Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services

State of Alaska
Department of Health and Social Services
Division of Behavioral Health Services

June 30, 2021

Table of Contents

I. Preamble

This manual, issued by the Department of Health and Social Services (DHSS), is intended to serve as guidance to behavioral health providers in accompaniment with 7 AAC 136 and 139. It describes the behavioral health 1115 waiver services, eligibility requirements, required service components, staffing requirements, documentation, service authorization, and other service-related criteria that providers must meet to be eligible for Medicaid reimbursement. It also provides information regarding service locations, billing codes, and payment rates. Portions of the material in this manual may be repetitive of existing language in state law and regulations and federal requirements related to the 1115 waiver approval.

II. Background

The purpose of Alaska's section 1115 waiver demonstration is to provide Alaska with the authority necessary to enhance the set of behavioral health services available under Medicaid for individuals with serious mental illnesses, severe emotional disturbances, and/or substance use disorders. This waiver also aims to integrate benefits, improve access, reduce operational barriers, minimize administrative burden, and improve the overall effectiveness and efficiency of Alaska's behavioral health system. More background information is provided below regarding Medicaid recipient eligibility for waiver services, Medicaid billing, requirements for certain provider types, and provider qualifications.

A. Recipient Eligibility

To qualify for behavioral health services under the 1115 waiver demonstration, individuals must be eligible for Medicaid and meet the requirements of 7 AAC 139.010 as follows:

I. An eligible youth under age 21 who -

a. is diagnosed with a mental health or substance use disorder;
b. is at risk of developing a mental health or substance use disorder based upon a screeningconducted according to 7 AAC 135.100;
c. is at risk of out of home placement;
d. is currently in the custody of the state; or
e. has been detained in a juvenile justice facility or treated in a residential treatment program or psychiatric hospital within the past year.

II. An eligible individual who meets the criteria under 7 AAC 135.055 for experiencing a serious mental illness; or

III. An individual who is experiencing a mental disorder who meets the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in 7 AAC 70.910, or the International Classification of Diseases - 10th Revision, Clinical Modification, (ICD-10-CM), adopted by reference in 7 AAC 70.910.

Medicaid eligibility standards and methodologies remain applicable to individuals under the waiver. To qualify for waiver services under 7 AAC 139.010, individuals must derive their eligibility through the Alaska Medicaid State Plan and are subject to all applicable Medicaid laws and regulations regarding initial and ongoing eligibility. The Division of Public Assistance (DPA) determines Medicaid eligibility in accordance with federal and state regulations as set forth in the Alaska Medicaid state plan. Individuals in need of medical or other assistance may contact DPA or may consult the Medicaid Recipient Handbook. While regulation defines children eligible for services as individuals under the age of 21, some children between the ages of 18 and 21 may be eligible as adults for certain wavier services. This eligibility depends on their eligibility under Early Periodic Screening, Diagnosis, and Treatment (EPSDT) provision in Medicaid. For questions regarding such eligibility, please contact the DPA.

B. Medicaid Billing

Providers must be enrolled with the state's Medicaid program, referred to as Alaska Medical Assistance, to be reimbursed for services. Additionally, a service rendered based on a referral, order, or prescription is reimbursable only if the referring, ordering, or prescribing providers enrolled as an Alaska Medical Assistance program provider. Behavioral health providers may enroll with Alaska Medical Assistance by applying through Alaska Medicaid Health Enterprise, a secure website that is accessible 24 hours a day, seven days a week. Health Enterprise includes links to websites to assist with provider enrollment.

Online training is also available to guide providers through enrollment process. To view this training, visit the Alaska Medicaid Learning Portal. If extenuating circumstances prevent a provider from enrolling online, please contact the Provider Enrollment Department. Once enrollment is approved, the provider should receive a Medicaid Provider identification number (ID) and a welcome packet.

As part of the enrollment process, providers must submit a signed Provider Agreement, certifying the provider agrees to comply with applicable laws and regulations. If enrollment information changes, providers must report the changes within 30 days of the change in writing with an original signature. Use the Update Provider Information Request Form to report a change in ownership, licensure, certification, or registration status, federal tax identification number, type of service or area of specialty, additions, deletions, or replacements in group membership, mailing address or phone number, or Medicare provider ID.

C. Qualified Behavioral Health Professional Individual Enrollment

All 1115 Behavioral Health waiver services listed in this manual must be provided by a Qualified Behavioral Health Professional. No separate application is required; however, before the Qualified Behavioral Health Professional may perform 1115 BH waiver services, they must obtain a national provider identifier (NPI) number, complete a background check, and enroll as an Alaska Medicaid program provider. When you enroll you must affiliate with a provider group that meets the standards under 7 AAC 105.200. Behavioral health providers may enroll with Alaska Medical Assistance by applying through Alaska Medicaid Health Enterprise, a secure website that is accessible 24 hours a day, seven days a week. Health Enterprise includes links to websites to assist with provider enrollment.

D. DHSS Approval

Behavioral health service providers, as described below, must have Departmental approval to operate in Alaska. Department approval is needed for the following types of providers:

- Behavioral health clinic services (7 AAC 70.030)
- Behavioral health rehabilitation services (7 AAC 70.030)
- Day treatment services for children (7AAC 135.250)
- 1115 substance use disorder waiver services (7AAC 138)
- Withdrawal management services (7 AAC.70.110)
- Residential substance use treatment services (7 AAC 70.120)
- Opioid use disorder treatment services (7 AAC.030)
- Behavioral health services to a recipient referred by the alcohol safety action program (7AAC 70.145)
- Autism services (7 AAC 135.350)
- Residential Childcare (7 AAC 136.020)
- Therapeutic Foster Home (7AAC 136.020)

E. Applicable Regulations & DHSS Oversight

Behavioral health service providers must meet the requirements in the Integrated Behavioral Health Regulations, 7 AAC 70 and 7 AAC 135, and Behavioral Health 1115 Waiver Demonstration Regulations, 7 AAC 136 and 139. They must also post a written grievance policy and procedure that is made available to all individuals upon admission. DHSS has the authority to investigate complaints made by a patient or interested parties, per AS.47.30.660 (b) (12) and to review records of providers without prior notice if DHSS has reason to believe, based on credible evidence, that a violation has occurred (7 AAC 160.110 (e)). DHSS also has the authority to delegate its authority to the Division of Behavioral Health (DBH) to gain onsite

access to documents related to service delivery (including client files), per AS 47.05 for mental health treatment and AS 47.37 for substance use treatment. At DHSS' request, a provider must furnish records in accordance with 7 AAC 105.240. A peer support specialist is subject to the qualifications listed in 7 AAC 138.400.

Behavioral Health 1115 Demonstration Waiver Services

A. Home-Based Family Treatment Services – Level 1

Service Name Abbreviation	**Home-based family treatment services - level one (HBFT1)**
Authority Effective Date Revision History	7 AAC 139.100 Eff. 05/21/2020 Revision. 08/04/2020
Service Description	HBFT is designed to be a community-based early intervention service. Service includes treatment and wrap-around services provided in the home to reduce the need for inpatient hospitalization and residential services for children/adolescents. There are three levels of intensity/acuity for HBFT.

Service Components	• Crisis diversion & intervention planning
	• Case coordination & referral
	• Ongoing monitoring for safety and stability in the home
	• Skill development including:
	  ○ Assisting parents to utilize developmentally appropriate interventions/strategies to restore functioning and provide structure/support for children with emotional/behavioral problems
	  ○ Communication, problem-solving and conflict-resolution skill building
	  ○ Life/social skills required to restore functioning and provide structure and support for children with emotional and behavioral problems
	  ○ Self-regulation, anger management, and other mood management skills for children, adolescents, and parents
	• Peer supports & navigation
	• Clinical services (with clinical assessment and treatment plan)
	  ○ Comprehensive family assessment
	  ○ Family, group, and individual therapy
	• Linkage to medication services—including medication administration

Contraindicated Service	• Community Recovery Support Services • SUD Care Coordination • Intensive Outpatient Services • Partial Hospitalization Program • Rehabilitation Services • Intensive Case Management • Child Residential Treatment Level I/II • Psychiatric Residential Treatment Facility • Adult Mental Health Residential Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0

	• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Crisis Residential Stabilization <u>Exceptions for Residential Facilities</u> • Level I HBFT and child residential treatment or PRTF services may be billed concurrently for up to 12 calendar days per year as part of a discharge plan from a residential treatment facility for an adult or child in the home.
Service Requirements Expectations	The Department will pay for HBTF services to prevent inpatient hospitalization and residential services for an eligible youth listed in 7 AAC 139.010(1) if a combination of less intensive outpatient services under 7 AAC 135 has not been effective or is deemed likely to not be effective. HBFT1 providers must use a screening tool to identify recipient problems with one or more social determinants of health as listed in the DSM-V or ICD-10 (Z codes). See attachment A for list of Z Codes. Providers are not, however, required to conduct an individual assessment or develop a treatment plan. HBFT1 services must be according to a family services plan developed by the provider in collaboration with the family. The family services plan must include risk factors for any other natural supports in the home and out of home placement, along with any risk factors related to the development of substance use and/or mental health disorder.
Target Population	Youth in an out-of-home placement or at risk of out-of-home placement. Or diagnosed with, or is at risk of developing, a mental health or substance use disorder as determined by a screening conducted under 7 AAC 135.100.
Staff Qualifications	HBFT may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Community Health Aide • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist
Service Location	12-Home; no inpatient or residential settings allowed under this service. 04-Homeless Shelter 99-Other, appropriate setting in community (e.g., work, school, or home)
Service Frequency/Limits	HBFT1-maximum of 40 units per week with service authorization to extend limit; 6 weeks in SFY with service authorization to extend limit.

Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 105.230.
Relationship to Other Services	"Monitoring safety" does not replace monitoring by Child Protective Services or Juvenile Justice.
Service Code	H1011 V2
Unit Value	15 minutes
Payment Rate	$24.16
Additional Information	If a recipient does not have a diagnosed mental condition, a provider may use ICD 10, (F99), list the recipient as "not otherwise specified" until a primary diagnosis is available. The Z-code may only be used as a secondary or tertiary diagnosis. At no time can a Z-code be the primary diagnosis on a professional claim. Programs may employ a multidisciplinary team of professionals to work in their HBFT1 program(s).

B. Home-Based Family Treatment Services – Level 2

Service Name Abbreviation	**Home-based family treatment services level 2 (HBFT2)**
Authority Effective Date Revision History	7 AAC 139.100 Eff. 05/21/2020 Revision. 08/04/2020
Service Description	HBFT is designed to be a community-based early intervention service. HBFT includes treatment and wrap-around services provided in the home to reduce the need for inpatient hospitalization and residential services for children/adolescents. There are three levels of intensity/acuity for HBTF.

Service Components	• Crisis diversion & intervention planning
	• Case coordination & referral
	• Ongoing monitoring for safety and stability in the home
	• Skill development including:
	  ○ Assisting parents to utilize developmentally appropriate interventions/strategies to restore functioning and provide structure/support for children with emotional/behavioral problems
	  ○ Communication, problem-solving and conflict-resolution skill building
	  ○ Life/social skills required to restore functioning and provide structure and support for children with emotional and behavioral problems
	  ○ Self-regulation, anger management, and other mood management skills for children, adolescents, and parents
	• Peer supports & navigation

	• Clinical services (with clinical assessment and treatment plan)
	  o Comprehensive family assessment
	  o Family, group, and individual therapy
	• Linkage to medication services—including medication administration

Contraindicated Services	• Partial Hospitalization Program • Child Residential Treatment Level I/II • Psychiatric Residential Treatment Facility • Adult Mental Health Residential Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed High Intensity Residential-3.5 Adult • Crisis Residential Stabilization <u>Exceptions for Residential Facilities</u> • Level II HBFT and child residential treatment or PRTF services may be billed concurrently for up to 12 calendar days per year as part of a discharge plan from a residential treatment facility for an adult or child in the home.
Service Requirements Expectations	HBFT provider must complete an assessment and develop an initial treatment plan in accordance with 7 AAC 139.100. The Department will pay for HBTF services according to prevent inpatient hospitalization and residential services for an eligible youth listed in 7 AAC 139.010(1) if a combination of less intensive outpatient services under 7 AAC 135 has not been effective or is deemed likely to not be effective.
Target Population	Youth with a mental health or substance use disorder diagnosis, or at risk of developing such a diagnosis, and is at high risk of out of home placement. To be determined high risk, a child/adolescent must receive a score of four or more on the Adverse Childhood Experiences Survey-(ACES).<u>https://centerforyouthwellness.org/aceq-pdf/</u>
Staff Qualifications	HBFT are be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistance • Community Health Aide • Behavioral Health Clinical Associates • Behavioral Health Aides

	• Peer Support Specialist
Service Location	12-Home; no inpatient or residential settings allowed under this service. 04-Homeless Shelter 99-Other, appropriate setting in community (e.g., work, school, or home)
Service Frequency/Limits	HBFT Level 2 – maximum of 40 units per week with service authorization to extend limit; 6 weeks in SFY with service authorization to extend limit.
Service Authorization	No
Service Documentation	Must be documented in a progress note in the patient's clinical record in accordance with 7 AAC 135.130, including the documentation of the delivery of any clinic and rehabilitative services.
Relationship to Other Services	"Monitoring safety" does not replace monitoring by Child Protective Services or Juvenile Justice staff.
Service Code	H1011 V2 TF
Unit Value	15 minutes
Payment Rate	$24.63
Additional Information	Service engagement is recommended to be provided in the home at least twice a week for this level of care. Programs may employ a multidisciplinary team of professionals to work in their HBFT2 program(s).

C. Home-Based Family Treatment Services – Level 3

Service Name Abbreviation	**Home-based family treatment services - level 3 (HBFT3)**
Authority Effective Date Revision History	7 AAC 139.100 Eff. 05/21/2020 Revision. 08/04/2020
Service Description	HBFT is designed to be a community-based early intervention service. HBFT includes treatment and wrap-around services provided in the home to reduce the need for inpatient hospitalization and residential services for children/adolescents. There are three levels of intensity/acuity for HBTF.
Service Components	• Crisis diversion & intervention planning • Case coordination & referral • Ongoing monitoring for safety and stability in the home • Skill development including:

	○ Assisting parents to utilize developmentally appropriate interventions/strategies to restore functioning and provide structure/support for children with emotional/behavioral problems ○ Communication, problem-solving and conflict-resolution skill building ○ Life/social skills required to restore functioning and provide structure and support for children with emotional and behavioral problems ○ Self-regulation, anger management, and other mood management skills for children, adolescents, and parents • Peer supports & navigation • Clinical services (with clinical assessment and treatment plan) ○ Comprehensive family assessment ○ Family, group, and individual therapy • Linkage to medication services—including medication administration
Contraindicated Services	• Partial Hospitalization • Child Residential Treatment • Psychiatric Residential Treatment Facility • Adult Mental Health Residential • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed High Intensity Residential-3.5 Adult • Crisis Residential Stabilization <u>Exceptions for Residential Facilities</u> • Level III HBFT and child residential treatment or PRTF services may be billed concurrently for up to 12 calendar days per year as part of a discharge plan from a residential treatment facility for an adult or child in the home.
Service Requirements Expectations	HBFT provider must complete an assessment and develop an initial treatment plan in accordance with 7 AAC 139.100. HBFT3 must be family centric and engage all household family members as available. The Department will pay for HBTF services according to prevent inpatient hospitalization and residential services for an eligible youth listed in 7 AAC 139.010(1) if a combination of less intensive outpatient services under 7 AAC 135 has not been effective or is deemed likely to not be effective.
Target Population	Youth with a mental health or substance use disorder diagnosis, or at risk of developing such diagnosis who is at imminent risk of out of home placement or who has been discharged from residential or psychiatric hospital treatment or from a juvenile detention facility. For purpose of this benefit, “imminent risk” means a person who has been in contact with the Office of Children’s Services regarding issues that could lead to out-of-home placement.
Staff Qualifications	HBFT are be staffed by an interdisciplinary team of qualified professionals, which may include any of the following:

	• Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistance • Community Health Aide • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist
Service Location	12-Home; no inpatient or residential settings allowed under this service. 04-Homeless Shelter 99-Other, appropriate setting in community (e.g., work, school, or home)
Service Frequency/Limits	HBFT3- maximum of 40 units per week with service authorization to extend limit; 6 weeks in SFY with service authorization to extend limit.
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with AAC 135.130, including the documentation of the delivery of any clinic and rehabilitative services.
Relationship to Other Services	"Monitoring safety" does not replace monitoring by Child Protective Services or Juvenile Justice staff.
Service Code	H1011 V2 TG
Unit Value	15 minutes
Payment Rate	$27.19
Additional Information	Service engagement is recommended to be provided in the home at least three times a week for this level of care. Programs may employ a multidisciplinary team of professionals to work in their HBFT2 program(s).

D. Therapeutic Treatment Home Services

Service Name Abbreviation	**Therapeutic Treatment Home Services**
Authority Effective Date	7 AAC 139.400 Eff. 05/21/2020

Revision History	Revision. 08/04/2020
Service Description	Therapeutic Treatment Home services include trauma-informed clinical services for children/adolescents who have severe mental, emotional, or behavioral health needs and who cannot be stabilized in a less intensive home setting.
Service Components	• Individual assessment conducted according to 7 AAC 139.100. • Development of cognitive, behavioral, and other trauma-informed therapies reflecting a variety of treatment approaches provided to the child/youth on an individual and/or family basis • Linkage to medication services—including medication administration • Case Coordination • Crisis Intervention Services
Contraindicated Services	• Home Based Family Treatment levels 1, 2, 3 • Child Residential Treatment Level I/II • Psychiatric Residential Treatment Facility • Adult Mental Health Residential Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Population Specific) • Clinically Managed High Intensity Residential-3.5 Adult • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent) <u>Exceptions for Residential Facilities</u> • Therapeutic Treatment Home services and child residential treatment or PRTF services may be billed concurrently for up to 6 calendar days per year as part of a discharge plan from a residential treatment facility for child. • HBFT and Therapeutic Treatment Home services may be billed concurrently for up to 12 calendar days per year as part of discharge plan for child in the home.
Service Requirements Expectations	Therapeutic treatment home services must: • Be provided in a licensed foster home under 7 AAC 50 by at least one licensed foster parent; • Include trauma-informed care by licensed foster parents and other providers within this manual as qualified for therapeutic treatment services, who have received documented training or education in principles of trauma informed care; • Include the service components for therapeutic treatment home services; and • Be provided under the direction and supervision of a community behavioral health services provider approved under 7 AAC 136.020.

	Licensed foster homes furnishing Therapeutic Treatment Home services are responsible for meeting all applicable state statutes and regulations for foster homes in Alaska. Recommendations: A mental health professional clinician should provide clinical supervision of foster parents and services provided to the child, maintain at least weekly contact with staff, and meet at least two times a month face-to-face with both children and parents separately in the home or via telehealth. It is also recommended that programs employ a caseworker, which may be the mental health professional, to provide leadership for treatment team and manage the treatment planning and coordination.
Target Population	Children/adolescent under age 21 with severe mental, emotional, or behavioral health needs and who cannot be stabilized in a less intensive home setting.
Staff Qualifications	To meet the staffing requirements, programs must employ a licensed foster parent and may employ a team of multidisciplinary team of professionals. This includes: • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistance • Community Health Aide • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist
Service Location	99-Other Home; no inpatient or residential settings allowed for this service.
Service Frequency Limits	90 days per SFY service authorization required to extend limit.
Service Authorization	No
Service Documentation	Therapeutic Treatment Home services must be documented in a progress note in accordance with 7 AAC 135.130, including documentation of delivery of clinical or medical services and family therapy.
Relationship to Other Services	Therapeutic Treatment Homes Services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H2020 V2
Unit Value	1 day = 1 unit
Payment Rate	$294.65

Additional Information	Programs may employ a multidisciplinary team of professionals to perform Therapeutic Treatment Home service(s). Clinical oversight and program coordination should be provided as outlined above. It is recommended that providers and foster homes providing therapeutic treatment home services meet the standards adopted by the Alaska chapter of the Family Focused Treatment Association (FFTA) for Therapeutic Foster Care (TFC) Parents and Child Placement Agencies (CPA) for behavioral health providers working with TFC Homes.

E. Children's Residential Treatment – Level 1

Service Name Abbreviation	**Children's Mental Health Residential Treatment level 1 (CRT)**
Authority Effective Date Revision History	7 AAC 139.300 Eff. 08/04/2020 Revision: 06/30/2021
Service Description	CRT Level 1 services must be provided by an interdisciplinary treatment team in a therapeutically structured, supervised environment for children and adolescents who are at-risk while living in their community. CRT level 1 services are for children and adolescents who are in need of stabilization and assessment who do not require the intense services of medical personnel, have not responded to outpatient treatment, and have treatment needs that cannot be met in a less restrictive setting. CRT programs must have the capacity to identify and treat individuals with substance use disorders, or to refer these individuals and connect them to appropriate SUD services. Programs must have the capacity to maintain the child/youth's educational needs.

Service Components	• Integrated or behavioral health assessment
	• Treatment plan development to result in an individualized plan of care
	• Stabilize behavior (i.e., return to baseline level of functioning or decrease inescalating behaviors)
	• Case coordination & referral
	• Ongoing monitoring for safety and stability in the home
	• Skill development including:
	  ○ Communication, problem-solving and conflict-resolution skill building
	  ○ Life/social skills required to restore functioning and provide structure and support for children with emotional and behavioral problems
	  ○ Self-regulation, anger management, and other mood management skills for children, adolescents, and parents
	• Clinical services as described above must be provided through collaboration with the interdisciplinary treatment team

	• Linkage to medication services—including medication administration is provided, as needed, either on-site or through collaboration with other providers • Individual safety plan which includes a crisis plan for the family if the child/adolescent needs short-term stabilization to focus on returning the child/adolescent into the family home setting.
Contraindicated Services	• Community Recovery Support Services • Home Based Family Treatment Level I/II/III **Exception**: may be billed concurrently for up to 12 calendar days per year as part of a discharge plan • Partial Hospitalization Program • Assertive Community Treatment (ACT) • Psychiatric Residential Treatment Facility • Adult Mental Health Residential Level I/II • Intensive Case Management • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed High Intensity Residential-3.5 Adult • Crisis Residential Stabilization
Service Requirements Expectations	Weekly services must include: • Minimum of 10 hours of treatment services per week. • Family therapy must be provided unless clinically contraindicated. • Must provide or facilitate delivery of appropriate level of ASAM substance use disorder treatment for children with SUD diagnoses • All residential treatment services must be available during regular business hours according to the requirements of this section. Additionally, appropriate residential services are delivered during evening hours and on weekends and holidays. • CRT programs must offer services that help families or the client's support system understand their child diagnosis and to support the family members to develop skills and supports necessary for the child to return home.
Target Population	Children/adolescents ages 0-21 with, or at-risk of mental health or substance use disorder. Appropriate referrals include children/youth who are facing crisis with no safe placement with family or friends or in need of services and who met the appropriate level of care.
Staff Qualifications	CRT services may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians

	• Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistance • Community Health Aide • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist
Service Location	56- Psychiatric Residential Treatment Facility 99 -Other appropriate setting Providers are exempt from requirements of the Medicaid Institutions Mental Diseases (IMD) exclusion, Section 1905 (a) (B) of Social Security Act.
Service Frequency/Limits	45 days per SFY with service authorization to extend limit
Service Authorization	No.
Service Documentation	Must be documented in a progress note in the patient's clinical record in accordance with 7 AAC 135.130, including the documentation of the delivery of any clinic and rehabilitative services. **Exception**-no assessment or treatment plan required for first 7 days.
Relationship to Other Services	Children's Residential Treatment Services Level 1 may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	T2033 V2
Unit Value	Daily= 1 Unit
Payment Rate	$306.00
Additional Information	CRT programs may employ a multidisciplinary team of professionals to work in their programs; however, at least one (1) therapeutic intervention per day, must be documented and be provided by a qualified staff to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which meet the minimum per day requirement even if a recipient discharges from treatment against medical advice.

F. Children's Residential Treatment – Level 2

Service Name Abbreviation	**Children's Mental Health Residential Treatment level 2 (CRT)**

Authority Effective Date Revision History	7 AAC 139.300 Eff. 08/04/2020 Revision: 06/30/2021
Service Description	CRT Level 2 services must be provided by an interdisciplinary treatment team in a therapeutically structured, supervised environment, with the capacity for intensive services of medical personnel, as applicable, for children and adolescents with complex needs who are at-risk while living in their community. CRT 2 is for Children/adolescents who have a history in the past calendar year of an inability to adjust and progress in a family setting, therapeutic treatment home, outpatient, or other structured treatment placement in the last 12-month period. They need the environment of the facility to develop the social, behavioral, and coping skills necessary to live in the community. Or children/adolescents who have completed a higher level of care but whose needs exceed successful placement in the community setting. CRT programs must have the capacity to identify and treat individuals with substance use disorders, or to refer these individuals and connect them to appropriate SUD services. Programs must have the capacity to maintain the child/youth's educational needs.

Service Components	• Integrated behavioral health assessment
	• Treatment plan development to result in an individualized plan of care
	• Stabilize behavior (i.e., return to baseline level of functioning or decrease inescalating behaviors)
	• Case coordination & referral
	• Ongoing monitoring for safety and stability in the home
	• Skill development including:
	  ○ Communication, problem-solving and conflict-resolution skill building
	  ○ Life/social skills required to restore functioning and provide structure and support for children with emotional and behavioral problems
	  ○ Self-regulation, anger management, and other mood management skills for children, adolescents, and parents
	• Clinical services as described above must be provided through collaboration with the interdisciplinary treatment team.
	• Linkage to medication services—including medication administration is provided, as needed, either on-site or through collaboration with other providers
	• Individual safety plan which includes a crisis plan for the family if the child/adolescent is in need of short-term stabilization to focus on returning the child/adolescent into the family home setting.
	• As applicable, coordination with the children's/adolescent's case worker or probation officer to assure appropriate placement supervision and community services

Contraindicated Services	• Community Recovery Support Services • Home Based Family Treatment Level I/II/III

	Exception: may be billed concurrently for up to 12 calendar days per year as part of a discharge plan • Partial Hospitalization Program • Psychiatric Residential Treatment Facility • Intensive Case Management • Assertive Community Treatment (ACT) • Adult Mental Health Residential Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed High Intensity Residential-3.5 Adult • Crisis Residential Stabilization
Service Requirements Expectations	Weekly services must include: • Minimum of 15 hours of treatment services per week. • Minimum of 3 hours of clinical services per week, including one hour each of family therapy, group therapy, and individual therapy, unless clinically contraindicated in which case, another clinical service may be substituted. • Family therapy must be provided unless clinically contraindicated. • Must provide or facilitate delivery of appropriate level of ASAM substance use disorder treatment for children with SUD diagnoses • All residential treatment services must be available during business hours. • Additionally, appropriate residential treatment services must also be delivered during evening hours and on weekends and holidays. • CRT programs must offer services that help families or the client's support system understand their child diagnosis and to support the family members to develop skills and supports necessary for the child to return home.
Target Population	Children/adolescents ages 0-20 whose health is at risk while living in their communities. Appropriate referrals include children/adolescents who have not responded to outpatient treatment and who have treatment needs that cannot be provided in a less restrictive environment. Services must be determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	CRT services may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses

	• Mental health professional clinicians 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistance • Community Health Aide • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist
Service Location	56- Psychiatric Residential Treatment Facility 99 -Other appropriate setting Providers are exempt from requirements of the Medicaid Institutions Mental Diseases (IMD) exclusion, Section 1905 (a) (B) of Social Security Act
Service Frequency/Limits	90 days per SFY with service authorization required to extend limit
Service Authorization	No
Service Documentation	Must be documented in a progress note in the patient's clinical record in accordance with 7 AAC 135.130, including the documentation of the delivery of any clinic and rehabilitative services.
Relationship to Other Services	Children's Residential Treatment Services Level 2 may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	T2033 TF V2
Unit Value	Daily
Payment Rate	$425.37
Additional Information	CRT programs may employ a multidisciplinary team of professionals to work in their programs; however, at least five (1) therapeutic intervention per day, must be documented, and provided a qualified staff to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which met the minimum per day requirement even if a recipient discharges from treatment against medical advice.

G. Intensive Case Management Services (ICM)

Service Name Abbreviation	Intensive Case Management Services (ICM)
Authority Effective Date Revision History	7 AAC 138.400 Eff. 05/21/2020 Revision. 08/04/2020

Service Description	ICM services include evaluation, outreach, support services, advocacy with community agencies, arranging services and supports, teaching community living and problem-solving skills, modeling productive behaviors, and teaching individuals to become self-sufficient.

Service Components	• Case manager serves as the central point of contact for an individual brokering and/or linking individual with mental health, SUD, medical, social, educational, vocational, legal, and financial resources in the community, including:
	  ○ Intensive outreach services outside of clinic, including street outreach, visiting the client's home, work, and other community settings
	  ○ Referring for individual, group or family therapy, medical, or other specialized services; and
	  ○ Engaging natural supports (natural supports are family members/close kinship relationships and community members (e.g., friends, co-workers,etc.) that enhance the quality of life
	• Assessment and treatment plan with quarterly update assessments.
	• Regular (biweekly, at a minimum) monitoring of behavioral health services, delivery, safety, and stability;
	• Triaging for crisis intervention purposes (e.g., determining need for intervention and referral to appropriate service or authority); and
	• Assisting individuals in being able to better perform activities of daily living—problem-solving skills, self-sufficiency, productive behaviors, conflict resolution.

Contraindicated Services	• Partial Hospitalization Program • Home Based Family Treatment Level I • Assertive Community Treatment Services (ACT) • Children's Residential Treatment Level I/II • Psychiatric Residential Treatment Facility • Adult Mental Health Residential Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 Adult • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)
Service Requirements Expectations	Services are provided to eligible individuals as follows: • For children/adolescents at risk of out-of-home placement, ICM includes community-based wraparound intensive case management service. • For adults, ICM is a comprehensive case management service for individuals with acute mental health needs who require on-going and long-term support but have fewer intensive support needs than individuals receiving ACT services. ICM providers must also have the capacity to furnish the following:

	• Multiple contacts with client per week with a frequency of at least 2-to-3 times a day based on recipient need • At least one face-to-face contact every two weeks for all recipients • Services should be provided in the community as often as needed.
Target Population	In accordance with eligibility criteria under 7 AAC 139.010 the following individuals are eligible for ICM services: • Children: Individuals ages 0-21 who are at risk of out-of-home placement. • Adults: with acute mental health needs that require on-going and long-term support but have fewer intensive support needs than ACT.
Staff Qualifications	ICM may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community Health Aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist
Service Location	Services may be provided in outpatient and any appropriate setting in the community. The following Place of Service codes are allowed for ICM services: 05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic 99-Other—e.g., home like settings, workplace, school.
Service Frequency/Limits	960 units per beneficiary per SFY, with a service authorization to extend limit is required.
Service Authorization	No

Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ICM may be provided concurrently with any rehabilitation or clinical services listed in standards manual not otherwise contraindicated.
Service Code	H0023 V2 H0023 V2 GT
Unit Value	15 minutes
Payment Rate	$28.07
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their ICM program(s).

H. Community Recovery Support Services (CRSS)

Service Name Abbreviation	Community Recovery Support Services (CRSS)
Authority Effective Date Revision History	7 AAC 139.200 Eff. 05/21/2020 Revision. 08/04/2020
Service Description	CRSS includes skill building, counseling, coaching, and support services to help prevent relapse, improve self-sufficiency, and promote recovery from behavioral health disorders (i.e., mental health disorders and/or substance use disorders).
Service Components	• Recovery coaching by a qualified professional, including guidance, support and encouragement with strength-based supports during recovery. • Skill building services, including coaching and referrals, to build social, cognitive, and daily living skills and help identify resources for these skills. • Facilitation of level-of-care transitions. • Peer-to-peer services ○ Family members of people experiencing SED, SMI, SUD or Co-occurring disorders may provide services to these family members • Family education, training and supports, like psychoeducational services with self-help concepts/skills that promote wellness, stability, self-sufficiency/recovery, and education for individuals and family members about mental health and substance use disorders using factual data about signs/symptoms, prognosis of recovery, therapies/drugs, family relationships, and other issues impacting recovery and functioning. • Relapse prevention services. • Child therapeutic support services, including linking child and/or parents with supports, services, and resources for healthy child development, and identifying development milestones, and educating parents about healthy cognitive, emotional, and social child development.

Contraindicated Services	• Home Based Family Treatment Level I • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children's Residential Treatment Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 Adult • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)
Service Requirements Expectations	CRSS must be provided according to the criteria listed in 7 AAC 138.400(a)(1).
Target Population	Children, adolescents, and adults with a behavioral health disorder (mental health disorders and/or substance use disorder) when determined to be medically necessary, and in accordance with an individualized treatment plan.
Staff Qualifications	CRSS may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community Health Aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist
Service Location	04- Homeless Shelter 05- Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center

	71-State or local Public Health Clinic 72-Rural Health Clinic 99-Other; other appropriate setting in community (e.g., work, school, or home).
Service Frequency/Limits	Individual-15 minutes/280 units per beneficiary per SFY; requires service authorization to extend limit; combine with telehealth. Group-15 minutes/600 units per beneficiary per SFY; requires service authorization to extend limit; combine with telehealth.
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	CRSS may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H2021 V2-Individual H2021 V2 GT-Telehealth-Individual H2021 V2 HQ-Group H2021 V2 HQ GT -Telehealth Group
Unit Value	15 minutes
Payment Rate	$21.46-Indivudal $5.63-Group
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their ICM program(s).

I. Assertive Community Treatment (ACT) Services

Service Name Abbreviation	Assertive Community Treatment (ACT) Services
Authority Effective Date Revision History	7 AAC 139.200 Eff. 05/21/2020 Revision: 08/04/2020
Service Description	ACT services are delivered in a community setting and include evidence-based practices designed to provide treatment, rehabilitation, and support services to individuals who are diagnosed with a severe and persistent mental illness and whose needs have not been well met by more traditional mental health services. Services are provided by a qualified interdisciplinary team. An ACT team is the first-line and generally sole provider of all behavioral health services a client needs.
Service Components	Operating as a continuous treatment service, the Act team must have capacity to provide treatment and support services as a self-contained unit. • Assertive outreach and engagement services outside clinic setting, including street outreach, visiting the client's home, work, and other community settings

	• Individual assessment and treatment plan with quarterly update assessments ○ Treatment plan should reflect a response to immediate needs including further evaluation and a more comprehensive treatment plan will be delivered prior to service delivery. Treatment plan reviews should occur whenever there is a major change in the client's course of treatment. • Cognitive, behavioral, and other mental health disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis • Holistic and Integrated services, including health, vocational, and wellness services. This includes, but not, limited to educating about mental illness, treatment, and recovery, teaching wellness skills for health prevention, including coping skills and stress management, developing crisis management and relapse prevention plans, including identification/recognition of early warning signs and rapid intervention strategies, educating clients on their health rights • Assisting individuals in being able to better perform instrumental activities of daily living (IADL) • Family Education services specific to treatment, rehabilitation and support to individuals who are diagnosed with a severe mental illness • Peer support services • Medication services—including medication prescription, review of medication, medication administration, and medication management • Linkage to social support services focused on skill development regarding how to access community resources and natural supports that could be used to help facilitate individual efficacy, increase functioning, developing communication and social skills, economic. Self-sufficiency and developing healthy coping skills.
Contraindicated Services	• Community Recovery Support Services • Intensive Outpatient Services • Intensive Case Management • Partial Hospitalization Program • Home Based Family Treatment Level I/II/III • Children's Residential Treatment Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient WithdrawalManagement-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 Adult • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)
Service Requirements/ Expectations	ACT services must be available 24-hours a day, seven days a week, according to recipient need, have on-call capacity, and be provided in accordance with the criteria and service component services for ACT as outlined in this manual.

	Services shall minimally include the following: • Medication prescription, administration, and monitoring • Crisis assessment and intervention • Full range of psychiatric rehabilitation and assistance with IADL's • Assertive outreach and engagement • Wellness management and relapse prevention • Co-occurring disorders treatment • Supported employment and education • Social and community integration and skills training • Tenancy support • Peer support services ACT teams must include an interdisciplinary team that follows evidence-based practices with sufficient staff capacity as outlined by The Tool for Measurement of Assertive Community Treatment (TMACT). This includes having at least one full-time equivalent (FTE) staff for every 10 clients. Due to service intensity, teams must have a low client to staff ratio. • In year one of operation, an ACT team member may represent more than one qualified provider role if the client to staff ratio is maintained at 10-to-1 and all required disciplines are represented. By the end of year one of operation, an ACT team should be actively serving 45-to-50 clients and have the staff capacity to support a partial/half-sized ACT team. • Partial/half-sized ACT team has at least a psychiatrist, nurse, substance abuse specialist, vocational specialist, peer support specialist, behavioral health clinician, and other qualified practitioners with community expertise (housing, rehabilitation), program assistant, team lead under the supervision of behavioral health provider. By the end of year two of operation, an ACT teams that intends to be a full-sized team must have staffing capacity to actively serve at least 80-to-100 clients. ACT programs must have policies and procedures that are consistent with recommendations in the SAMHSA ACT Evidence Based Practices Kit, and, at a minimum, address the following topics: • Staff expectations, team approach, personnel issues, and job descriptions • Hours of operation, coverage, and service intensity and frequency • Staff communications • Administration of medications and delivery of services • Admission, assessment, and treatment procedures • Discharge of clients • Management of consumer service funds and consumer records • Consumer rights • Program evaluation and staff performance • Specific admission criteria and procedures Services must be provided in the community at least 75 percent of the time with no fewer than 1.5 contacts a week with an average of three hours of services a week.

	All other ACT teams will receive fidelity reviews on a schedule at the discretion of the Division unless otherwise. • Programs that continue to provide partial/half ACT (serving 45-to 50 individuals) beyond SFY21 due to low client capacity will be measured using a revised fidelity tool approved by DBH that is consistent with the requirements for full ACT teams but reflective of reduced client and staffing levels. • The Division will review written request to implement a micro-ACT team on acase-by-case basis
Target Population	Individuals 18 years of age or older - • who have or at any time during past year experienced a serious mental illness or disorder as defined under 7 ACC 135.055 and 7 AAC 70.910; that seriously impairs functioning in community living and • whose needs have not otherwise been adequately met through traditional behavioral health services offered under 7 AAC 135. • Individuals with a sole diagnosis of a substance use disorder, mental retardation, brain injury or Axis II disorder are not the intended target population for ACT services.
Staff Qualifications	ACT must be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community Health Aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Behavioral Health Clinical Associates • Employment/Vocational Specialists • Behavioral Health Aides • Peer Support Specialists
Service Location	Services may be provided in outpatient settings including: 04-Homless Shelter 05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center

	57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic 99-Other appropriate community setting (including home, school, or workplace)
Service Frequency/Limits	960 units maximum per beneficiary per SFY, a service authorization is required to extend limit.
Service Authorization	Yes
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ACT team services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0039 V2
Unit Value	15 minutes
Payment Rate	$30.63
Additional Information	SAMHSA standards prioritize clients with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), or bipolar disorder given the long-term psychiatric disabilities often caused by these disorders and for whom ACT teams have demonstrated effectiveness. ACT teams may use the State of Alaska ACT Program Standards as a resource in development of an ACT team. ACT teams should review The Tool for Measurement of Assertive Community Treatment (TMACT; Monroe-DeVita, Moser & Teague, 2013). https://depts.washington.edu/ebpa/projects/tool-measurement-assertive-community-treatment-tmact Programs may employ an interdisciplinary team of professionals to work in their ACT program(s).

J. Intensive Outpatient Services

Service Name Abbreviation	Intensive Outpatient Services (IOP)
Authority Effective Date Revision History	7 AAC 139.250 Eff. 05/21/2020 Revision. 08/04/2020
Service Description	IOP includes structured programming provided when individual is experiencing significant functional impairment that interferes with the individual's ability to participate in one or more life domains including home, work, school, and

	community. Treatment is focused on clinical issues which functionally impair the individual's ability to cope with major life tasks.
Service Components	• Individualized, person-centered assessment and clinically directed treatment • Cognitive, behavioral, and other mental health and substance use disorder • Treatment therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/ or family basis • Psychoeducational services • Linkage to medication services—including medication administration • Crisis Intervention Services • Linkage to social support services, except for any contraindicated services
Contraindicated Services	• Home Based Family Treatment Level I/II/III • Community Recovery Support Services • Assertive Community Treatment • Children's Residential Treatment Level I/II • Adult Mental Health Residential Level I/II • Partial Hospitalization Program • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 Adolescent
Service Requirements/ Expectations	IOP must: 1. Be provided as a therapeutic outpatient program that maintains daily scheduled treatment activities; 2. Address clinical issues affecting recipient's ability to cope with activities of daily living defined in 7 AAC 139.250(b); and 3. Provide the range of service components identified for intensive outpatient services in this manual.
Target Population	Individuals experiencing a mental disorder, as defined under 139.010, and significant functional impairment that interferes with the individual's ability to participate in one or more life domains, including home, work, school, and community.
Staff Qualifications	IOP may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses

	• Licensed practical nurses • Community Health Aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistance • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist
Service Location	05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic
Service Frequency/Limits	Group IOP • Maximum of 304 units per SFY. Individual IOP • Maximum of 128 units per SFY. Services may be combined with telehealth units at which point a service authorization is required to extend limit.
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	IOP services may be provided concurrently with any service listed in standards manual not otherwise contraindicated. Providers may administer pharmacological treatment in conjunction with outpatient substance use disorder treatment services if such treatment is provided by an individual listed in 7 AAC 135.010(b)(2).
Service Code	Individual: H0015 V2 H0015 V2 GT Group: H0015 V2 HQ H0015 V2 HQ GT
Unit Value	15 Minutes

Payment Rate	$29.61-Individual $9.77-Group
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their IOP programs; however, clinic services must be provided by a mental health professional clinician under 7 AAC 70.990 (28). Programs may employ a multidisciplinary team of professionals to work in their IOP program(s).

K. Partial Hospitalization Program (PHP)

Service Name Abbreviation	Partial Hospitalization Program (PHP)
Authority Effective Date Revision History	7 AAC 139.250 Eff. 05/21/2020 Revision. 08/04/2020
Service Description	PHP services treat assessed psychiatric disorders in order to prevent relapse or the need for higher level of hospitalized care. PHP services include clinically intensive treatment combined with educational services for children as well as diagnosis or active treatment of an individual's psychiatric disorder.
Service Components	• Individualized, person-centered assessment & clinically directed treatment • Cognitive, behavioral, and other mental health disorder-focused therapies • Reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis • Psychiatric evaluation services • Nursing services • Psycho-education services • Linkage to medication services—including medication prescription, review of medication, medication administration, and medication management o Medication services for other physical and SUD may be provided, as needed, either on-site or through collaboration with other providers • Crisis Intervention services • Occupational, recreational, and play therapy services as appropriate • Linkage to social support services focused on skill development for individuals; for youth, specifically, linkage to social supports should be focused on the youth in addition to the family
Contraindicated Services	• Home Based Family Treatment Level I • Community Recovery Support Services • Intensive Outpatient Program • Children's Residential Treatment Level I/II • Adult Mental Health Residential Level I/II

	• Assertive Community Treatment (ACT) • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Population) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 (Adolescent)
Service Requirements/ Expectations	PHP services must: 1. Be provided in a therapeutic environment that maintains daily scheduled treatment activities by providers qualified to treat individuals with significant mental health and co-occurring disorders; 2. Include direct access to psychiatric and medical consultation and treatment, including medication services; and 3. Provide a range of service components identified for partial hospitalization program services in this manual. Therapeutic environments for PHP should be highly structured and have the capacity to treat substantial mental health, behavioral, medical and/or substance use problems including: • Major lifestyle, attitudinal, & behavioral issues which impair the individual's ability to cope with major life tasks • Biomedical conditions and problems severe enough to distract from recovery efforts but insufficient to interfere with treatment • Emotional, behavioral, or cognitive conditions and complications that affect the individual's level of functioning, stability, and degree of impairment • Need for repeated, structured, clinically directed motivational interventions, or at high risk of failure in an unsupportive recovery environment • Co-occurring psychiatric, behavioral, medical and SUD problems Weekly program schedule hours may include a combination of: • Individual, group, and family therapies • Case management • Recreational therapy • Educational instruction (during school year for PHPs serving children) • Medication services
Target Population	Individuals eligible under 7 AAC 139.010 who are experiencing an assessed psychiatric disorder in which PHP treatment would be used to prevent relapse or the need for higher level of hospitalized care.
Staff Qualifications	PHP must be staffed by an interdisciplinary team of qualified professionals, which may include any of the following;

	• Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community Health Aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistance • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist
Service Location	No inpatient (hospital-based) or residential settings allowed. Outpatient provider locations permitted only, including the following locations: 05- Indian Health Service Free-standing Facility 06- Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49- Independent Clinic 50- Federally Qualified Health Center 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic 99-Other—e.g., home like settings, workplace, and school.
Service Frequency/Limits	Programs are encouraged to tailor PHP services to meet the unique needs of the community. PHP services must be provided at minimum twenty (20) hours of services per week. A maximum of 35 hours per week per beneficiary for a maximum of 21 days SFY at which point a service re-authorization is required • Adults must receive at least four (4) hours of PHP a day. • Children should receive at least 4 hours of PHP a day. Individuals can receive no more than 21 days of PHP services per SFY. PHP services provided beyond 21-day limit will not be eligible for Medicaid reimbursement without a service authorization.
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	PHP services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.

Service Code	H0035 V2
Unit Value	1 day = 1 unit
Payment Rate	$500.00
Additional Information	Outpatient programs may employ a multidisciplinary team of professionals to work in their PHP programs; however, at least one clinical service per day must be provided by a mental health professional to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which meet the minimum requirement per day even if a recipient discharges from treatment against medical advice.

L. Adult Mental Health Residential Treatment Level 1 (AMHR Level 1)

Service Name Abbreviation	Adult Mental Health Residential Services Level I (AMHR Level 1)
Authority Effective Date Revision History	7 AAC 139.300 Eff. 05/21/2020 Revision. 08/04/2020
Service Description	AMHR includes treatment services provided by an interdisciplinary treatment team in a therapeutically structured, supervised environment for adults with acute mental health needs whose health is at risk while living in their community. AMHR services are appropriate for those who have not responded to outpatient treatment, who have therapeutic needs that cannot be met in a less-restrictive setting, or who need further intensive treatment following inpatient psychiatric hospital services. There are two levels of services for AMHR.

Service Components	• Clinically directed therapeutic treatment
	• A comprehensive evaluation to assess emotional, behavioral, medical, educational, and social needs, and support these needs safely
	• Medication Services—including medication prescription, review of medication, medication administration, and medication management
	  ○ Medication services for other physical and SUD is provided, as needed, either on-site or through collaboration with other providers Cognitive, behavioral and other therapies, reflecting a variety of treatment approaches, provided to the
	• Individual on an individual, group, and/or family basis.
	  ○ Skill development including:
	  ▪ Communication, problem solving and conflict resolution skill building
	  ▪ Life skills and social skills required to restore functioning
	  ▪ Self-regulation, anger management, and other mood management skills
	• Individual plan of care that puts into place interventions that help the individual attain goals designed to achieve discharge from AMH at the earliest possible time

Contraindicated Services	• Community Recovery Support Services • Partial Hospitalization Program • Crisis Residential Stabilization • Psychiatric Residential Treatment Facility • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Population) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 (Adolescent)
Service Requirements/ Expectations	AMHR Level 1 services must be provided in a facility that: • Has been approved by Department and maintains a therapeutically structured and supervised environment according to the criteria listed in this manual; and • Has 16 or fewer beds with services provided by an interdisciplinary treatment team for an adult who meets criteria under 7 AAC 135.055 for experiencing a serious mental illness and has been diagnosed with a mental health or co-occurring mental health and substance use disorder with a prior history of continuous high service needs. These services must be provided by an interdisciplinary team and supported by: • A qualified behavioral health provider who provides leadership for team and handles the treatment planning and the coordination; and • A mental health professional clinician who provides clinical supervision and services for clients in the home. The clinical supervisor must maintain at least weekly contact with the home provider and meet at least two times a month with clients and at least two times a month with in-home worker, all of which may be done through telehealth. An AMHR home must have 24-hour on-site staff who remain awake overnight.
Target Population	Individuals 18 and older who meet the criteria under 7 AAC 135.055 for an adult experiencing a serious mental illness and has been diagnosed with a mental health or co-occurring mental health and substance use disorder with a prior history of continuous high service needs. • "High service needs" means using the same or a combination of three or more of the following in past calendar year: acute psychiatric hospitalization, psychiatric emergency services, or involvement with criminal justice system.
Staff Qualifications	AMHR must be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners

	• Licensed registered nurses supervised by a physician or advanced nurse practitioner • Licensed practical nurses supervised by a physician or advanced nurse practitioner • Community Health Aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance use disorder counselors • Behavioral health clinical associates • Behavioral health aides • Peer support specialists
Service Location	53- Community Mental Health Center 56- Psychiatric Residential Treatment Facility 99 -Other appropriate setting (full description see pg. 22) These facilities are not IMDs.
Service Frequency/Limits	AMHR Level 1 services include a minimum of: • Two hours of clinical or medical services per week. • One hour of individual mental health treatment per week. • Five hours of treatment services per week. 90 days maximum per beneficiary per SFY at which point a service authorization is required.
Service Authorization	Yes. A psychiatric assessment must be conducted for an adult receiving behavioral health residential treatment services before the department will approve a provider request for a service authorization to exceed one year.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	AMHR services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	T2016 V2
Unit Value	1 day = 1 unit
Payment Rate	$601.61
Additional Information	Payment for room and board is prohibited. Programs may employ a multidisciplinary team of professionals to work in their AMHR I program(s).

M. Adult Mental Health Residential Service Level 2 (AMHR Level 2)

Service Name Abbreviation	Adult Mental Health Residential Services Level 2 (AMHR Level 2)

Authority Effective Date Revision History	7 AAC 139.300 Eff. 05/21/2020 Revision. 08/04/2020
Service Description	AMHR includes treatment services provided by an interdisciplinary treatment team in a therapeutically structured, supervised environment for adults with acute mental health needs whose health is at risk while living in their community. AMHR services are appropriate for those who have not responded to outpatient treatment, who have therapeutic needs that cannot be met in a less-restrictive setting, or who need further intensive treatment following inpatient psychiatric hospital services. There are two levels of services for AMHR.

Service Components	• Clinically directed therapeutic treatment
	• A comprehensive evaluation to assess emotional, behavioral, medical, educational, and social needs, and support these needs safely
	• Medication Services—including medication prescription, review of medication, medication administration, and medication management
	  ○ Medication services for other physical and SUD is provided, as needed, either on-site or through collaboration with other providers Cognitive, behavioral, and other therapies, reflecting a variety of treatment approaches, provided to the
	• Individual on an individual, group, and/or family basis.
	  ○ Skill development including:
	  ▪ Communication, problem solving and conflict resolution skill building
	  ▪ Life skills and social skills required to restore functioning
	  ▪ Self-regulation, anger management, and other mood management skills
	• Individual plan of care that puts into place interventions that help the individual attain goals designed to achieve discharge from AMH at the earliest possible time

Contraindicated Services	• Community Recovery Support Services • Partial Hospitalization Program • Children's Residential Treatment Level I/II • Crisis Residential Stabilization • Psychiatric Residential Treatment Facility • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Population) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 (Adolescent)

Service Requirements/ Expectations	AMHR Level 2 services must be provided in a facility that: 1. Has been approved by the department and maintains a therapeutically structured and supervised environment according to the criteria listed in this manual; and 2. Has 16 or fewer beds with services provided by an interdisciplinary treatment team for level 2 for an adult diagnosed with a mental health or substance use disorder who presents with behaviors or symptoms that require a level of care, supervision, or monitoring that is higher than that required for other adult residents in assisted living home care according to AS 47.33 and 7 AAC 75, and who have (i) not responded to outpatient treatment; and (ii) history of treatment needs for chronic mental health or substance use disorders that cannot be met in a less restrictive setting. These services must be provided by an interdisciplinary team and supported by the following professionals: • A qualified behavioral health provider who provides leadership for the treatment team and handles the treatment planning and the coordination; and • A mental health professional clinician who provides clinical supervision and services for clients in the home. The clinical supervisor must at least maintain weekly contact with the home and meet two times a month with the adults in the home and two times a month with the live-in support worker in the home, all of which may be done through telehealth services. An AMHR home must have 24-hour on-site staff who remain awake overnight.
Target Population	Individuals 18 and older who are diagnosed with a mental health or substance use disorder who presents with behaviors or symptoms that require a level of care, supervision, or monitoring that is higher than that required for other adult residents in assisted living home care according to AS 47.33 and 7 AAC 75, and who have: • Not responded to outpatient treatment; and • A history of treatment needs for chronic mental health or substance use disorders that cannot be met in a less restrictive setting.
Staff Qualifications	AMHR may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Licensed advanced nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community Health Aide • Mental health professional clinicians, 7 AAC 70.990 (28)

	• Substance use disorder counselors • Behavioral health clinical associates or behavioral health aides • Peer support specialists
Service Location	53 – Community Mental Health Center 56 – Psychiatric Residential Treatment Facility 99 – Other appropriate setting These facilities are not IMDs.
Service Frequency/Limits	AMHR Level 2 services include a minimum of: • One hour of clinical or medical services per week. • One hour of individual mental health treatment per week • Three hours of treatment services per week. 180 days maximum per beneficiary per SFY at which point a service authorization is required to extend limit.
Service Authorization	Yes. A psychiatric assessment must be conducted for an adult receiving behavioral health residential treatment services before the department will approve a provider request for a service authorization to exceed one year.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	AMHR services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	T2016 V2 TG
Unit Value	1 day = 1 unit
Payment Rate	$480.26
Additional Information	Payment for room and board is prohibited. Programs may employ a multidisciplinary team of professionals to work in their AMHR II program(s).

N. Peer-Based Crisis Services

Service Name Abbreviation	Peer-Based Crisis Services
Authority Effective Date Revision History	7 AAC 139.350 Eff. 05/21/2020 Revision. 08/04/2020
Service Description	Peer-based crisis services are provided by a peer support specialist under 7 AAC 138.400 to help an individual avoid the need for hospital emergency department services or the need for psychiatric hospitalization through: • triage of crisis intervention needs;

	• facilitation of transition to other community-based resources or natural supports; and • advocacy for client needs with other service providers.
Service Components	• Triaging for crisis intervention purposes to determine need for intervention and referral to appropriate service or authority • Crisis support services • Crisis diversion services • Facilitation of the transition to community resources and natural supports • Participate in planning for care needs if requested by the individual receiving the support • Activation of resiliency strength services • Advocacy services (e.g., services include acting as an advocate for a client regarding preferred treatment, engagement to access services and supports,navigation to bridge services or to access necessary supports)
Contraindicated Services	• Intensive Outpatient Program • Partial Hospitalization Program • Children's Residential Treatment Level I/II • Adult Mental Health Residential Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Ambulatory Withdrawal Management • Clinically Managed Low Intensive Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 Adolescent • 23-hour Crisis Observation and Stabilization • Mobile outreach and crisis response *Peer based crisis services may be billed on the same day as the services above when the client is admitted from one service to the other service on the same day.
Service Requirements/ Expectations	Peer-based crisis services should be provided by a peer support specialist and include the following activities: • triage of crisis intervention needs; • facilitation of transition to other community-based resources or natural supports; and • advocacy for client needs with other service providers. Qualified providers of peer-based crisis services are expected to follow the SAMHSA Essential Expectations for Crisis Services. See Attachment B.

Target Population	Individuals eligible under 7 AAC 139.010 where peer-based crisis services can help such individuals avoid hospital emergency department services or the need for psychiatric hospitalization.
Staff Qualifications	Peer based crisis service may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community Health Aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance use disorder counselors • Behavioral health clinical associates or behavioral health aides • Peer support specialists
Service Location	04- Homeless Shelter 05- Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49- Independent Clinic 50- Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic 99-Other; any other appropriate setting in the community (e.g., work, school, orhome)
Service Frequency Limits	N/A
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.160.
Relationship to Other Services	Peer Based Crisis services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0038 V2

Unit Value	15 minutes
Payment Rate	$20.46
Additional Information	Programs may employ a multidisciplinary team of professionals to perform peer-based crisis services(s).

O. 23-Hour Crisis Observation and Stabilization (COS)

Service Name Abbreviation	23-Hour Crisis Observation and Stabilization (COS)
Authority Effective Date Revision History	7 AAC 139.350 Eff. 05/21/2020 Revision. 08/04/2020
Service Definition/ Description	COS services are intended to provide prompt observation and stabilization services to individuals presenting with acute symptoms of mental or emotional distress for up to 23 hours and 59 minutes in a secure environment.
Service Components	• Individual assessment • Treatment plan development • Psychiatric evaluation services • Nursing services • Medication Services—including medication prescription, review of medication, medication administration, and medication management • Crisis intervention services • Crisis stabilization services designed to stabilize and restore the individual to a level of functioning that does not require inpatient hospitalization ○ Stabilization of withdrawal symptoms • Referral to the appropriate level of treatment services and follow-up to support connection
Contraindicated Services	• Community Recovery Support Services • Crisis Stabilization Services • Mobile Outreach and Crisis Response Services • Intensive Outpatient Program • Partial Hospitalization Program • Children's Residential Treatment Level I/II • Adult Mental Health Residential Level I/II • Ambulatory Withdrawal Management • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential-3.1

	• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 Adolescent *COS services may be billed on the same day as the services below when the client is admitted from one service to the other service on the same day.
Service Requirements/ Expectations	COS services can only be provided up to 23 hours and 59 minutes in a secure and protected environment that must – • Be provided by physician or a physician assistant or advanced practice registered nurse staff supervised by a physician; • Result in prompt evaluation and stabilization of individual's condition; and • Ensure the individual is safe from self-harm, including suicidal behavior. "A secure and protected environment" is an unlocked facility designed to allow staff to stay in close contact with clients. Other COS program parameters: • May vary in the number of observation chairs • Must be available 24/7 (i.e., 24 hours for each day of the week) • Must coordinate with law enforcement; this includes securing written agreements with local and service area law enforcement regarding coordination and having the capacity to receive direct referrals from law enforcement • Must, if available, coordinate services with a crisis stabilization services center • Must provide either co-occurring capable or enhanced evaluation or services • May share staffing with a crisis stabilization services center, if co-located, when necessary provided that adequate staffing remains (i.e., an LPN) in both units Qualified COS providers are expected to follow the SAMHSA Essential Expectations for Crisis Services. See Attachment B.
Target Population	All ages of individuals who are presenting with acute symptoms or distress that cannot be managed safely or effectively in a less restrictive environment.
Staff Qualifications	COS may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community Health Aide • Psychologist • Mental Health Professional Counselor • Behavioral Health Clinical Associate • Substance Use Disorder Counselor

	• Behavioral Health Aides • Peer Support Specialist
Service Location	05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 53-Community mental health center 99-Other; General acute care hospitals, Psychiatric hospitals, Licensed critical access hospitals, mental health physician clinics, Crisis stabilization units These facilities are not IMDs.
Service Frequency/Limits	N/A
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	COS services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	S9484 V2
Unit Value	60 minutes = 1 unit
Payment Rate	$116.20
Additional Information	COS programs may employ a multidisciplinary team of professionals; however, a licensed physician, nurse, physician assistant, or community health aide or at the direction of licensed physician, nurse, physician assistant, or community health aide must facilitate each unit of service to draw down the hourly rate.

P. Mobile Outreach and Crisis Response Services (MOCR)

Service Name Abbreviation	Mobile Outreach and Crisis Response Services (MOCR)
Authority Effective Date and Revision History	7 AAC 139.350 Eff. 05/21/2020 Revision.08/04/2020
Service Definition/ Description	MOCR services are provided to (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect to other appropriate services that may be needed to resolve the crisis.
Service Components	• Triage and assessment services

	○ Crisis assessment including causes leading to the crisis, safety, and risk considerations, recent behavioral health treatment, medications, and medical issues ○ Assessment also Includes specific screening for suicide • Crisis intervention and stabilization services ○ De-escalation ○ Crisis planning included, such as the creation of a safety plan • Referral and linkage with appropriate community services and resources • Linkage to medication services as needed through collaboration with qualified providers • Mediation services as appropriate • Skills training designed to minimize future crisis situations
Contraindicated Services	N/A
Service Requirements/ Expectations	MOCR programs must be available 24/7 (i.e., 24 hours a day, 7 days of the week), make available psychiatric consultation, and provide rapid face-to-face response as follows: • Urban teams on average must respond to client within an hour. • Rural and frontier teams are not required to respond within an hour but must document efforts taken with respect to a rapid face-to-face response. For an initial client crisis request, a MOCR program must ensure at least two staff respond, face-to-face, including a mental health professional clinician and a qualified behavioral health provider, such as a behavioral health associate. • Rural and frontier programs may have only one staff person onsite to respond and may use telehealth to meet the requirement and/or need for additional qualified staff. MOCR programs must document attempt to follow-up with a client after a response within 48 hours to ensure support, safety, and confirm linkage with any referrals. This requirement may be satisfied through a phone call with a client. MOCR programs must coordinate with law enforcement and a 23-hour crisis observation and stabilization (COS) services and crisis stabilization services, when available. When appropriate, MOCR services may be provided to the family or support system in support of an individual who is experiencing a behavioral health crisis. MOCR programs are expected to follow the SAMHSA Essential Expectations for Crisis Services. See Attachment B.
Target Population	Individuals eligible under 7 AAC 139.010 who are in need of MOCR services to (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect to other appropriate services that may be needed to resolve the crisis.

Staff Qualifications	MOCR service may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community Health Aide • Licensed psychologists • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance use disorder counselors • Behavioral health clinical associates • Behavioral health aide • Peer support specialist
Service Location	MOCR services may be provided in any location where the provider and the individual can maintain safety. 99-Other (any appropriate safe location)
Service Frequency/Limits	N/A
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	MOCR services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	T2034 V2
Unit Value	Per Call Out
Payment Rate	$175.64
Additional Information	Programs may employ a multidisciplinary team of professionals to perform MOCR; however, each unit of service must be provided by a mental health professional clinician or other qualified professional listed above to be eligible to draw down the per unit rate.

Q. Crisis Residential and Stabilization Services (CSS)

Service Name Abbreviation	Crisis Residential and Stabilization Services (CSS)
Authority Effective Date	7 AAC 139.350 Eff. 05/21/2020

Revision	Revision. 08/04/2020
Service Description	A medically monitored, short-term, residential program in an approved facility that provides 24/7 psychiatric stabilization.
Service Components	• Individual assessment • Crisis intervention services • Crisis stabilization services designed to stabilize and restore the individual to a level of functioning that does not require inpatient hospitalization ○ Stabilization of withdrawal symptoms • Psychiatric evaluation services • Nursing services • Medication services—including medication prescription, review of medication, medication administration, and medication management • Treatment plan development services; and • Referral to the appropriate level of treatment services
Contraindicated Services	• Community Recovery Support Services • 23-Hour Crisis Observation and Stabilization Services • Mobile Outreach and Crisis Response Services • Intensive Outpatient Program • Children's Residential Level I/II • Adult Mental Health Residential Level I/II • Partial Hospitalization Program • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 Adolescent
Service Requirements Expectations	Crisis stabilization services must be provided - • as a short-term residential program with 16 or fewer beds; • as a medically monitored stabilization service designed to restore the individual to a level of functioning that does not require inpatient hospitalization; and • to assess the need for medication services and other post-discharge treatment and support services. For purposes of crisis stabilization services, "short term" means no more than seven days, with an opportunity to extend through a service authorization. Other service parameters include the following: • Services must be available 24/7 (24 hours, 7 days a week)

	• Clients must be seen by a physician, physician assistant, psychiatrist, or advanced nurse practitioner within 24 hours of admission to conduct an assessment, address issues of care, and write orders as required. Qualified providers of crisis stabilization services are expected to follow the SAMHSA Essential Expectations for Crisis Services. See Attachment B.
Target Population	Individuals eligible under 7 AAC 139.010 presenting with acute mental or emotional disorders requiring psychiatric stabilization and care.
Staff Qualifications	CSS service may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following; • Licensed physicians • Licensed physician assistants • Licensed advanced nurse practitioners • Licensed registered nurses • Community health aide • Licensed psychologists • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance use disorder counselors • Behavioral health clinical associates • Behavioral health aide • Peer support specialist
Service Location	05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 53-Community mental health center 99-Other; General acute care hospitals, Psychiatric hospitals, Licensed critical access hospitals, mental health physician clinics, Crisis stabilization units
Service Frequency/Limits	Length of stay: maximum of 7 days. (An extension of stay requires medical necessity and a service authorization to extend limit.)
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Crisis stabilization services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	S9485 V2
Unit Value	1 day
Payment Rate	$900.00

Additional Information	Programs may employ a multidisciplinary team of professionals to perform community recovery support services(s); however, each unit of services must be provided by a physician, physician assistant, psychiatrist, or advanced nurse practitioner or at the direction of a physician, physician assistant, psychiatrist, or advanced nurse practitioner to be eligible to draw down the per unit rate.

R. Treatment Plan Development Review

Service Name Abbreviation	**Treatment Plan Review**
Authority Effective Date Revision History	7 AAC 138.100 Eff. 05/21/2020 Revision. 08/04/2020
Service Description	As a client moves through treatment in any level of behavioral health services, his or her progress should be formally assessed at regular intervals relevant to the client's severity of illness and level of function, and the intensity of service and level of care. This includes the development and review of the client's treatment plan that was developed in accordance with 7 AAC 135.120 to determine whether the level of care, services, and interventions remain appropriate or whether changes are needed to the client's treatment plan.
Service Components	See 7 AAC 135.120.
Contraindicated Service	• Mobile Outreach and Crisis Response Services (MOCR) • Peer-based crisis services
Service Requirements/ Expectations	A treatment plan review and any necessary revisions must be completed at least every 90 days. This includes documenting the results of the treatment plan review in the clinical record and including the name, signature, and credentials of the individual who conducted the review. The parameters for a treatment plan review may include the following: A review may find that it is appropriate for a client to stay at the current level of care if at least of the following findings is articulated in the review: • The client is making progress, but the goals articulated in the treatment plan have not been achieved and with continued treatment the client will be able to continue to work toward these goals. • The client is not making progress but has capacity to resolve problems and is actively working to achieve the goals articulated in the treatment plan. • New problems or goals for the client have been identified that can be appropriately treated at the client's current level of care or the client needs a higher level of care and a referral has been made to an appropriate setting.
Target Population	Individual's eligible under 7 AAC 139.010 receiving services determined to be medically necessary and in accordance with an individual treatment plan developed in accordance with 7 AAC. AAC 135.120.

Staff Qualifications	Providers qualified to be reimbursed for treatment plan review provided to client include the following as long as a directing clinician signs and monitors the treatment plan review: • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community health aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance use disorder counselors • Behavioral health clinical associates • Behavioral health aides • Peer support specialist
Service Location	04- Homeless Shelter 05- Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 55-Residential Substance Abuse Treatment Facility 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic 99-Other (any appropriate setting in the community
Service Frequency/Limits	No more than every 90 days per beneficiary; 4 maximum per beneficiary per SFY.
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Treatment plan review may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code Code Set Description	T1007 V2 T1007 V2 GT
Unit Value	Per review
Payment Rate	$135.43
Additional Information	Programs may employ a multidisciplinary team of professionals to facilitate Treatment plan review; however, each unit of service must be provided by a qualified provider to be eligible to draw down the per unit rate.

III. Attachment A: Z Code List

Home-Based Family Treatment Services

Qualifying Z-Codes:

- Z59.9 Homelessness
- Z59.9 Problem related to housing and economic circumstances
- Z60.1 Atypical parenting situation
- Z60.9 Problem related to social environment
- Z61.8 other negative life events in childhood
- Z61.9 Negative events in life, unspecified
- Z62.0 Inadequate parental supervision
- Z69.0101 Encounter for mental health services for victim of child abuse/neglect, psychological abuse/sexual abuse by parent
- Z62.820 Parent-child relational problem
- Z62.898 Child affected by parental relationship distress
- Z62.4 emotional neglect of child
- Z62.9 problem related to upbringing unspecified
- Z63.0 problems in relationship with spouse or partner
- Z63.2 Absence family member
- Z63.5 Disruption of family
- Z63.7 other stressful life events
- Z64.0 Unwanted pregnancy
- Z65.1 Prison or incarceration
- Z65.9 Unspecified psychosocial circumstances

V. Attachment B: SAMHSA's Ten Essential Expectations for Crisis Services

The following include the ten essential expectations for crisis service providers during a crisis response, as recommended by SAMHSA, regardless of the nature of the crisis, the situation where assistance is offered, or the individual providing assistance.

1. **Avoiding harm:** In circumstances where there is an urgent need to establish physical safety and few viable alternatives to address an immediate risk of significant harm to the individual or others, an appropriate crisis response incorporates measures to minimize the duration and negative impact of interventions used.
2. **Intervening in person-centered ways:** Appropriate crisis assistance avoids rote interventions based on diagnostic labels, presenting complaint or practices customary to a particular setting. Appropriate interventions seek to understand the individual, his or her unique circumstances and how that individual's personal preferences and goals can be maximally incorporated in the crisis response.
3. **Shared responsibility:** An appropriate crisis response seeks to assist the individual in regaining control by considering the individual an active partner in—rather than a passive recipient of—services.
4. **Addressing trauma**: Qualified individuals have a responsibility relating to the individual's relevant trauma history and vulnerabilities associated with interventions; crisis responders should appropriately seek out and incorporate this information in their approaches, and individuals should take personal responsibility for making this crucial information available.
5. **Establishing feelings of personal safety:** Assisting the individual in attaining the subjective goal of personal safety requires an understanding of what is needed for that person to experience a sense of security (perhaps contained in a crisis plan or personal safety plan previously formulated by the individual) and what interventions increase feelings of vulnerability.
6. **Based on strengths:** An appropriate crisis response seeks to identify and reinforce the resources on which an individual can draw, not only to recover from the crisis event, but to also help protect against further occurrences.
7. **The whole person:** An individual's emergency may reflect the interplay of psychiatric and/or SUD issues with other health factors. And while the individual is experiencing a crisis that tends to be addressed as a clinical phenomenon, there may also be a host of seemingly mundane, real-world concerns that significantly affect an individual's response.
8. **The person as credible source:** Even when an individual's assertions are not well grounded and represent obviously delusional thoughts, the "telling of one's story" may represent an

important step toward crisis resolution. For these reasons, an appropriate response to an individual in mental health/SUD crisis is not dismissive of the person as a credible source of information—factual or emotional—that is important to understanding the person's strengths and needs.

9. **Recovery, resilience, and natural supports:** An appropriate crisis response contributes to the individual's larger journey toward recovery and resilience and incorporates these values. Accordingly, interventions should preserve dignity, foster a sense of hope, and promote engagement with formal systems and informal resources.

10. **Prevention:** An adequate crisis response requires measures that address the person's unmet needs, both through individualized planning and by promoting systemic improvements.

SAMHSA, Core Elements of Responding to Mental Health Crisis, 2009. Available at: https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/sma08-4344

Recommended Screening Tools for
1115 Waiver Behavioral Health Services

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

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

http://www.bhevolution.org/public/screening_tools.page