

DEPARTMENT OF HEALTH



PROPOSED CHANGES TO REGULATIONS.

Medicaid Coverage & Payment for Federally Qualified Health Center (FQHC) Licensed Marital & Family Therapist (LMFT) & Licensed Professional Counselor (LPC) Services.

7 AAC 135. Medicaid Coverage; Behavioral Health Services.

7 AAC 140. Medicaid Coverage; Facility and Facility-Based Services.

7 AAC 145. Medicaid Payment Rates.



PUBLIC REVIEW DRAFT.

August 12, 2022.

COMMENT PERIOD ENDS: September 27, 2022.

**Please see the public notice for details about how to
comment on these proposed changes.**

Notes to reader:

1. Except as discussed in note 2, new text that amends an existing regulation is **bolded and underlined**.
2. If the lead-in line above the text of each section of the regulations states that a new section, subsection, paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined*.
3. [ALL-CAPS TEXT WITHIN BRACKETS] indicates text that is to be deleted.
4. When the word “including” is used, Alaska Statutes provide that it means “including, but not limited to.”
5. Only the text that is being changed within a section of the current regulations is included in this draft. Refer to the text of that whole section, published in the current Alaska Administrative Code, to determine how a proposed change relates within the context of the whole section and the whole chapter.

Title 7. Health and Social Services.**Chapter 135. Medicaid Coverage; Behavioral Health Services.****7 AAC 135.910. Licensed mental health professionals providing behavioral health services.**

7 AAC 135.910 is amended by adding a new subsection to read:

(f) A service provided under 7 AAC 140.215 by a psychologist, clinical social worker, marital and family therapist, or professional counselor, enrolled under 7 AAC 105.210, must be billed by the Federally Qualified Health Center and may not be billed separately by the psychologist, clinical social worker, marital and family therapist, or professional counselor. (Eff. 4/24/2020, Register 234; am ____/____/____; Register _____)

Authority: AS 47.05.010 AS 47.07.030

Chapter 140. Medicaid Coverage; Facility and Facility-Based Services.**7 AAC 140.200. Health clinic enrollment and reporting.**

7 AAC 140.200(d) is repealed and readopted to read:

(d) On or before the last day of the fifth month after the close of its fiscal year, a health clinic shall file an annual year-end report, even if the clinic did not provide medical services to recipients during that fiscal year. The annual year-end report must contain the items listed in the definition of "year-end report" in 7 AAC 150.990, except that

(1) worksheet A of the Medicare cost report must include separate cost centers for licensed marital and family therapists and for licensed professional counselors;

(2) Medicare home office cost statements are not required;

(3) the required reconciliation of the post-audit working trial balance must be to the Medicare cost report worksheets A, A-1, and A-2; reconciliation may not be made to the Medicare cost report worksheets A-8, C, and G series;

(4) the report must also include a worksheet detailing the total number of visits for the clinic's fiscal year; the worksheet must include visits for dental, licensed marital and family therapist, licensed professional counselor, and other ambulatory services;

(5) full-time-equivalent numbers must be reported separately for licensed marital and family therapist and licensed professional counselor following the same calculation requirements as other rendering providers on Worksheet S-3 Part III of the Medicare cost report; and

(6) rural health clinics may provide reviewed financial statements meeting the requirements of 7 AAC 150.190(j)(3)(A) and (B) instead of audited financial statements. (Eff. 2/1/2010, Register 193; am 11/1/2021, Register 240; am ____/____/____; Register _____)

Authority: AS 47.05.010 AS 47.07.040 AS 47.07.074
 AS 47.07.030 AS 47.07.073

The introductory language of 7 AAC 140.215(e) is amended to read:

(e) The department will pay the established encounter rate to a health clinic for the behavioral health services identified in Table I-1. Procedure Codes: Mental Health Services of the Federally Qualified Health Center/Rural Health Clinic Services section of the Alaska Provider Billing Manual, adopted by reference in 7 AAC 160.900, if those services are provided to a recipient by a psychologist, [OR] a clinical social worker, **a marital and family therapist, or a professional counselor** acting within the scope of that individual's license to practice.

Behavioral health services covered under this subsection include

...

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am 4/24/2020, Register 234; am 11/1/2021, Register 240; am ____/____/____; Register _____)

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

Chapter 145. Medicaid Payment Rates.

7 AAC 145.710. Calculating total health clinic visits.

7 AAC 145.710(d)(3) is amended to read:

(3) a clinical psychologist licensed under AS 08.86.130; [OR]

7 AAC 145.710(d)(4) is amended to read:

(4) a clinical social worker licensed under AS 08.95.110; [.]

7 AAC 145.710(d) is amended by adding a new paragraph to read:

(5) a marital and family therapist licensed under AS 08.63.100; or

7 AAC 145.710(d) is amended by adding a new paragraph to read:

(6) a licensed professional counselor licensed under AS 08.29.110.

(Eff. 2/1/2010, Register 193; am 4/24/2020, Register 234; am 11/1/2021, Register 240; am
_____/_____/____; Register _____)

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