive community support services under [7 AAC 135.200](#).

7 AAC 135.220. Therapeutic behavioral health services for children

- (a) The department will pay a community behavioral health services provider for therapeutic behavioral health services, for a recipient under 21 years of age with a severe behavioral disorder, if those services
- (1) improve the recipient's overall functioning and reduce the likelihood of
 - (A) removal from a school setting;
 - (B) placement out of the family home; or
 - (C) referral to institutional care;
 - (2) help the recipient's family to develop or improve specific child behavior management skills;
 - (3) promote wellness, recovery, and resiliency;
 - (4) help the recipient
 - (A) develop or improve specific age-appropriate social behavior;
 - (B) develop or improve self-management skills that will support academic success; and
 - (C) make better behavioral choices within their family, school, and community overall; or
 - (5) assist the recipient in developing more functional coping strategies.
- (b) Therapeutic behavioral health services for children may be provided
- (1) on the premises of the community behavioral health services provider, the recipient's home, the recipient's school, or any other appropriate community setting;
 - (2) to an individual, family, or group.
- (c) Therapeutic behavioral health services for children are limited to the following:

- (1) teaching of life skills designed to restore the recipient's functioning;
 - (2) counseling focused on functional improvement, recovery, and relapse prevention;
 - (3) encouraging and coaching.
- (d) Except as provided in (e) of this section, the department will not pay for therapeutic behavioral health services delivered in a classroom setting if those services are delivered by the teacher providing the academic program.
- (e) The department will pay for therapeutic behavioral health services for children, when provided in a classroom setting, as a group session only if
- (1) all group participants have similar treatment needs; and
 - (2) the individual rendering the services facilitates a group session outside the regular academic class at least twice per week for the purpose of
 - (A) creating a clear awareness among recipients of the specific in-class behaviors that are the focus of treatment;
 - (B) reviewing by means of the group process each recipient's strategies for success;
 - (C) facilitating the group's assessment of individual progress; and
 - (D) preparing each recipient in the group for the classroom.

7 AAC 135.230. Recipient support services

- (a) The department will pay a community behavioral health services provider for a recipient support service if that service
- (1) is medically necessary under (b) of this section;
 - (2) if provided during sleep hours, meets the requirements of (c) of this section; and
 - (3) if provided during waking hours, meets the requirements of (d) of this section.
- (b) The department will consider a recipient support service to be medically necessary only if
- (1) the current need for that service is identified through a professional behavioral health assessment under 7 AAC 135.110 that
 - (A) documents the recipient's history of high-risk behavior or the rationale for heightened vigilance; and
 - (B) recommends the frequency and location where the service should be provided; and
 - (2) the recipient's behavioral health treatment plan clearly identifies
 - (A) the recipient's target symptoms; and
 - (B) how the staff of the community behavioral health services provider is expected to respond to and resolve a recipient's high-risk behavior.
- (c) When recipient support services are provided to a recipient during the recipient's sleep hours, the individual rendering the service must be awake and able to hear or observe the recipient's behavior and, if that behavior puts the recipient or others at risk, respond to prevent harm to the recipient or others.
- (d) If recipient support services are provided to a recipient during the recipient's waking hours, the individual rendering the service must be present and able to observe the recipient's behavior and, if that behavior puts the recipient or others at risk, respond to prevent harm to the recipient or others.
- (e) The following elements of recipient support services are considered active treatment:
- (1) structure;
 - (2) support;

- (3) sight or sound supervision.
- (f) Recipient support services may be provided at
 - (1) the recipient's residence;
 - (2) the recipient's workplace;
 - (3) the recipient's school; or
 - (4) any other appropriate community setting specified in the behavioral health treatment plan.
- (g) The department will pay a community behavioral health services provider for recipient support services provided to more than one recipient by the same staff during the same session if
 - (1) each recipient lives in the same household; and
 - (2) the service is provided to each recipient in accordance with this section.
- (h) Recipient support services do not include the daily supervisory activities that
 - (1) a parent or foster parent would normally carry out to assure protection, emotional support, and care of a child who is not a child experiencing a severe emotional disturbance; or
 - (2) are normally provided by or within an assisted living facility, congregate housing facility, or group home for an adult who is not
 - (A) an adult experiencing an emotional disturbance; or
 - (B) an adult experiencing a serious mental illness.
 - (i) The department may pay for recipient support services while the recipient is concurrently receiving other behavioral health services if a recipient is at high risk of committing violence to self or others. For purposes of this subsection, a recipient is considered at high risk of committing violence to self or others if the recipient
 - (1) has received a diagnosis according to the standards of the
 - (A) Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 160.900](#); the diagnosis may include a substance use disorder;
 - (B) International Classification of Diseases, adopted by reference in [7 AAC 160.900](#); the diagnosis may include a substance use disorder; or
 - (C) Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), adopted by reference in [7 AAC 160.900](#);
 - (2) has a history of violence; the department will consider the frequency and circumstances in which the violence occurred; and
 - (3) currently presents
 - (A) assaultive or threatening behavior; or
 - (B) delusions or command hallucinations of violent content.
- (j) With prior authorization from the department, a recipient identified in (i) of this section may receive recipient support services provided concurrently from more than one individual during the same period.

7 AAC 135.240. Screening and brief intervention services

- (a) A community behavioral health services provider, or a mental health physician clinic shall bill the department for screening and brief intervention services only if that provider conducts the screening component and, if needed, the brief intervention component in accordance with this section.
- (b) A provider under (a) of this section shall provide a screening through self-report questionnaires, structured interviews, or similar screening techniques to detect substance use problems and to identify the

appropriate level of intervention. If the screening is positive for substance use problems, the provider may provide brief intervention services that involve motivational discussion focused on raising the recipient's awareness of their substance use, the potential harmful effects of that substance use, and encouraging positive change. Brief intervention services may include

- (1) feedback;
- (2) goal setting;
- (3) coping strategies;
- (4) identification of risk factors;
- (5) information; and
- (6) advice.

(c) A provider under (a) of this section shall refer the recipient to a behavioral health treatment program that provides services that will meet the recipient's need if

- (1) the screening reveals that the recipient is at severe risk of substance use problems;
- (2) the recipient is already substance dependent; or
- (3) the recipient has already received brief intervention or treatment for substance use and was non-responsive.

(d) A provider under (a) of this section shall document screening and brief intervention services in a progress note in accordance with [7 AAC 135.130\(a\)\(8\)](#).

(e) Delivery of screening and brief intervention services does not require an intake assessment or behavioral health treatment plan.

(f) Screening and brief intervention services must be provided by a person that qualifies as a substance use disorder counselor or higher level clinician.

7 AAC 135.250. Day treatment services for children

(a) The department will pay a community behavioral health services provider for day treatment services for children provided in the school setting if those services

- (1) are provided to a recipient who is a child experiencing a severe emotional disturbance;
- (2) promote the recipient's ability to be successful, independent of behavioral health services, in the community-based school environment; and
- (3) assist the recipient in developing self-management skills consistent with academic progress.

(b) Day treatment services for children are provided

- (1) on the school premises;
- (2) on days that the recipient's school is in session;
- (3) as group treatment; and
- (4) by an individual who delivers rehabilitation services within the educational setting led by a teacher.

(c) Day treatment services for children are limited to the following forms of active treatment:

- (1) teaching self-management skills designed to improve the recipient's academic and behavioral functioning;
- (2) counseling focused on overall functional improvement in the school setting;
- (3) encouraging and coaching to achieve academic and behavioral success in school.

(d) The community behavioral health services provider providing day treatment services must establish with the local school district a written agreement that specifies the overall goals of the collaborative effort, guidelines for meeting the criteria for services, roles and responsibilities of the parties to the agreement, and the resources, including personnel, contributed by each of the parties to the agreement.

(e) The department will not pay for day treatment services if those services are delivered by the teacher providing the academic program.

7 AAC 135.260. Medication administration services

(a) The department will pay a community behavioral health services provider for on-premises medication administration services provided to a recipient on the premises of the community behavioral health services provider.

(b) The department will pay a community behavioral health services provider for off-premises medication administration services provided to a recipient at home, school, or any other appropriate community setting.

7 AAC 135.270. Daily behavioral rehabilitation services

(a) The department will pay a community behavioral health services provider for daily behavioral rehabilitation services provided to a recipient who resides in a foster home or residential setting that is licensed under [7 AAC 50.005](#) - [7 AAC 50.790](#) or [7 AAC 56](#) if those services are provided in accordance with [7 AAC 135.020](#)

(b) to a recipient who is a child experiencing a severe emotional disturbance, and for the purpose of

(1) improving the recipient's overall functioning and reducing the likelihood of

(A) the recipient's failure in a school setting;

(B) longer term separation from the recipient's family; or

(C) referral of the recipient to more restrictive institutional care;

(2) promoting the recipient's wellness, recovery, and resiliency;

(3) helping the recipient

(A) develop or improve specific age-appropriate social behavior;

(B) develop or improve self-management skills that will support overall success; and

(C) make better behavioral choices within the recipient's family, school, and community;

(4) assisting the recipient in developing strategies for transitioning into adulthood, including planning for continued education or employment.

(b) To qualify as a daily behavioral rehabilitation service, the service must provide safety, structure, supervision, and at least two of the following types of active treatment each day:

(1) teaching of life skills designed to restore the recipient's functioning;

(2) counseling focused on functional improvement, recovery, and relapse prevention;

(3) encouraging and coaching.

(c) The department will not pay for the daily supervisory activities provided in a licensed foster home or licensed residential setting that a parent or foster parent would normally carry out to assure protection, emotional support, and care of a child who is not a child experiencing a severe emotional disturbance.

(d) The department will not pay a community behavioral health services provider for any other behavioral health service provided by the recipient's foster parent on the same day, including residential behavioral rehabilitation services under [7 AAC 135.800](#).

7 AAC 135.280. Residential substance use treatment services

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

(b) To qualify for payment for providing residential substance use treatment services, a community behavioral health services provider must provide the following active treatment each day the recipient is in treatment:

- (1) teaching of life skills designed to restore or improve the recipient's overall functioning relative to their substance use disorder;
- (2) counseling focused on functional improvement, recovery, and relapse prevention;
- (3) encouraging and coaching.

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

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

- (1) behavioral health screening under [7 AAC 135.100](#);
- (2) completing a client status review under [7 AAC 135.100](#);
- (3) needed professional behavioral health assessments under [7 AAC 135.110](#);
- (4) case management services under [7 AAC 135.180](#);
- (5) needed behavioral health clinic services under [7 AAC 135.010](#);
- (6) a medical evaluation.

7 AAC 135.290. Facilitation of a telemedicine session

(a) The department will pay a community behavioral health services provider or a mental health physician clinic for facilitation of a telemedicine session if the facilitating provider

- (1) provides the telemedicine communication equipment;
- (2) establishes the electronic connection used by the treating provider and the recipient; and
- (3) remains available during the telemedicine session to reestablish the electronic connection if that connection fails before the intended end of the telemedicine session.

(b) The facilitating provider must make a note in the recipient's clinical record summarizing the facilitation of each telemedicine session. The facilitating provider is not required to document a clinical problem or treatment goal in the summarizing note under this subsection.

7 AAC 135.300. Autism services; provider qualifications

(a) To qualify for payment for autism services, a provider must be a community behavioral health services provider, a behavior analyst who meets the requirements in (c) of this section, or a behavior analyst group practice enrolled under [7 AAC 105.210](#). If the provider is

- (1) a community health behavioral services provider, the provider must
 - (A) meet the qualifications in [7 AAC 70.100](#) and [7 AAC 135.030](#);
 - (B) employ at least one behavior analyst licensed under [AS 08. 15.020\(a\)](#); the provider may, subject to (D) of this paragraph, employ an assistant behavior analyst licensed under

AS 08.15.020(b), or employ an autism behavior technician under (i) of this section who meets the requirements in (c)(3) of this section;

(C) obtain prior authorization for providing an extension of autism services in accordance with 7 AAC 105.130 and 7 AAC 135.040(d);

(D) ensure that each individual rendering autism services is supervised in accordance with (d) of this section, and separately enrolled under 7 AAC 105.210; and

(E) provide autism services in accordance with 7 AAC 135.350;

(2) a behavior analyst, the provider must

(A) be enrolled as an independent provider in accordance with 7 AAC 105.200(a) and 7 AAC 105.210;

(B) obtain prior authorization for providing an extension of autism services in accordance with 7 AAC 105.130 and 7 AAC 135.040(d); and

(C) provide autism services in accordance with 7 AAC 135.350;

(3) a behavior analyst group practice, the provider must

(A) be enrolled under 7 AAC 105.210 as a behavior analyst group practice;

(B) be comprised of at least one licensed behavior analyst;

(C) ensure that each individual providing autism services is supervised in accordance with (d) of this section, and separately enrolled as a provider in accordance with 7 AAC 105.210;

(D) obtain prior authorization for providing an extension of autism services in accordance with 7 AAC 105.130 and 7 AAC 135.040(d); and

(E) provide services in accordance with 7 AAC 135.350.

(b) A provider may only provide autism services to a recipient listed in 7 AAC 135.020(e) or (f).

(c) Autism services may only be provided by

(1) a behavior analyst who

(A) is enrolled as a behavior analyst and an independent provider under 7 AAC 105.200(a) and 7 AAC 105.210;

(B) has an active license to practice behavior analysis issued

(i) by the jurisdiction in which the behavior analyst provides services, if the behavior analyst provides services outside this state; or

(ii) under AS 08.15.020(a), if the behavior analyst provides services in this state; and

(C) is currently certified by the Behavior Analyst Certification Board, Inc., or another certifying entity approved under AS 08.15.020(a)(4);

(2) an assistant behavior analyst who

(A) is enrolled as an assistant behavior analyst and a rendering provider under 7 AAC 105.200(b) and 7 AAC 105.210;

(B) has an active license to practice as an assistant behavior analyst issued

(i) by the jurisdiction in which the assistant behavior analyst provides services, if the assistant behavior analyst provides services outside this state; or

(ii) under AS 08.15.020(b), if the assistant behavior analyst provides services in this state; and

(C) is currently certified by the Behavior Analyst Certification Board, Inc., or another certifying entity approved under [AS 08.15.020\(b\)\(4\)](#); or

(3) an autism behavior technician who is

(A) enrolled as an autism behavior technician and a rendering provider under [7 AAC 105.200\(b\)](#) and [7 AAC 105.210](#); and

(B) currently registered by the Behavior Analyst Certification Board, Inc., currently certified by the Behavior Intervention Certification Council, or currently registered or certified by a similar organization approved by the department, except that an autism behavior technician who is not yet registered or certified on July 1, 2018 may continue to provide autism services in accordance with (i) of this section, but must become registered or certified not later than June 30, 2019.

(d) A licensed behavior analyst who wishes to supervise an assistant behavior analyst or an autism behavior technician, and a licensed assistant behavior analyst who wishes to supervise an autism behavior technician, must first complete the supervisory training required by the Behavior Analyst Certification Board, Inc., or another certifying entity approved under [AS 08.15.020](#).

(e) To be enrolled with the department, a licensed behavior analyst, licensed assistant behavior analyst, and autism behavior technician may not have been denied a health care provider license, certification, or registration for a reason related to patient services described in [7 AAC 105 - 7 AAC 160](#), or ever had a license, certification, or registration revoked. A licensed behavior analyst, licensed assistant behavior analyst, and autism behavior technician are subject to the applicable requirements of [AS 47.05.300 - 47.05.390](#) and [7 AAC 10.900 - 7 AAC 10.990](#) (barrier crimes, criminal history checks, and centralized registry), and shall submit to the department a request for a criminal history check as required under [7 AAC 10.910](#).

(f) The department will not pay for services provided by a licensed behavior analyst, licensed assistant behavior analyst, or autism behavior technician for whom a criminal history check was not requested as required under [7 AAC 10.910](#) or who does not pass a criminal history check under [7 AAC 10.900 - 7 AAC 10.990](#). However, except as restricted by applicable federal law, the department will not withhold payment if it grants a provisional valid criminal history check under [7 AAC 10.920](#) or a variance under [7 AAC 10.935](#).

(g) A licensed behavior analyst with the training required under (d) of this section may supervise the work of an assistant behavior analyst and an autism behavior technician.

(h) A licensed assistant behavior analyst must be supervised by a licensed behavior analyst with the training required under (d) of this section. A licensed assistant behavior analyst with the training required under (d) of this section may supervise the work of an autism behavior technician.

(i) An autism behavior technician is an individual who is primarily responsible for the direct implementation of behavior analysis services. For purposes of the exemption under [AS 08.15.070\(3\)](#) from licensure, an autism behavior technician must be supervised by a licensed behavior analyst or licensed assistant behavior analyst with the training required under (d) of this section. An autism behavior technician may not design intervention or assessment plans. An autism behavior technician is responsible for implementing interventions developed by the supervisory behavior analyst or assistant behavior analyst, including

- (1) providing instruction;
- (2) introducing behavior protocols;
- (3) providing direct assistance to the behavior analyst or assistant behavior analyst;

- (4) engaging in data collection procedures;
- (5) providing behavioral intervention in home, community, and school settings;
- (6) using applied behavior analysis interventions to teach communication, social, and daily living skills and reduce problematic behaviors; and
- (7) providing applied behavior analysis interventions that encourage socially acceptable replacement behaviors so an individual can build and improve the individual's communication, social interaction, and problem-solving skills.

7 AAC 135.350. Autism services

(a) The department will pay for the following rehabilitative autism services provided to a recipient listed in Z AAC 135.020(e) or (f) if provided by a provider identified in 7 AAC 135.300:

- (1) initial behavior identification assessment;
- (2) behavior identification reassessment;
- (3) adaptive behavior treatment by protocol;
- (4) group adaptive behavior treatment by protocol;
- (5) family adaptive behavior treatment guidance;
- (6) adaptive behavior treatment by protocol modification.

(b) The department will pay for an initial behavior identification assessment if it is conducted by a licensed behavior analyst and if it

- (1) interprets information from multiple informants and data sources, including
 - (A) a referral from a mental health professional, as defined in AS 47.30.915, or a health care professional who is qualified based on that individual's training, education, experience and scope of practice to assess and diagnose autism spectrum disorders in children;
 - (B) direct observation of the recipient in different settings and situations;
 - (C) information on the recipient's skill deficits, deficient adaptive behaviors, or maladaptive behaviors from the following sources:
 - (i) in-person observation of the recipient;
 - (ii) structured interviews with the guardian or caregiver;
 - (iii) administration of standardized and nonstandardized tests;
 - (iv) a detailed behavioral history;
 - (v) interpretation of test results; and
 - (D) additional information, if it exists, from the following collateral sources:
 - (i) intellectual and achievement tests;
 - (ii) developmental assessments;
 - (iii) assessments of comorbid mental health conditions;
 - (iv) evaluations of family functioning and needs;
 - (v) results of neuropsychological testing;
 - (vi) results of other standardized psychometric tests, including measures of general psychopathology; and
- (2) results in a written report that
 - (A) identifies the skill deficits and deficient adaptive behaviors or maladaptive behaviors that should be the focus of treatment;

- (B) indicates if the recipient's behavior and level of functioning interferes with the recipient's ability to adequately participate in age appropriate home, school, or community activities;
- (C) indicates if the recipient's behavior poses a danger to the recipient or others;
- (D) indicates that the treatment goals and treatment targets, in the professional judgment of the behavior analyst, is expected to result in measurable improvement in either the recipient's behaviors or level of functioning or both;
- (E) identifies the potential functional relationship between behavior and environmental factors;
- (F) identifies motivational and contextual factors that may be used in the course of treatment to assist with modification and reinforcement of behavior;
- (G) recommends services and protocols that form the basis for an individualized treatment plan; and
- (H) avoids duplication of services by ensuring that a listing of all current services being delivered to the recipient is provided, including

- (i) home and community-based waiver services through plans of care developed under [7 AAC 130](#);
- (ii) behavioral health treatment plans;
- (iii) individualized education plans offered through school-based services under [7 AAC 115.600](#);
- (iv) individualized family service plans under [AS 47.20.100](#);
- (v) services covered under third-party insurance payers; and
- (vi) any privately funded services that families seek through private foundations and private donation campaigns.

(c) Not more frequently than once every six months, the department will pay for a behavior identification reassessment if conducted by a licensed behavior analyst to obtain prior authorization under [7 AAC 135.040\(d\)](#) to extend autism services. The reassessment must establish

- (1) the recipient's measured progress over the course of treatment;
- (2) an adjusted baseline in the areas of social skills, communication skills, language skills, adaptive behaviors, and maladaptive behaviors that are the focus of treatment;
- (3) recommended updates to the recipient's treatment plan; and
- (4) an estimated timeline and number of treatment hours necessary to achieve each of the recipient's treatment goals.

(d) The department will pay for adaptive behavior treatment by protocol conducted by a provider identified in [7 AAC 135.300\(a\)](#) if the

- (1) treatment adheres to the protocols identified by a licensed behavior analyst; and
- (2) service is used to introduce and reinforce incremental change in recipient skills and behavior.

(e) The department will pay for group adaptive behavior treatment by protocol conducted by a provider listed in [7 AAC 135.300\(a\)](#) if the service is provided

- (1) to a group with at least two and not more than eight recipients;
- (2) according to the protocols identified in the treatment plan created by a licensed behavior analyst; and

- (3) to assist with the development of individually identified social skills.
- (f) The department will pay for family adaptive behavior treatment guidance provided by a licensed behavior analyst or assistant behavior analyst, or by an autism behavior technician, to
- (1) instruct a recipient's guardian and caregivers on the recipient's identified problem behaviors and deficit skills; and
 - (2) teach a recipient's guardian and caregivers to use planned treatment protocols to intervene with the recipient to reinforce change and to maintain treatment progress.
- (g) After the initial six months of planned services provided in accordance with [7 AAC 135.040\(c\)\(19\)\(A\)](#) and (B), and the initial behavior identification assessment authorized in [7 AAC 135.040\(c\)\(19\)\(E\)](#), to receive payment for any of the additional recipient services identified in (a) - (f) of this section, a provider must obtain prior authorization under [7 AAC 135.040\(d\)](#) and meet the requirements (c) and (h) - (j) of this section.
- (h) To receive payment for autism services a provider must develop and update as needed an individual treatment plan that includes
- (1) recommended protocols for service provision;
 - (2) objective, measurable, and developmentally appropriate treatment goals related to skills development, improvement in adaptive functioning and modification of problem behavior, and other relevant diagnostic criteria for autism spectrum disorder as listed in the Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 160.900](#);
 - (3) the anticipated timeline for improvement based on the initial behavior identification assessment and subsequent behavior identification reassessments conducted over the duration of treatment; and
 - (4) interventions with a recipient's guardian and caregivers designed to reinforce treatment and treatment progress.
- (i) To receive payment for autism services provided under this section, a provider must maintain a clinical record in accordance with [7 AAC 135.130](#). The clinical record also must include
- (1) verification of a diagnosis of autism spectrum disorder from a mental health professional as defined in [AS 47.30.915](#), or a health care professional who is qualified based on that individual's scope of practice, training, education, and experience to assess and diagnose autism spectrum disorders in children;
 - (2) an initial behavior identification assessment under (b) of this section; and
 - (3) any behavior identification reassessment under (c) of this section.
- (j) Except as set out in (k)(9)(C) of this section, autism services may be provided in the following settings;
- (1) the recipient's home, school, and community;
 - (2) a behavior analyst's office;
 - (3) an outpatient clinic;
 - (4) another appropriate community setting.
- (k) The department will not pay for any of the following services or interventions as a Medicaid covered service under this section:
- (1) a service listed under [7 AAC 105.110](#) or [7 AAC 135.010\(d\)](#);
 - (2) respite for the family;
 - (3) increasing the recipient's social activity;

- (4) addressing a recipient's antisocial behavior or legal problems;
- (5) autism services provided by a recipient's immediate family member, foster parent, or legal guardian, unless a court has authorized that legal guardian to provide those services under [AS 13.26.316](#);
- (6) any two or more autism services provided concurrently;
- (7) a behavioral health rehabilitation service under [7 AAC 135.010\(c\)](#) provided concurrently with an autism service;
- (8) when a licensed behavior analyst, licensed assistant behavior analyst, or autism behavior technician acts as a different kind of paid treatment provider or caregiver at the same time;
- (9) claims by a licensed behavior analyst, licensed assistant behavior analyst, or autism behavior technician that include time spent
 - (A) assisting a recipient with school work for the sole purpose of education in the home, school, or community;
 - (B) providing leisure or social activities solely for the purpose of entertainment, play, or recreation; or
 - (C) providing autism services to a patient in an outpatient hospital, general acute care hospital, inpatient psychiatric hospital, residential psychiatric treatment center, intermediate care facility, skilled nursing facility, or intermediate care facility for individuals with an intellectual disability or related condition, except for services for which the department gives prior authorization to specifically assist the recipient with discharge planning from these care facilities.

(l) Notwithstanding any other provision of this section, the department will pay for authorized behavioral health clinic services under [7 AAC 135.010\(b\)](#), any service listed in [7 AAC 110.210\(b\)](#), or any required medical service on the same day a recipient receives approved autism services under this chapter.

(m) To avoid a break in treatment, a provider of autism services shall submit a request for additional authorized periods of autism services 14 days before the end of the previously authorized period of treatment. The prior authorization request must include a behavior identification reassessment under (c) of this section, and an updated treatment plan under (g) and (h) of this section.

Article 3

Residential Behavioral Rehabilitation Services

7 AAC 135.800. Residential behavioral rehabilitation services

- (a) The department will pay for residential behavioral rehabilitation services under this section if
 - (1) the provider is licensed under [7 AAC 50.005](#) - [7 AAC 50.790](#) and receives a residential child care facility grant under [7 AAC 53.901](#) - [7 AAC 53.999](#);
 - (2) the department has specifically authorized, in accordance with the department's Residential Behavioral Rehabilitation Services Handbook, adopted by reference in [7 AAC 160.900](#), residential behavioral rehabilitation services for the recipient;
 - (3) the recipient is a child experiencing a severe emotional disturbance and under [7 AAC 50.320\(d\)\(1\)](#) is not a child younger than six years of age, except in a facility licensed to provide emergency shelter care; and
 - (4) residential behavioral rehabilitation services are

(A) recommended in a mental health intake assessment, integrated mental health and substance use intake assessment, or psychiatric assessment that is

- (i) conducted not later than 90 days before or upon admission to residential behavioral rehabilitation services by a community behavioral health services provider in accordance with the requirements of [7 AAC 135.010\(b\)\(1\)](#), a mental health physician clinic in accordance with the requirements of [7 AAC 135.030\(d\)](#) and (e), or a provider listed in (B) of this paragraph under the scope of the provider's license; and
- (ii) updated as new information becomes available during the course of active treatment as necessary for the purpose of determining and documenting the recipient's mental status and social and medical history; the nature and severity of any identified mental health disorder; a complete diagnosis consistent with the multi-axial classification system used in the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 160.900](#); the problems identified during the mental health intake assessment, integrated mental health and substance use intake assessment, or psychiatric assessment process, including functional deficits that require mental health treatment; treatment recommendations that form the basis of a subsequent written individualized treatment plan; and functional impairment;

(B) provided under the direction of a

- (i) physician licensed as required under [7 AAC 110.400](#) or described in [7 AAC 105.200\(c\)](#);
- (ii) a psychologist who is licensed as required under [7 AAC 110.550](#) or described in [7 AAC 105.200\(c\)](#);
- (iii) a psychological associate who is licensed under [AS 08.86](#), described in [7 AAC 105.200\(c\)](#), or in the jurisdiction where services are provided, and who renders the services in association with a licensed psychologist within the scope of practice identified in [12 AAC 60.185](#);
- (iv) a clinical social worker who is licensed under [AS 08.95](#) or described in [7 AAC 105.200\(c\)](#);
- (v) a physician assistant who is licensed as required under [7 AAC 110.455](#) or described in [7 AAC 105.200\(c\)](#);
- (vi) an advanced nurse practitioner who is licensed and certified as required under [7 AAC 110.100](#) or described in [7 AAC 105.200\(c\)](#);
- (vii) a psychiatric nursing clinical specialist who is licensed under [AS 08.68](#), described in [7 AAC 105.200\(c\)](#), or in the jurisdiction where services are provided;
- (viii) a marital and family therapist who is licensed under [AS 08.63](#), described in [7 AAC 105.200\(c\)](#), or in a jurisdiction with requirements substantially similar to the requirements of [AS 08.63](#) where services are provided, and who works in therapist's field of expertise under the direct supervision of a psychiatrist; or
- (ix) a professional counselor who is licensed under [AS 08.29](#), described in [7 AAC 105.200\(c\)](#), or in a jurisdiction with requirements substantially similar to the

requirements of [AS 08.29](#) where services are provided, and who works in the counselor's field of expertise under the direct supervision of a psychiatrist;

(C) designed to remediate problems associated with a mental health diagnosis that is documented in the mental health assessment; and

(D) specifically identified in a written individualized treatment plan developed, reviewed, and updated in accordance with [7 AAC 50.330](#) that details the goals, objectives, services, and interventions selected to address a recipient's behavioral health needs identified by a mental health intake assessment, integrated mental health and substance use intake assessment, or psychiatric assessment and with respect to selected services and interventions, their frequency and duration.

(b) Residential behavioral rehabilitation services include

- (1) short-term crisis stabilization services described in [7 AAC 135.170](#);
- (2) case management described in [7 AAC 135.180](#);
- (3) therapeutic behavioral health services for children described in [7 AAC 135.220](#);
- (4) recipient support services described in [7 AAC 135.230](#);
- (5) day treatment services for children described in [7 AAC 135.250](#); and
- (6) medication administration services described in [7 AAC 135.260](#).

(c) The department will authorize residential behavioral rehabilitation services in accordance with the department's Residential Behavioral Rehabilitation Services Handbook, adopted by reference in [7 AAC 160.900](#); however, in the case of emergency shelter, the department will authorize residential behavioral rehabilitation services in a facility licensed to provide emergency shelter care up to

- (1) five days if the recipient is in immediate danger in the present environment, needs short-term, temporary placement, or needs stabilization and an assessment of psychiatric needs; and
- (2) 30 days if there is documentation in accordance with [7 AAC 50.610\(k\)](#) that continued care is necessary.

(d) A child experiencing a severe emotional disturbance who has been approved to receive residential behavioral rehabilitation services is not eligible to receive, on the same dates of service, behavioral health rehabilitation services described in [7 AAC 135.010\(c\)](#). A child experiencing a severe emotional disturbance who is receiving residential behavioral rehabilitation services remains eligible to receive behavioral health clinic services described in [7 AAC 135.010\(b\)](#).

Article 4

General Provisions

7 AAC 135.900. Physicians providing behavioral health clinic services

(a) If a physician provides behavioral health clinic services in a community behavioral health services provider organization, the physician may request payment for those services by submitting a claim for payment

- (1) using the community behavioral health services provider's medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed on a community behavioral health services provider under this chapter; or
- (2) using the physician's medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed upon a physician

under this chapter; the department will pay a physician for medically necessary and clinically appropriate mental health services only if the physician renders those services directly.

(b) If a physician provides behavioral health clinic services in a mental health physician clinic, the physician may request payment for those services by submitting a claim for payment

(1) using the mental health physician clinic medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed on a mental health physician clinic under this chapter; or

(2) using the physician's medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed upon a physician under this chapter; the department will pay a physician for medically necessary and clinically appropriate mental health services only if the physician renders those services directly.

7 AAC 135.990. Definitions

In this chapter, unless the context requires otherwise,

(1) "active treatment"

(A) means that the individual who renders the services actively engages the recipient and provides pre-planned specific interventions, supports, or other actions that assist the recipient in achieving the goals written in the behavioral health treatment plan;

(B) includes recipient support services;

(2) "adjunctive treatment" means a treatment that is associated with another treatment in a subordinate or auxiliary capacity;

(3) "adult experiencing an emotional disturbance" means an individual described in [7 AAC 135.050](#);

(4) "behavioral health clinic services" means services provided under [7 AAC 135.010\(b\)](#);

(5) "behavioral health rehabilitation services" means services provided under [7 AAC 135.010\(c\)](#);

(6) "behavioral health screening" means administering and interpreting the Alaska Screening Tool, adopted by reference in [7 AAC 160.990](#), at the point of entry to a behavioral health program to determine the appropriate assessments needed to identify the recipient's treatment needs;

(7) "behavioral health treatment plan" means

(A) a written individualized treatment plan that details

(i) the goals, objectives, services, and interventions selected to address a recipient's behavioral health needs identified by a professional behavioral health assessment under [7 AAC 135.110](#); and

(ii) with respect to selected services and interventions, their frequency and duration; or

(B) a short-term crisis intervention plan under [7 AAC 135.160](#), or short-term crisis stabilization plan under [7 AAC 135.170](#);

(8) "case management" means assistance to the recipient and the recipient's family in accessing and coordinating high-quality needed services, including

(A) medical, psychiatric, and mental health services;

(B) substance use treatment;

(C) educational, vocational, and social supports; and

- (D) community-based services, related assessments, and post-discharge follow-up activities;
- (9) "child experiencing an emotional disturbance" means an individual described in [7 AAC 135.060](#);
- (10) "client status review" means an evaluation under [7 AAC 135.100](#) to measure a recipient's quality of life at the time of intake and at subsequent intervals during treatment or recovery;
- (11) "co-occurring disorder" means a diagnosable substance use disorder and a diagnosable mental health disorder that the recipient experiences at the same time;
- (12) "detoxification services" means those services under [7 AAC 135.190](#) provided by a community behavioral health services provider;
- (13) "directing clinician" means a substance use disorder counselor or a mental health professional clinician who, by virtue of that individual's education, training, and experience, and with respect to the recipient's behavioral health treatment plan,
- (A) develops or oversees the development of the plan;
 - (B) periodically reviews and revises the plan as needed;
 - (C) signs the plan each time a change is made to the plan; and
 - (D) monitors and directs the delivery of all services identified in the plan;
- (14) "general direction" means, in a community behavioral health services provider, a physician provides general program and clinical consultative services when needed;
- (15) "Medicaid behavioral health services" means the behavioral health clinic services identified in [7 AAC 135.010\(b\)](#) and the behavioral health rehabilitation services identified in [7 AAC 135.010\(c\)](#);
- (16) "medical evaluation" means a physical examination that includes appropriate testing, the ordering of other appropriate tests, a review of medical history and present problems, face-to-face consultation, and medical decision-making;
- (17) "medication administration services" means the administration, by medical personnel, of injectable or oral medications to a recipient, documentation of medication compliance, assessment and documentation of side effects, and evaluation and documentation regarding the effectiveness of the medication; in this paragraph, "medical personnel" means
- (A) a physician;
 - (B) a physician assistant;
 - (C) an advanced nurse practitioner;
 - (D) a registered nurse supervised by a physician or advanced nurse practitioner; or
 - (E) a licensed practical nurse supervised by a physician or advanced nurse practitioner;
- (18) "mental status examination" means the process of assessing an individual's thoughts, moods, self-identity, insight or judgment, memory, speech, intellectual functioning, time-and-place orientation, and reasoning or problem-solving ability to assist in establishing a diagnosis and case formulation;
- (19) "recipient support services" means a face-to-face encounter to provide structure, supervision, and monitoring necessary to maintain a child experiencing a severe emotional disturbance or an adult experiencing a severe mental illness within the recipient's home, workplace, school, or community and to prevent harm to the recipient or others;
- (20) "screening and brief intervention" means nonmandatory screening by a provider under [7 AAC 135.240\(a\)](#) for the purposes of

- (A) early identification of a developing substance use problem, or identification of a previously unknown substance use disorder; and
 - (B) providing brief interventions or referral to a substance abuse treatment program;
- (21) "short-term crisis" means an acute episode of a mental, emotional, behavioral, or psychiatric disorder;
- (22) "substance use disorder counselor" means an individual who, subject to the limits of the individual's education, training and experience, provides behavioral health rehabilitation services with a focus on the treatment of substance use disorders, while working for a community behavioral health services provider.
- (23) "adult experiencing a serious mental illness" means an individual described in [7 AAC 135.055](#);
- (24) "child experiencing a severe emotional disturbance" means an individual described in [7 AAC 135.065](#).
- (25) "adaptive behavior treatment" means services to treat a recipient's deficient adaptive behaviors or maladaptive behaviors, a recipient's impaired social skills and communication, or the recipient's destructive behaviors that impair, delay or adversely affect normal childhood growth, development, or communication;
- (26) "adaptive behavior treatment by protocol"
- (A) means adaptive behavior treatment that adheres to the protocols that the behavior analyst has designed;
 - (B) includes skills training delivered to a recipient by introducing small, incremental changes to the recipient's expected routine along one or more stimulus dimensions, and delivering reinforcement each time the recipient appropriately tolerates a given stimulus change;
- (27) "adaptive behavior treatment by protocol modification" means a licensed behavior analyst directly demonstrates a recipient's individualized new or modified protocol with the recipient to a recipient's licensed assistant behavior analyst, autism behavior technician, guardian, or parent;
- (28) "autism services"
- (A) means the
 - (i) design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior;
 - (ii) empirical identification of functional relations between behavior and environmental factors, and the utilization of contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and engage in behaviors under specific environmental conditions; and
 - (iii) application of adaptive behavior treatment by protocol, group adaptive behavior treatment by protocol, adaptive behavior treatment by protocol modification, or family adaptive behavior treatment guidance;
 - (B) does not include
 - (i) psychological testing;
 - (ii) diagnosis of a mental or behavioral disorder; or

(iii) the practice of neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, or long-term counseling;

(29) "family adaptive behavior treatment guidance" means guidance provided to the family by a licensed behavior analyst, a licensed assistant behavior analyst, or an autism behavior technician, with or without the recipient present, that identifies recipient problem behaviors and deficits and teaches guardians and caregivers to use treatment protocols in order to support the services provided to the recipient by a behavior analyst, assistant behavior analyst, or autism behavior technician;

(30) "group adaptive behavior treatment by protocol" means adaptive behavior treatment by protocol provided in a group of at least two recipients and not more than eight recipients;

(31) "recipient's immediate family member" means

- (A) a recipient's parent, spouse, or sibling living in the same residence as the recipient; or
- (B) an adult relative or nonrelative caregiver who is acting in the place of a parent.