

Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services



**State of Alaska
Department of Health
Division of Behavioral Health**

December 15, 2022

Table of Contents

Introduction	4
Background	4
Applicable Regulations and DOH Oversight	4
Participant Eligibility	5
Provider Approval, Enrollment & Registration	6
Department of Health (DOH) Approval	6
Agency Services.....	6
Qualified Behavioral Health Professional Individual Provider Designations	6
Qualified Addiction Professional (QAP)	6
Peer Support Specialist (PSS)	7
Qualified Behavioral Health Professional Individual Provider Application for QAP/PSS.....	7
Full approval: Individuals with Current Certification	7
Full approval: Individuals with a Qualifying Post-Graduate Degree	7
Provisional Approval: Individuals without Qualifying Credentials.....	8
Provisional Approval: Individuals with Qualifying Post-Graduate Degree	8
QAP Continuing Education (CE)	8
Provisional Approval: Individuals in the Nursing Profession (RN and LPN)	8
QAP Continuing Education (CE)	9
Individuals who are Medical Prescribers	9
Provisional Period Extensions	9
Medicaid Enrollment.....	9
Provider Agreement.....	10
Changes in Provider Enrollment	10
Administrative Services Organization (ASO) Registration	10
American Society of Addiction Medicine (ASAM) Standards of Care	11
Recommended Screening Tools for 1115 Waiver Services	12
Medicaid-Covered Services for Section 1115 SUD Services	13
ASAM Level 1.0 Outpatient Services for Adolescents and Adults	13
ASAM Level 2.1 Intensive Outpatient Services for Adolescents and Adults.....	16
ASAM Level 2.5 Partial Hospitalization Program – Adolescent	20
ASAM Level 2.5 Partial Hospitalization Program – Adult.....	24
ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services for Adolescents and Adults	28
ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services - Adult	33
ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services – Adolescent.....	37
ASAM Level 3.5 Clinically Managed High-Intensity Residential Services - Adult	41
ASAM Level 3.7 Medically Monitored High Intensity Inpatient – Adolescent (ASAM Level 3.7 Adolescents).....	44
ASAM Level 3.7 Medically Monitored Intensive Inpatient Services - Adult	48
ASAM Level 4.0 Medically Managed Intensive Inpatient Services for Adolescents and Adults	52
ASAM Level 1 WM: Ambulatory Withdrawal Management Without Extended On-site Monitoring for Adolescents and Adults.....	56

ASAM Level 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring for Adolescents and Adults	60
ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management for Adolescents and Adults	63
ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management for Adolescents and Adults	67
ASAM Level 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management for Adolescents and Adults.....	71
Community Recovery Support Services (CRSS).....	75
SUD Care Coordination	79
Intensive Case Management Services	83
Peer-Based Crisis Services.....	87
23-Hour Crisis Observation and Stabilization (COS)	91
Mobile Outreach and Crisis Response Services (MOCR)	96
MOCR Crisis Service Follow Up	101
Crisis Residential and Stabilization Services (CSS)	105
Treatment Plan Development or Review.....	109
Attachment A: SAMHSA’s Essential Principles for Modern Crisis Care Systems from National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit	113
Addressing Recovery Needs.....	113
Significant Role for Peers	113
Trauma-Informed Care	113
Zero Suicide/Suicide Safer Care	114
Safety/Security for Staff and People in Crisis	114
Law Enforcement and Crisis Response —An Essential Partnership.....	115
Psychiatric Advance Directives	115

Introduction

This manual, issued by the Department of Health (DOH), is intended to serve as guidance to behavioral health providers in accompaniment with 7 AAC 136 and 138. It describes Substance Use Disorder Section 1115 Waiver Services (“SUD 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. All 1115 services are rehabilitative services. 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.

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 (SUDs). The waiver allows for Alaska to maintain critical access to treatment services for opioid use disorder as well as all other 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 participant eligibility for waiver services, Medicaid billing, requirements for certain provider types, and provider qualifications.

Applicable Regulations and DOH Oversight

All providers must meet the requirements in the Integrated Behavioral Health Regulations, 7 AAC 70 and 7 AAC 135, and Behavioral Health/SUD 1115 Waiver Demonstration Regulations, 7 AAC 136, 138 and 139.

All providers must also post a written grievance policy and procedure that is made available to all individuals upon admission. DOH has the authority to investigate complaints made by a participant or interested parties, per AS.47.30.660 (b) (12), and to review records of providers without prior notice if DOH has reason to believe, based on credible evidence, that a violation has occurred (7 AAC 160.110 (e)).

DOH 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 the Department’s 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.

Submit questions regarding Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services to mpassunit@alaska.gov.

Participant Eligibility

To qualify for substance use disorder services under the 1115 waiver demonstration, an individual must be eligible for Medicaid and meet one of the following descriptions as listed in 7 AAC 138.010, being:

- A child at least 12 years of age and under 18 years of age who may have a substance use disorder or may be at risk to develop a substance use disorder as determined through a screening.
- A youth at least 18 years of age and under 22 years of age who may have a substance use disorder or may be at risk to develop a substance use disorder as determined through a screening.
- An adult who is diagnosed with a substance use disorder or is at risk of developing a substance use disorder as determined through a screening.

Medicaid eligibility standards and methodologies remain applicable to individuals under the waiver. To qualify for waiver services, 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's [Public Assistance Offices](#) or may consult the [Alaska Medicaid Recipient Handbook](#).

While regulation defines children eligible for services as individuals under the age of 21, some children between the ages of 18 and 21 may be eligible as adults for certain waiver services. This depends on their eligibility under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) provision in Medicaid. For questions regarding such eligibility, please contact DPA.

Provider Approval, Enrollment and Registration

Provider agencies and individuals need to get department approval to perform 1115 SUD services. Once approved, providers will need to enroll in Alaska Medicaid and register with the Administrative Services Organization.

Department of Health (DOH) Approval

Behavioral health service programs and providers described in [7 AAC 70.010](#) must have Department of Health (DOH) approval to operate in Alaska. Application links are provided on the [Division of Behavioral Health \(DBH\) website](#). Please contact mpassunit@alaska.gov for a provider checklist to assist preparing documents for submission.

Agency Services

Department approval is needed for agencies performing these services:

- 1115 substance use disorder waiver services (7 AAC 138)
- Autism services (7 AAC 135.350)
- Behavioral health clinic services (7 AAC 70.030)
- Behavioral health rehabilitation services (7 AAC 70.030)
- Behavioral health services to a recipient referred by the Alcohol Safety Action Program (7AAC 70.145)
- Children's residential services (7 AAC 139.325)
- Crisis response services (7 AAC 138.450 and & AAC 139.350)
- Day treatment services for children (7 AAC 135.250)
- Opioid use disorder treatment services (7 AAC 70.125)
- Residential substance use treatment services (7 AAC 70.120)
- Therapeutic treatment homes (7 AAC 136.020)
- Withdrawal management services (7 AAC.70.110)

Qualified Behavioral Health Professional Individual Provider Designations

For agencies to bill under the 1115 SUD services, individual staff who provide SUD services must be an approved Qualified Behavioral Health Professional (QBHP) with a designation of Qualified Addiction Professional (QAP) and/or Peer Support Specialist (PSS), and the following requirements must be met:

- A [QBHP Individual Provider](#) application is required for all individuals applying for approval.
- A National Provider Identification Number (NPI) is required for all individuals rendering services. Applications that do not have an NPI number will not be processed.
- The QBHP who is providing services must be enrolled in 1115 SUD Medicaid and be affiliated with a SUD facility.

If the individual does not meet the requirements to be a QAP or PSS, provisional approval may be available as described below.

Qualified Addiction Professional (QAP)

A Qualified Addiction Professional (QAP) is the State qualification for an individual to provide SUD services. At the minimum, a QAP is a Chemical Dependency Counselor 1 (CDC 1) and has met the requirements as outlined in the Alaska Commission for Behavioral Health Certification program or comparable program. The QAP minimum standards align with the national standards for the National Certification Commission for Addiction Professional (NCCAP) requirements.

Peer Support Specialist (PSS)

A Peer Support Specialist (PSS) must have lived experience of recovery from a substance use disorder or co-occurring mental health disorder or be a family member who has cared for a family member with such a condition. PSSs obtain core competencies through formal training or supervised experience to deliver behavioral health and substance use oriented support services within an organization. A PSS's work must be conducted under the supervision of a mental health professional clinician or substance use disorder counselor.

As a PSS certification process has been established, all PSSs with an approved provisional status are required to obtain full PSS certification and comply with educational requirements within the provisional timeframe. Provisional Peer Support Specialists must obtain a Peer Support Certification within a four-year period from the date of their provisional approval letter.

Qualified Behavioral Health Professional Individual Provider Application for QAP/PSS

Please send completed applications with required attachments to MPASS Unit 3601 C Street, Suite 878, Anchorage, AK 99503, fax to 907-269-3623, or email to mpassunit@alaska.gov

Individuals who need QAP or PSS provisional approval must submit a QBHP Individual Provider application, have a NPI number, and must be enrolled in 1115 SUD Medicaid and be affiliated with a SUD facility.

Full approval: Individuals with Current Certification

- *Individuals who at the minimum have certification in good standing as a CDC 1, a BHA 2 and/or a NCAC 1 need to submit the required QBHP Individual Provider application with the most current and unexpired certificate attached.*
- *Individuals who have certification in good standing as a CDCS, CDC admin, BHA 3, BHA/P, NCAC 2 or MAC need to submit the required QBHP Individual Provider application with the most current and unexpired certificate attached.*
- *Individuals who have certification in good standing as a PSS (PSA, PSP1, PSP2, PSP3 And TPSA, TPS1, TPS2, TPS3) need to submit the required QBHP Individual Provider application with the most current and unexpired certificate attached.*

After the completed application is received and reviewed, the individual will receive notification of their QAP/PSS full approval status. A letter of approval delineating the types of services the individual can provide will be mailed to the facility under which the individual will be working.

Full approval: Individuals with a Qualifying Post-Graduate Degree

- *Individuals with a qualifying degree in behavioral health who have completed required continuing education within the last two years need to submit the required QBHP Individual Provider application. With their application, they must submit proof of the continuing education and attach their diploma and/or most current and unexpired license.*
- *For individuals with a qualifying post-graduate degree who want to be certified as a PSS, they will need to complete the PSS certification process (following the degree matrix on the ACBHC website) and submit the required QBHP Individual Provider application. With their application, they must submit proof of the PSS certification and attach their diploma and/or most current and unexpired license.*

After the completed application is received and reviewed, the individual will receive notification of their QAP/PSS full approval status. The QAP/PSS expiration date will match the professional license expiration date. If the individual does not have a professional license, the unlicensed professional must submit proof of the required education topics and hours completed every two years.

Provisional Approval: Individuals without Qualifying Credentials

Under the 1115 SUD waiver, *individuals without qualifying credentials* are required to submit an application for provisional approval to become a QAP or a PSS. A provisional approval allows an individual to have four years to obtain the required certification to provide 1115 SUD waiver services. Provisional approval is good for four years beginning on the date of the QBHP Individual Provider application approval. By the end of the four-year period, the individual must obtain at the least a CDC 1, and BH 2 and/or a NCAC 1 or PSS.

Provisional Approval: Individuals with Qualifying Post-Graduate Degree

Individuals with a qualifying degree in the behavioral health field (Master's degree, PhD, PsyD, licensed or unlicensed) are required to complete continuing education in the SUD field to become a DBH approved QAP and/or a PSS. With their application, they must include an attestation from the agency/clinical supervisor that the individual is working toward obtaining continuing education (CE) for the provision of 1115 SUD services and attach their diploma and/or most current and unexpired license.

After the completed application is received and reviewed, the individual will receive notification of their QAP or PSS provisional approval status. Provisional approval is good for two years, beginning on the date of the QBHP Individual Provider application approval. By the end of the two-year period, the individual must have completed the required continuing education requirements/PSS requirements.

QAP Continuing Education

Continuing education (CE) is required for individuals with a qualifying postgraduate degree (as well as for individuals in the nursing profession [RN and LPN]). The QAP CE requirements are specific to the provision of 1115 SUD waiver services and may differ from the licensing board requirements for professionals.

CE is required on the following topics, for the following contact hours (in a traditional classroom setting, virtually, or through correspondence):

- Addiction, for 4 continuing education hours
- ASAM, for 2 continuing education hours.

Provisional Approval: Individuals in the Nursing Profession (RN and LPN)

Individuals in the nursing profession (RN, LPN) are required to complete CE in the SUD field to become a QAP and/or PSS. With their application, they must have the agency/clinical supervisor attest that the individual is working toward obtaining CE for the provision of 1115 SUD services and attach their diploma and/or most current and unexpired license.

After the completed application is received and reviewed, the individual will receive notification of their QAP or PSS provisional approval status. Provisional approval is good for two years beginning on the date of the QBHP Individual Provider application approval. By the end of the two-year period, the individual must have completed the required CE requirements/PSS requirements.

QAP Continuing Education (CE)

Continuing education is required for individuals in the nursing profession (RN and LPN) (as well as for individuals with a qualifying postgraduate degree). The QAP CE requirements are specific to the provision of 1115 SUD waiver services and may differ from the licensing board requirements for professionals.

CE is required on the following topics for the following contact hours (in a traditional classroom setting, virtually, or through correspondence):

- Addiction for 4 continuing education hours
- ASAM for 2 continuing education hours.

Individuals who are Medical Prescribers

Medical prescribers (data waiver providers, APRN, PA, DO, MD, Psychiatrists) must complete the following to be reimbursed for 1115 SUD waiver services:

- A QBHP Individual Provider application
- Attestation that the provider will work as a QBHP only within their education, scope of practice, experience, ethical guidelines, and area of specialty
- A current and unexpired medical license.

Provisional Period Extensions

Individuals who fail to meet the required QAP or PSS certification during the four-year provisional period may apply for one time, one (1) year extension. To request a one-year extension, please send requests to mpassunit@alaska.gov. Extension requests will be reviewed on a case-by-case basis. Applicants requesting a one-year extension must show proof they have participated in required trainings and supervision during the initial four-year provisional period.

Medicaid Enrollment

Providers must be enrolled with the state's Medicaid program, referred to as Alaska Medical Assistance, to be reimbursed for covered services rendered to eligible participants. Additionally, a service rendered based on a referral, order, or prescription is reimbursable only if the referring, ordering, or prescribing providers are enrolled as an Alaska Medical Assistance program provider.

Behavioral health providers enroll with Alaska Medical Assistance by applying through the [Alaska Medicaid Provider Enrollment Portal](#), a secure website that is accessible 24 hours a day, seven days a week, and which includes links to a [provider resources page](#) and websites to assist with provider enrollment.

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

If extenuating circumstances prevent a provider from enrolling online, please see [Alaska DOH Provider Information](#).

When enrollment is approved, the provider will receive a Medicaid Provider Identification (ID) number and a welcome packet. No services will be paid prior to the enrollment effective date.

Provider Agreement

As part of the enrollment process, providers must submit a signed [Provider Agreement](#), certifying the provider agrees to comply with applicable laws and regulations.

Changes in Provider Enrollment

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 any of the following:

- Ownership
- Name
- Licensure, certification, or registration status
- Federal tax identification number
- Type of service or area of specialty
- Additions, deletions, or provider affiliations
- Mailing address or phone number
- Medicare provider identification number.

Administrative Services Organization (ASO) Registration

Providers should go to the [Provider Express](#) website and create a One Healthcare ID. If the provider already has a One Healthcare ID, the provider may use that ID to log in.

American Society of Addiction Medicine (ASAM) Standards of Care

Providers must meet standards to bill Medicaid for 1115 SUD demonstration services, including the ASAM Standards of Care. The ASAM Criteria is adopted by reference (<https://www.asam.org/asam-criteria/about-the-asam-criteria>).

ASAM criteria uses six dimensions to provide a holistic assessment of the individual:

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

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

Recommended Screening Tools for 1115 Waiver Services

The Division recommends that screening tools used under the waiver for screening cover 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 evidence-based screening tool that best meets the needs of the individual served. Some examples may include:

SAMHSA Evidence-Based Practices Resource Center:

<https://www.samhsa.gov/resource-search/ebp>

Health Resources and Services Administration:

<https://www.hrsa.gov/behavioral-health/substance-use-screening-and-assessment-instruments-database>

National Institute on Drug Abuse:

<https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>

Connecticut Clearing House:

<https://www.ctclearinghouse.org/topics/screening-tools/>

Medicaid-Covered Services for Section 1115 SUD Services

ASAM Level 1.0 Outpatient Services for Adolescents and Adults

Service Name (Abbreviation)	ASAM Level 1.0 Outpatient Services – Adolescents and Adults (ASAM Level 1)
Authority Effective Date Revision History	7 AAC 138.250 Effective {effective date of regulations} Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	ASAM Level 1.0 services are designed to meet the individual’s needs and address major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment or to impair the individual’s ability to cope with major life tasks without the addictive use of substances. Treatment strategies and engagement should address adolescent stages of emotional, cognitive, physical, social, and moral development, as identified in the adolescent-specific considerations within the ASAM Criteria.
Service Components	All component services and strategies are individualized and appropriate to the individual’s readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable. <ul style="list-style-type: none"> • Individualized assessment and clinically directed treatment • Cognitive, behavioral, and other substance use disorder-focused therapies reflecting a variety of treatment approaches provided to the individual on an individual, group, and/ or family basis • Drug screening • Psychoeducational services • Linkage to medication services-including medication administration • Crisis intervention services • Linkage to recovery support and social support services
Contraindicated Services	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management

<p><i>Service Requirements/ Expectations</i></p>	<p>ASAM Level 1.0 for adolescents includes regularly scheduled services provided for a maximum of 5 hours a week.</p> <p>ASAM Level 1.0 for adult includes regularly scheduled services provided for a maximum of 8 hours a week.</p> <p>The amount of required treatment hours is determined for this level of care in the most current version of the ASAM Criteria adopted by reference at 7 AAC 70.910.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.</p>
<p><i>Staff Qualifications</i></p>	<p>ASAM Level 1.0 may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in outpatient settings including:</p> <p>02 Telehealth, patient not located at home 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 10- Telehealth, patient located at home 11- Office 22- On Campus-Outpatient Hospital 23- Emergency Room 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</p> <p>If the service is performed through telehealth, the appropriate telehealth modifier must be appended when billing the service.</p>
Service Frequency/Limits	<p>Group: Adolescents 16 units per week maximum. Adults 28 units per week maximum.</p> <p>Individual: Adolescents and adults 4 units per week maximum.</p>
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 1.0 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	<p>Adolescent: H0007 V1 – Individual H0007 HQ HA V1 – Group</p> <p>Adult: H0007 V1 – Individual H0007 HQ HB V1 – Group</p>
Unit Value	1 unit = 15 minutes
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 1.0 program(s); however, clinical services must be provided by a QAP to be eligible to draw down the per unit rate. Peer certification/designation alone does not meet the minimum requirement.

ASAM Level 2.1 Intensive Outpatient Services for Adolescents and Adults

Service Name (Abbreviation)	ASAM Level 2.1 Intensive Outpatient Services – Adolescents and Adults (ASAM Level 2.1)
Authority Effective Date Revision History	7 AAC 138.250 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	<p>ASAM Level 2.1 includes structured programming to an individual 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 addresses the clinical issues which functionally impair the individual’s ability to cope with major life tasks. ASAM Level 2.1 focuses on counseling and education for addiction related and co-occurring mental health problems. Such programs provide essential addiction education and treatment components while allowing individuals to apply their newly acquired skills within real world environments.</p> <p>Treatment strategies and engagement should address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.</p>
Service Components	<p>All component services and strategies are individualized and appropriate to the individual’s readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <ul style="list-style-type: none"> • Individualized assessment and clinically directed treatment • Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis • Drug screening • Psychoeducational services • Linkage to medication services-including medication administration • Crisis intervention services • Linkage to recovery support and social support services

<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1 • Intensive Outpatient Program • Partial Hospitalization Program • Children’s Residential Treatment Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
<p><i>Service Requirements/ Expectations</i></p>	<p>ASAM Level 2.1 for adolescents includes structured programming services provided for a minimum of 6 hours with a maximum of 19 hours a week.</p> <p>ASAM Level 2.1 for adults includes structured programming services provided for a minimum of 9 hours with a maximum of 19 hours a week.</p> <p>The amount of required treatment hours is determined for this level of care in the most current version of the ASAM Criteria adopted by reference at 7 AAC 70.910.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.</p>

Staff Qualifications	<p>ASAM Level 2.1 may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
Service Location	<p>Services may be provided in outpatient settings including:</p> <p>02 - Telehealth, patient not located at home 03 - School 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 10 - Telehealth, patient located at home 11 - Office 22 - On Campus Outpatient Hospital 23 - Emergency Room 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</p> <p>If the service is performed through telehealth, the appropriate telehealth modifier must be appended when billing the service.</p>
Service Frequency/Limits	<p>Group: Adolescents 20 units per week minimum. Adults 32 units per week minimum.</p> <p>Individual: Adolescents and adults 4 units per week minimum.</p>

<i>Service Authorization</i>	No service authorization required.
<i>Service Documentation</i>	Must be documented in a progress note, in accordance with 7 AAC 135.130.
<i>Relationship to Other Services</i>	ASAM Level 2.1 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
<i>Service Code</i>	H0015 V1 – Individual H0015 HQ V1 – Group
<i>Unit Value</i>	1 unit = 15 minutes
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 2.1 program(s); however, clinical services must be provided by a QAP to be eligible to draw down the per unit rate. Peer certification/designation alone does not meet the minimum requirement.

ASAM Level 2.5 Partial Hospitalization Program – Adolescent

Service Name (Abbreviation)	ASAM Level 2.5 Partial Hospitalization Program – Adolescent (ASAM Level 2.5 – Adolescent)
Authority Effective Date Revision History	7 AAC 138.250 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	<p>ASAM Level 2.5 partial hospital programs provide clinically intensive programming and typically have direct access to psychiatric, medical and laboratory services. ASAM Level 2.5 are appropriate for individuals who require daily monitoring and management in a structured outpatient setting. ASAM Level 2.5 are appropriate for adolescents with a substance use disorder who do not meet an inpatient level of care but still require intense monitoring to maintain the individual’s level of functioning, to prevent relapse, and to prevent the need for residential/inpatient services.</p> <p>ASAM Level 2.5 have the capacity to:</p> <ul style="list-style-type: none"> • Address major lifestyle, attitudinal, & behavioral issues which impair the adolescent’s ability to cope with major life tasks without the addictive use of alcohol and/or other drugs. • Treat the adolescent with substantial medical and psychiatric issues. <p>Treatment strategies and engagement should address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.</p> <p>ASAM Level 2.5 may be the initial level of care, a "step-up" from ASAM Level 1 outpatient, or a "step-down" from ASAM Level 3 residential services.</p>

<p><i>Service Components</i></p>	<p>All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <p>The weekly program schedule includes a combination of:</p> <ul style="list-style-type: none"> • Individualized assessment and clinically directed treatment • Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis • Drug screening • Psychoeducational services • Medication services • Occupational and recreational therapy services • Crisis intervention services • Linkage to recovery support and social support services • Educational instruction (during regular school year) <p>ASAM Level 2.5 programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.</p>
<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Intensive Outpatient Program • Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management

<p><i>Service Requirements/ Expectations</i></p>	<p>ASAM Level 2.5 services must be provided at minimum 20 hours of treatment services per week. The minimum daily limit is 4 hours.</p> <p>The amount of required treatment hours is determined for this level of care in the most current version of the ASAM Criteria adopted by reference at 7 AAC 70.910.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder.</p>
<p><i>Staff Qualifications</i></p>	<p>ASAM Level 2.5 must be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in outpatient settings including:</p> <ul style="list-style-type: none"> 03 - School 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 14 - Group Home 18 - Place of Employment 22 - On Campus Outpatient Hospital 23 - Emergency Room 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 place of service <p>Telehealth is not allowed for this service. Medicaid will not reimburse for hospital based ASAM Level 2.5.</p>
Service Frequency/Limits	ASAM Level 2.5 services must be provided a minimum of 20 hours of treatment services per week. The minimum daily limit for ASAM Level 2.5 is 4 hours.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 2.5 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	H0035 V1
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	<p>Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 2.5 program(s); 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 met the minimum per day requirement even if an individual discharges from treatment against medical advice.</p>

ASAM Level 2.5 Partial Hospitalization Program – Adult

Service Name (Abbreviation)	ASAM Level 2.5 Partial Hospitalization Program - Adult (ASAM Level 2.5 – Adult)
Authority Effective Date Revision History	7 AAC 138.250 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	<p>ASAM Level 2.5 partial hospital programs provide clinically intensive programming and typically have direct access to psychiatric, medical and laboratory services. ASAM Level 2.5 are appropriate for individuals who require daily monitoring and management in a structured outpatient setting. ASAM Level 2.5 are appropriate for individuals with a substance use disorder who do not meet an inpatient level of care but still require intense monitoring to maintain the individual’s level of functioning, to prevent relapse, and to prevent the need for residential/inpatient services.</p> <p>ASAM Level 2.5 have the capacity to:</p> <ul style="list-style-type: none"> • Address major lifestyle, attitudinal, & behavioral issues which impair the individual’s ability to cope with major life tasks without the addictive use of alcohol and/or other drugs. • Treat the individual with substantial medical and psychiatric problems. <p>ASAM Level 2.5 may be the initial level of care, a "step-up" from ASAM Level 1 outpatient, or a "step-down" from ASAM Level 3 residential services.</p>
Service Components	<p>All component services and strategies are individualized and appropriate to the individual’s readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <p>The weekly program schedule includes a combination of:</p> <ul style="list-style-type: none"> • Individualized assessment and clinically directed treatment • Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis • Drug screening • Psychoeducational services • Medication services • Occupational and recreational therapy services • Crisis intervention services • Linkage to recovery support and social support services

<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Intensive Outpatient Program • Partial Hospitalization Program • Children’s Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
<p><i>Service Requirements/ Expectations</i></p>	<p>ASAM Level 2.5 services must be provided at minimum 20 hours of treatment services per week. The minimum daily limit is 4 hours.</p> <p>The amount of required treatment hours is determined for this level of care in the most current version of the ASAM Criteria adopted by reference at 7 AAC 70.910.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>An adult 18 or older diagnosed with a substance use disorder.</p>

Staff Qualifications	<p>ASAM Level 2.5 must be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
Service Location	<p>Services may be provided in outpatient settings including:</p> <p>03 - School 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 14 - Group Home 18 - Place of employment 22 - On Campus Outpatient Hospital 23 - Emergency Room 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 place of service</p> <p>Telehealth is not allowed for this service. Medicaid will not reimburse for hospital based ASAM Level 2.5.</p>
Service Frequency/Limits	<p>ASAM Level 2.5 services must be provided a minimum of 20 hours of treatment services per week. The minimum daily limit for ASAM Level 2.5 is 4 hours.</p>

<i>Service Authorization</i>	No service authorization required.
<i>Service Documentation</i>	Must be documented in a progress note, in accordance with 7 AAC 135.130.
<i>Relationship to Other Services</i>	ASAM Level 2.5 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
<i>Service Code</i>	H0035 V1
<i>Unit Value</i>	1 unit = 1 day
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 2.5 program(s); 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 met the minimum per day requirement even if an individual discharges from treatment against medical advice.

ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services for Adolescents and Adults

Service Name (Abbreviation)	ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services – Adolescents and Adults (ASAM Level 3.1)
Authority Effective Date Revision History	7 AAC 138.300 7 AAC 70.120 (a-f) Effective {effective date of regulations} Revision 07/01/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	<p>The primary goal of ASAM Level 3.1 is to promote personal responsibility and reintegration of the individual into the network systems of work, education, and family life. Activities are provided within a 24-hour structured program with available trained personnel. It is a clinically managed, low intensity residential program which provides individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment.</p> <p>Treatment strategies and engagement should address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.</p> <p>ASAM Level 3.1 may also be a “step-down” for ASAM Level 3.5 residential program.</p>

Service Components	<p>All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <ul style="list-style-type: none"> • Clinically directed therapeutic treatment to facilitate recovery skills, increase emotional coping strategies and decrease recurrence of symptomology. • Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis • Addiction pharmacotherapy and drug screening • Motivational enhancement and engagement strategies • Medication services-including medication administration and monitoring of adherence • Occupational and recreational therapy services • Psychoeducational services • Relapse prevention • Crisis intervention services • Linkage to recovery support and social support services • Education about medication for addiction treatment and referral to treatment as necessary <p>For adolescent ASAM Level 3.1 programs, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.</p>
---------------------------	--

<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Homes • Community Recovery Support Services • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children’s Mental Health Residential Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
<p><i>Service Requirements/ Expectations</i></p>	<p>ASAM Level 3.1 includes a minimum of 5 hours of treatment services per week.</p> <p>The amount of required treatment hours is determined for this level of care in the most current version of the ASAM Criteria adopted by reference at 7 AAC 70.910.</p> <p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder. Adults aged 18-21 who are best served in an adolescent setting.</p>

Staff Qualifications	<p>ASAM Level 3.1 may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
Service Location	<p>Services may be provided in the following settings:</p> <p>22 - On Campus-Outpatient Hospital 55 - Residential Substance Abuse Treatment Facility</p> <p>Telehealth is not allowed for this service.</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of Social Security Act.</p>
Service Frequency/Limits	90 Days/units per State Fiscal Year.
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.1 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	<p>H2036 HA V1 – Adolescents aged 12-17 years H2036 CG HA V1 – Adults aged 18-21 treated in an adolescent setting H2036 HF V1 – Adults aged over 21</p>
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.

<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.1 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.
--------------------------------------	--

ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services - Adult

Service Name (Abbreviation)	ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services - Adult (ASAM Level 3.3)
Authority Effective Date Revision History	7 AAC 138.300 7 AAC 70.120 (a-f) Effective {effective date of regulations} Revision 08/19/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	The primary goal of ASAM Level 3.3 is to provide a structured recovery environment to meet needs for individuals with functional limitations, such as severe cognitive impairment and/or traumatic brain injury, and to support recovery from substance use disorder. Individuals presenting for this level of care must be medically stable but require support to help manage their mental stability as well as their substance use. The presence of their cognitive impairment may be the result of substance induced impairment, or it may be more permanent impairment resulting from a neurological disorder like fetal alcohol spectrum disorders. This level of care moves at a slower pace allowing individuals experiencing cognitive impairments to process information.

Service Components	<p>All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <ul style="list-style-type: none"> • Clinically directed therapeutic treatment to facilitate recovery skills, increase emotional coping strategies and decrease recurrence of symptomology. • Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis • Addiction pharmacotherapy and drug screening • Motivational enhancement and engagement strategies • Medication services-including medication administration and monitoring of adherence • Occupational and recreational therapy services • Psychoeducational services • Relapse prevention • Crisis intervention services • Linkage to recovery support and social support services • Education about medication for addiction treatment and referral to treatment as necessary <p>Based on the patient's cognitive impairment, additional services may be required including medical services, nursing services, occupational and recreational therapies, art, music, or movement therapies, physical therapy, and vocational rehabilitation activities.</p>
---------------------------	--

<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Homes • Community Recovery Support Services • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children’s Residential Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
<p><i>Service Requirements/ Expectations</i></p>	<p>ASAM Level 3.3 includes a minimum of 15 hours of treatment services per week.</p> <p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>An adult 18 or older diagnosed with a substance use disorder.</p>

Staff Qualifications	<p>ASAM Level 3.3 may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
Service Location	<p>Services may be provided in the following settings:</p> <p>22 - On Campus-Outpatient Hospital 55 - Residential Substance Abuse Treatment Facility</p> <p>Telehealth is not allowed for this service.</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of Social Security Act.</p>
Service Frequency/Limits	90 Days/units per State Fiscal Year.
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.3 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	H0047 HF V1
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	<p>Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.3 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.</p>

ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services – Adolescents and Adults Served in an Adolescent Setting

Service Name (Abbreviation)	ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services (ASAM Level 3.5 – Adolescents and Adults Served in an Adolescent Setting)
Authority Effective Date Revision History	7 AAC 138.300 7 AAC 70.120 (a-f) Effective {effective date of regulations} Revision 08/19/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	ASAM Level 3.5 is appropriate for adolescents whose addiction is so uncontrollable that they need a 24-hour supportive, safe, and structured treatment environment to initiate or continue a recovery process that has failed to progress. The programming promotes abstinence, addresses addictive and antisocial behavior, and effects change in lifestyle, attitudes, and values. This level of care is appropriate for adolescents with patterns of maladaptive behavior, temperament extremes and/or cognitive disability related to mental health disorders. Treatment strategies and engagement should address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.

<p>Service Components</p>	<p>All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <ul style="list-style-type: none"> • Clinically directed therapeutic treatment to facilitate recovery skills, increase emotional coping strategies and decrease recurrence of symptomology. • Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis • Addiction pharmacotherapy and drug screening • Motivational enhancement and engagement strategies • Medication services-including medication administration and monitoring of adherence • Occupational and recreational therapy services • Psychoeducational services • Relapse prevention • Crisis intervention services • Linkage to recovery support and social support services • Education about medication for addiction treatment and referral to treatment as appropriate • Educational instruction (during regular school year) <p>ASAM Level 3.5 programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.</p>
----------------------------------	--

<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Homes • Community Recovery Support Services • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children’s Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
<p><i>Service Requirements/ Expectations</i></p>	<p>ASAM Level 3.5 includes a minimum of 15 hours of treatment services per week, 10 hours of which must be clinical and 5 hours which may include other therapeutic interventions.</p> <p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. Adults aged 18-21 who are best served in an adolescent setting.</p>

Staff Qualifications	<p>ASAM Level 3.5 may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurse • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
Service Location	<p>Services may be provided in the following settings:</p> <p>22 - On Campus-Outpatient Hospital 55 - Residential Substance Abuse Treatment Facility</p> <p>Telehealth is not allowed for this service.</p> <p>Providers are exempt from requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion, Section 1905 (a)(B) of Social Security Act.</p>
Service Frequency/Limits	90 Days/units per State Fiscal Year.
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.5 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	<p>H0047 HA V1 TF – Adolescents aged 12-17 H0047 CG V1 HA TF – Adults aged 18-21 treated in an adolescent setting</p>
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	<p>Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.5 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.</p>

ASAM Level 3.5 Clinically Managed High-Intensity Residential Services - Adult

Service Name (Abbreviation)	ASAM Level 3.5 Clinically Managed High-Intensity Residential Services - Adult (ASAM Level 3.5 Adult)
Authority Effective Date Revision History	7 AAC 138.300 7 AAC 70.120 (a-f) Effective {effective date of regulations} Revision 08/19/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	ASAM Level 3.5 is appropriate for individuals whose addiction is uncontrollable that they need a 24-hour supportive, safe, and structured treatment environment to initiate or continue a recovery process that has failed to progress. The programming promotes abstinence, addresses addictive and antisocial behavior, and effects change in lifestyle, attitudes, and values.
Service Components	All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable. <ul style="list-style-type: none"> • Clinically directed therapeutic treatment to facilitate recovery skills, increase emotional coping strategies and decrease recurrence of symptomology. • Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis • Addiction pharmacotherapy and drug screening • Motivational enhancement and engagement strategies • Medication services-including medication administration and monitoring of adherence • Occupational and recreational therapy services • Psychoeducational services • Relapse prevention • Crisis intervention services • Linkage to recovery support and social support services • Education about medication for addiction treatment and referral to treatment as necessary.

<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Homes • Community Recovery Support Services • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children’s Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent)i • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
<p><i>Service Requirements/ Expectations</i></p>	<p>ASAM Level 3.5 includes a minimum of 20 hours of treatment services per week.</p> <p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>An adult 18 or older diagnosed with a substance use disorder.</p>

Staff Qualifications	<p>ASAM Level 3.5 may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
Service Location	<p>Services may be provided in the following settings:</p> <p>22 - On Campus-Outpatient Hospital 55 - Residential Substance Abuse Treatment Facility</p> <p>Telehealth is not allowed for this service.</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of Social Security Act.</p>
Service Frequency/Limits	90 Days/units per State Fiscal Year.
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.5 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	H0047 TG V1 - Adult
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	<p>Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.5 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.</p>

ASAM Level 3.7 Medically Monitored High Intensity Inpatient – Adolescents and Adults Served in an Adolescent Setting (ASAM Level 3.7 Adolescents)

Service Name (Abbreviation)	ASAM Level 3.7 Medically Monitored High Intensity Inpatient – Adolescents and Adults Served in Adolescent Setting (ASAM Level 3.7 Adolescents)
Authority Effective Date Revision History	7 AAC 138.300 Effective {effective date of regulations} Revision 12/15/2022
Service Description	<p>ASAM Level 3.7 programs provide a planned and structure regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. ASAM Level 3.7 is appropriate for individuals whose biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.</p> <p>For adolescents, typical presenting problems to ASAM Level 3.7 are in dimension 3 including co-occurring psychiatric disorders or symptoms of psychiatric disorders that may not meet criteria for a full diagnosis but are severe enough that they meet medical necessity for ASAM Level 3.7. For an adolescent, treatment at ASAM Level 3.7 often is necessary simply to orient the adolescent to the structure of daily life.</p> <p>Treatment strategies and engagement should address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.</p> <p>These services are differentiated from ASAM Level 4.0 in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.</p>

<p><i>Service Components</i></p>	<p>All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <ul style="list-style-type: none"> • Individualized assessment and medically monitored treatment • Addiction pharmacotherapy and medication services • Drug screening • Cognitive behavioral and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis • Daily medical and nursing services • Counseling and clinical/medical monitoring • Daily treatment services focused on managing the individual's acute symptoms • Psychoeducational services <p>ASAM Level 3.7 programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.</p>
<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Homes • Community Recovery Support Services • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management

<p><i>Service Requirements/ Expectations</i></p>	<p>At least one ASAM Level 3.7 service component per day must be provided by a medical professional with prescribing privileges.</p> <p>All inpatient residential substance use disorder treatment services in addition to being delivered during regular business hours must also be delivered according to the requirements of this section during evening hours and on weekends and holidays.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. Adults aged 18-21 who are best served in an adolescent setting.</p>
<p><i>Staff Qualifications</i></p>	<p>ASAM Level 3.7 may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> • 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 • 22 - On Campus-Outpatient Hospital • 26 - Military Treatment Center • 49 - Independent Clinic • 50 - Federally Qualified Health Center • 51 - Inpatient Psychiatric Facility • 55 - Residential Substance Abuse Treatment Facility • 57 - Non-residential Substance Abuse Treatment Center • 58 - Non-residential Opioid Treatment Facility • 99 - Other appropriate place of service <p>Telehealth is not allowed for this service.</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of Social Security Act.</p>
Service Frequency/Limits	14 days/units per State Fiscal Year
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.7 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	H0009 TF HA V1 – Adolescents aged 12-17 H0009 CG V1 HA TF – Adults aged 18-21 treated in an adolescent setting
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.7 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down daily rate. Peer certification/designation alone does not meet the minimum requirement.

ASAM Level 3.7 Medically Monitored Intensive Inpatient Services - Adult

Service Name (Abbreviation)	ASAM Level 3.7 Medically Monitored Intensive Inpatient Services - Adult (ASAM Level 3.7 Adult)
Authority Effective Date Revision History	7 AAC 138.300 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	<p>ASAM Level 3.7 programs provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. ASAM Level 3.7 is appropriate for individuals whose biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. ASAM Level 3.7 services are designed to meet the needs of individuals who have functional limitations in dimensions 1, 2 and/or 3.</p> <p>These services are differentiated from ASAM Level 4.0 in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.</p>
Service Components	<p>All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <ul style="list-style-type: none"> • Individualized assessment and medically monitored treatment • Addiction pharmacotherapy and medication services • Drug screening • Cognitive behavioral and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis • Daily medical and nursing services • Counseling and clinical/medical monitoring • Daily treatment services focused on managing the individual's acute symptoms • Psychoeducational services

<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Homes • Community Recovery Support Services • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children’s Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
<p><i>Service Requirements/ Expectations</i></p>	<p>At least one ASAM Level 3.7 service component per day must be provided by a medical professional with prescribing privileges.</p> <p>All inpatient residential substance use disorder treatment services, in addition to being delivered during regular business hours, must also be delivered according to the requirements of this section during evening hours and on weekends and holidays.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance-use-disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>An adult 18 or older diagnosed with a substance use disorder.</p>

Staff Qualifications	<p>ASAM Level 3.7 may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
Service Location	<p>Services may be provided in the following settings:</p> <p>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 22 - On Campus-Outpatient Hospital 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 55 - Residential Substance Abuse Treatment Facility 57 - Non-residential Substance Abuse Treatment Center 58 - Non-residential Opioid Treatment Facility 99 - Other appropriate place of service</p> <p>Telehealth is not allowed for this service.</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of Social Security Act.</p>
Service Frequency/Limits	14 days/units per State Fiscal Year
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.

<i>Relationship to Other Services</i>	ASAM Level 3.7 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
<i>Service Code</i>	H0009 TF V1
<i>Unit Value</i>	1 unit = 1 day
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.7 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down daily rate. Peer certification/designation alone does not meet the minimum requirement.

ASAM Level 4.0 Medically Managed Intensive Inpatient Services for Adolescents and Adults

Service Name (Abbreviation)	ASAM Level 4.0 Medically Managed Intensive Inpatient Services – Adolescents and Adults (ASAM Level 4.0)
Authority Effective Date Revision History	7 AAC 138.300 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	<p>ASAM level 4.0 is appropriate for individuals with biomedical, emotional, behavioral, and/or cognitive conditions that are severe enough to warrant primary medical care and nursing care. ASAM Level 4.0 services required that individuals receive daily direct care from a licensed physician who is responsible for making shared treatment decisions with the individual (i.e., medically managed care). These services are provided in a hospital-based setting and include medically directed evaluation and treatment. ASAM Level 4.0 provides treatment 24 hours a day and the principle focus of the services is the stabilization of the individual and preparation to transfer to a less intensive setting for continuing care.</p> <p>Treatment strategies and engagement should address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.</p>

<p>Service Components</p>	<p>All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <ul style="list-style-type: none"> • Individualized assessment and medically directed & managed treatment • Addiction pharmacotherapy and medication services • Drug screening • Cognitive behavioral and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis • Daily medical and nursing services • Counseling and clinical/medical monitoring • Daily treatment services focused on managing the individual's acute symptoms • Psychoeducational services <p>ASAM Level 4.0 programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.</p>
<p>Contraindicated Services</p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Homes • Community Recovery Support Services • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management

<p><i>Service Requirements/ Expectations</i></p>	<p>At least one ASAM Level 4.0 service component per day must be provided by a medical professional with prescribing privileges.</p> <p>All inpatient residential substance use disorder treatment services, in addition to being delivered during regular business hours, must also be delivered according to the requirements of this section during evening hours and on weekends and holidays.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.</p>
<p><i>Staff Qualifications</i></p>	<p>ASAM Level 4.0 may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> 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 22 - On Campus-Outpatient Hospital 26 - Military Treatment Center 51 - Inpatient Psychiatric Facility 55 - Residential Substance Abuse Treatment Facility 57 - Non-residential Substance Abuse Treatment Center 58 - Non-residential Opioid Treatment Facility 99 - Other appropriate place of service <p>Telehealth is not allowed for this service.</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Disease (IMD) exclusion under Section 1905(a)(B) of Social Security Act.</p>
Service Frequency/Limits	14 days/units per State Fiscal Year
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 4.0 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	H0009 TG V1
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 4.0 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down daily rate. Peer certification/designation alone does not meet the minimum requirement.

ASAM Level 1 WM: Ambulatory Withdrawal Management Without Extended On-site Monitoring for Adolescents and Adults

Service Name (Abbreviation)	ASAM Level 1 WM: Ambulatory Withdrawal Management Without Extended On-site Monitoring -Adolescents and Adults (ASAM Level 1 WM)
Authority Effective Date Revision History	7 AAC 138.350 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	ASAM Level 1 withdrawal management provides services in regularly scheduled sessions by medical staff and include medically supervised evaluation, withdrawal management and referral services. Medical and/or nursing staff are readily available to evaluate and confirm that withdrawal management in the less supervised setting is relatively safe.
Service Components	All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable. <ul style="list-style-type: none"> • Individualized assessment • Medical monitoring by physician and/or nurse • Management of signs and symptoms of intoxication and withdrawal • Medication services • Psychoeducational services • Nonpharmacological clinical support services • Involvement of family members or significant others in the withdrawal management process as appropriate • Referral for counseling services
Contraindicated Services	<ul style="list-style-type: none"> • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management

<i>Service Requirements/ Expectations</i>	<p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>If an individual is determined to need alcohol or drug withdrawal services after an assessment under 7 AAC 138.020(5), the provider must conduct an evaluation of the individual using the: (1) Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and (2) Clinical Opiate Withdrawal Scale, adopted by reference in 7 AAC 70.910.</p>
<i>Target Population</i>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.</p>
<i>Staff Qualifications</i>	<p>ASAM Level 1.0 WM may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> 02 - Telehealth, patient not located at home 03 - School 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 10 - Telehealth, patient located at home 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of employment 19 - Off Campus Outpatient Hospital 20 - Urgent Care Facility 22 - On Campus Outpatient Hospital 23 - Emergency Room 24 - Ambulatory Surgical Center 25 - Birthing Center 26 - Military Treatment Center 33 - Custodial Care Facility 49 - Independent Clinic 50 - Federally Qualified Health Center 53 - Community Mental Health Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service <p>No inpatient or residential settings allowed.</p> <p>If the service is performed through telehealth, the appropriate telehealth modifier must be appended when billing the service.</p>
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.

<i>Relationship to Other Services</i>	ASAM Level 1 WM services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
<i>Service Code</i>	H0014 V1
<i>Unit Value</i>	1 unit = 15 minutes
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 1 WM program(s); however, at least one clinical service per day must be provided by a medical professional with prescribing privileges or a nursing professional to be eligible to draw down the per unit rate.

ASAM Level 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring for Adolescents and Adults

Service Name (Abbreviation)	ASAM Level 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring – Adolescents and Adults (ASAM Level 2 WM)
Authority Effective Date Revision History	7AAC 138.350 Effective {effective date of regulations} Revision 07/01/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	ASAM Level 2 withdrawal management provides services in regularly scheduled sessions by medical staff and include medically supervised evaluation, withdrawal management and referral services. Services include monitoring, assessment and management of signs and symptoms of intoxication and withdrawal. Medical and/or nursing staff are readily available to evaluate and confirm that withdrawal management in the less supervised setting is relatively safe.
Service Components	All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable. <ul style="list-style-type: none"> • Individualized assessment • Medical monitoring by physician and/or nurse • Management of signs and symptoms of intoxication and withdrawal • Medication services • Psychoeducational services • Nonpharmacological clinical support services • Involvement of family members or significant others in the withdrawal management process as appropriate • Referral for counseling services

<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
<p><i>Service Requirements/ Expectations</i></p>	<p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>If an individual is determined to need alcohol or drug withdrawal services after an assessment under 7 AAC 138.020(5), the provider must conduct an evaluation of the individual using the: (1) Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and (2) Clinical Opiate Withdrawal Scale, adopted by reference in 7 AAC 70.910.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.</p>
<p><i>Staff Qualifications</i></p>	<p>ASAM Level 2.0 WM may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aide • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> 02 - Telehealth, patient not located at home 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 10 - Telehealth, patient located at home 11 - Office 19 - Off Campus Outpatient Hospital 20 - Urgent Care Facility 22 - On Campus Outpatient Hospital 23 - Emergency Room 24 - Ambulatory Surgical Center 25 - Birthing Center 26 - Military Treatment Center 33 - Custodial Care Facility 49 - Independent Clinic 50 - Federally Qualified Health Center 53 - Community Mental Health Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service <p>No inpatient or residential settings allowed.</p> <p>If the service is performed through telehealth, the appropriate telehealth modifier must be appended when billing the service.</p>
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 2 WM services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	H0014 CG V1
Unit Value	1 unit = 15 minutes
Payment Rate	See rate chart.

<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 2-WM Program(s); however, at least one clinical service per day must be provided by a medical professional with prescribing privileges or nursing professional to be eligible to draw down the per unit rate.
--------------------------------------	---

ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management for Adolescents and Adults

Service Name (Abbreviation)	ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management (ASAM Level 3.2 WM)
Authority Effective Date Revision History	7 AAC 138.350 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	<p>ASAM 3.2 withdrawal management is an organized service that provides 24-hour supervision, observation and support for individuals who are intoxicated or experiencing withdrawal. This service is focused on peer and social support rather than medical and nursing care.</p> <p>Treatment strategies and engagement should address adolescent stages of emotional, cognitive, physical, social, and moral development, as identified in the adolescent-specific considerations within the ASAM Criteria.</p>
Service Components	<p>All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <ul style="list-style-type: none"> • Individualized assessment • Physical examination by a medical provider (physician, APRN, physician assistant) as part of the initial assessment if self-administered and withdrawal management are to be used • A range of cognitive, behavioral, medical, mental health and other therapies conducted on an individual or group basis • Health education services • Services to families and significant others • Daily assessment of progress through withdrawal management • Referral arrangements for continuing care <p>ASAM Level 3.2 programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.</p>

<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Homes • Community Recovery Support Services • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children’s Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
<p><i>Service Requirements/ Expectations</i></p>	<p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>If an individual is determined to need alcohol or drug withdrawal services after an assessment under 7 AAC 138.020(5), the provider must conduct an evaluation of the individual using the: (1) Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and (2) Clinical Opiate Withdrawal Scale, adopted by reference in 7 AAC 70.910.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.</p>

Staff Qualifications	<p>ASAM Level 3.2 WM may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
Service Location	<p>Services may be provided in the following settings: 22 - On Campus-Outpatient Hospital 55 - Residential Substance Abuse Treatment Facility 57 - Non-Residential Substance Abuse Treatment Center</p> <p>Telehealth is not allowed for this service.</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion, Section 1905(a)(B) of Social Security Act.</p>
Service Frequency/Limits	14 days/units per State Fiscal Year
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.2 WM services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	H0010 V1
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.2WM program(s); however, at least one clinical service per day must be provided by a QAP to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.

ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management for Adolescents and Adults

Service Name (Abbreviation)	ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7 WM)
Authority Effective Date Revision History	7 AAC 138.350 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	<p>ASAM Level 3.7 withdrawal management is appropriate for individuals whose withdrawal signs and symptoms are severe enough to warrant 24-hour inpatient medical monitoring. ASAM Level 3.7 WM services are delivered by medical staff in setting designed to manage withdrawal symptoms 24 hours a day/7 day a week.</p> <p>Treatment strategies and engagement should address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.</p> <p>These services are differentiated from ASAM Level 4.0 WM in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.</p>

Service Components	<p>All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <ul style="list-style-type: none"> • Individualized assessment • A physical examination performed within 24 hours of admission by a medical provider (physician, APRN, physician assistant) • A range of cognitive, behavioral, medical, mental health and other therapies provided on an individual or group basis • Psychoeducation to enhance individual's understanding of addiction • Health education services • Services to families and significant others • Daily assessment of progress through withdrawal management • Laboratory and toxicology tests • Referral to an appropriate level of care for continuing treatment <p>ASAM Level 3.7 programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.</p>
Contraindicated Services	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Homes • Community Recovery Support Services • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 4.0 withdrawal management

<p><i>Service Requirements/ Expectations</i></p>	<p>At least one withdrawal management service component per day must be provided by a medical professional with prescribing privileges.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>If an individual is determined to need alcohol or drug withdrawal services after an assessment under 7 AAC 138.020(5), the provider must conduct an evaluation of the individual using the: (1) Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and (2) Clinical Opiate Withdrawal Scale, adopted by reference in 7 AAC 70.910.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.</p>
<p><i>Staff Qualifications</i></p>	<p>ASAM Level 3.7 WM may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 21 - Inpatient Hospital 22 - On Campus-Outpatient Hospital 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility Partial Hospitalization Program 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 99 - Other appropriate place of service <p>Telehealth is not allowed for this service.</p> <p>Providers are exempt from the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of the Social Security Act.</p>
Service Frequency/Limits	14 days/units per State Fiscal Year
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.7 WM services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	H0010 TG V1
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.7 WM program(s); however, at least one clinical service per day must be provided by a QAP. Peer certification/designation alone does not meet the minimum requirement.

ASAM Level 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management for Adolescents and Adults

Service Name (Abbreviation)	ASAM Level 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management (ASAM Level 4.0 WM)
Authority Effective Date Revision History	7 AAC 138.350 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/22020 Revision 12/15/2022
Service Description	<p>ASAM Level 4.0 withdrawal management is appropriate for individuals whose withdrawal signs and symptoms are severe enough to warrant 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Nursing staff is available for primary nursing care and observation 24 hours a day. ASAM Level 4.0 is appropriate for individuals with comorbid biomedical and/or psychiatric conditions.</p> <p>Treatment strategies and engagement should address adolescent stages of emotional, cognitive, physical, social, and moral development, as identified in the adolescent-specific considerations within the ASAM Criteria.</p>
Service Components	<p>All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.</p> <ul style="list-style-type: none"> • Individualized assessment • A comprehensive nursing assessment performed at admission • Approval of admission by medical provider (physician, APRN, physician assistant) • A range of cognitive, behavioral, medical, mental health and other therapies provided on an individual or group basis • For individuals with severe comorbid psychiatric and/or biomedical disorders, interventions complement addiction treatment • Psychoeducation to enhance individual's understanding of addiction • Health education services • Services to families and significant others • Daily assessment of progress through withdrawal management • Laboratory and toxicology tests • Referral to an appropriate level of care for continuing treatment <p>ASAM Level 4.0 programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.</p>

<p><i>Contraindicated Services</i></p>	<ul style="list-style-type: none"> • Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Homes • Community Recovery Support Services • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children’s Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management
<p><i>Service Requirements/ Expectations</i></p>	<p>At least one withdrawal management service component per day must be provided by a medical professional with prescribing privileges.</p> <p>SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>If an individual is determined to need alcohol or drug withdrawal services after an assessment under 7 AAC 138.020(5), the provider must conduct an evaluation of the individual using the: (1) Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and (2) Clinical Opiate Withdrawal Scale, adopted by reference in 7 AAC 70.910.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.</p>

Staff Qualifications	<p>ASAM Level 4.0 WM may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
Service Location	<p>Services may be provided in the following settings:</p> <p>07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 21 - Inpatient Hospital 22 - On Campus Outpatient Hospital 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility Partial Hospitalization Program 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 99 - Other appropriate place of service</p> <p>Telehealth is not allowed for this service.</p> <p>Providers are exempt from the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of the Social Security Act.</p>
Service Frequency/Limits	14 days/units per State Fiscal Year
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.

<i>Relationship to Other Services</i>	ASAM Level 4.0 WM services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
<i>Service Code</i>	H0011 V1
<i>Unit Value</i>	1 unit = 1 day
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 4.0 WM program(s); however, at least one service per day must be provided by a QAP to be eligible to draw down daily rate. Peer certification/designation alone does not meet the minimum requirement.

Community Recovery Support Services (CRSS)

Service Name (Abbreviation)	Community Recovery Support Services (CRSS)
Authority Effective Date Revision History	7 AAC 138.400 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	CRSS includes skill building, counseling, coaching, and support services to help prevent relapse, improve self-sufficiency, and promote recovery from behavioral health disorders (i.e., mental health disorders and/or substance use disorders).
Service Components	<ul style="list-style-type: none"> • 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 living skills and help identify resources for these skills. • Facilitation of level-of-care transitions. • Peer-to-peer services. <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • Children’s Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
Service Requirements/ Expectations	CRSS must be provided according to the criteria listed in 7 AAC 138.400.
Target Population	A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.
Staff Qualifications	<p>CRSS may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> 02 - Telehealth, patient not located at home 03 - School 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 10 - Telehealth, patient located at home 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of employment 19 - Off Campus Outpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 52 - Psychiatric Facility- Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service <p>If the service is performed through telehealth, the appropriate telehealth modifier must be appended when billing the service.</p>
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
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 the standards manual that is not otherwise contraindicated.
Service Code	H2021 V1 – Individual H2021 HQ V1 – Group

<i>Unit Value</i>	1 unit = 15 minutes
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to perform community recovery support services(s).

SUD Care Coordination

Service Name (Abbreviation)	SUD Care Coordination
Authority Effective Date Revision History	7 AAC 138.400 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	Care coordination involves a wide range of services addressing individual health needs including medical, behavioral health, medication assisted treatment, and social services. Care coordination emphasizes the linkage between primary care and SUD services using a client-centered and team-based approach. Providers of this services are in regular communication and coordination about the individual's general health and SUD treatment needs.
Service Components	<ul style="list-style-type: none"> • Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, behavioral health, educational, social, or other services • Coordinate and integrate the delivery of behavioral health and medical services • Assist the individual with level of care transitions with a focus from residential care setting to community-based settings • Assist the individual to develop skills necessary for the self-management of treatment needs and the maintenance of long-term social supports • Monitoring and supporting individual in follow up activities including when they obtain medical, behavioral health, or social services.
Contraindicated Services	None.

<p><i>Service Requirements/ Expectations</i></p>	<p>SUD Care Coordination must include:</p> <ul style="list-style-type: none"> • Integrating behavioral health services into primary care and specialty medical settings through interdisciplinary care planning, monitoring individual progress, and tracking individual outcomes; • Facilitating smooth transitions from inpatient and residential care settings to community-based care settings; • Supporting conversations between buprenorphine-waivered practitioners and behavioral health professionals to develop and monitor individual service plans; • Linking individuals with community resources to facilitate referrals and respond to social service needs; • Tracking and supporting individuals when they obtain medical, behavioral health, or social services. <p>An eligible individual under this chapter who is receiving or would benefit from medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.</p>
<p><i>Target Population</i></p>	<p>A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.</p>
<p><i>Staff Qualifications</i></p>	<p>SUD Care Coordination may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> 02 - Telehealth, patient not located at home 03 - School 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 10 - Telehealth, patient located at home 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of employment 19 - Off Campus Outpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service <p>If the service is performed through telehealth, the appropriate telehealth modifier must be appended when billing the service.</p>
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	SUD Care Coordination services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

<i>Service Code</i>	H0047 V1 - Individual
<i>Unit Value</i>	1 unit = 1 month
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to perform SUD care coordination services(s); however, each unit of service must be provided by a QAP to be eligible to draw down per unit rate.

Intensive Case Management Services

Service Name (Abbreviation)	Intensive Case Management Services (ICM)
Authority Effective Date Revision History	7 AAC 138.400 Effective {effective date of regulations} Revision 07/1/2019 Revision 10/07/2019 Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	ICM is an individual-specific wraparound model. The case manager begins with the SUD service needs of the individual and identifies other resources as appropriate.
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: <ul style="list-style-type: none"> • Intensive outreach services outside of clinic, including street outreach, visiting the individual's home, work, and other community settings; • Referring for individual, group or family therapy, medical, or other specialized services; • 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 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 problem-solving skills, self-sufficiency, productive behaviors, conflict resolution.
Contraindicated Services	None.
Service Requirements/ Expectations	ICM services requirements are as follows: <ul style="list-style-type: none"> • Broad focus on community-based SUD provider-specific services which may include engaging resources beyond that provider (e.g., schools, housing, employment, etc.) • Advocacy and engaging natural supports • Assisting with activities problem-solving skills, self-sufficiency, conflict resolution, & productive behaviors • Monitoring SUD service delivery, safety, and stability • Brokering and linking individuals with resources • Triaging for crisis intervention purposes (e.g., determining need to intervention and referral to appropriate authorities)

Target Population	A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.
Staff Qualifications	<p>ICM may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> 02 - Telehealth, patient not located at home 03 - School 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 10 - Telehealth, patient located at home 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of Employment 19 - Off Campus Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 55 - Residential Substance Abuse Treatment Facility 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service <p>If the service is performed through telehealth, the appropriate telehealth modifier must be appended when billing the service.</p>
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	Intensive Case Management services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
Service Code	H0023 V1

<i>Unit Value</i>	1 unit = 15 minutes
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to perform Intensive Case Management services(s); however, each unit of service must be provided by a QAP to be eligible to draw down the per unit rate.

Peer-Based Crisis Services

Service Name (Abbreviation)	Peer-Based Crisis Services (PBCS)
Authority Effective Date Revision History	7 AAC 138.450 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	Peer-based crisis services are provided by a peer support specialist or a multi-disciplinary team of qualified addiction professionals of which at least one member is a PSS, to help an individual experiencing a crisis to avoid the need for hospital emergency department services or the need for psychiatric hospitalization. Peer support staff may engage in a range of other therapeutic activities to reduce or eliminate the emergent/crisis situation to support the individual or the family of individual in crisis. Peer services are provided by peer support professionals with similar lived experience and have received crisis training.
Service Components	<ul style="list-style-type: none"> • Triage of crisis intervention needs • Crisis support services • Facilitation of the transition to the community by accessing community resources and initiating natural supports • Participation 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 an individual regarding preferred treatment, engagement to access services and supports, navigation to bridge services or to access necessary supports)
Contraindicated Services	None.

<p>Service Requirements/ Expectations</p>	<p>Peer-based crisis services must be provided by a peer support specialist working under the supervision of a mental health professional clinician or SUD counselor.</p> <p>The PSS may provide the following activities:</p> <ul style="list-style-type: none"> • Triaging for crisis intervention purposes to determine need for intervention and referral to appropriate service or authority • Facilitation of transition to other community-based resources or natural supports • Advocacy for individual needs with other service providers • Providing the appropriate crisis intervention strategies. <p>The mental health professional clinician or SUD counselor is available to the PSS via onsite, telephonically or via telehealth to triage any emergent behavioral health crisis that may exceed the scope of practice for the PSS.</p> <p>Qualified providers of peer-based crisis services are recommended to follow the SAMHSA “Essential Principles for Modern Crisis Care Systems” from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary (Attachment A).</p> <p>https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf</p>
<p>Target Population</p>	<p>Individuals experiencing a behavioral health crisis who may benefit from peer-based crisis services to help avoid the need for hospital emergency department services or the need for psychiatric hospitalization</p>
<p>Staff Qualifications</p>	<p>Peer based crisis services may be staffed by a multidisciplinary team of qualified addiction professionals when the team also includes as least one PSS. Providers qualified to be reimbursed for eligible services as part of a multidisciplinary team include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> 03 - School 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 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of employment 19 - Off Campus Outpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 52 - Partial Hospitalization Program 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service <p>Telehealth is not allowed for this service.</p>
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 138.450.
Relationship to Other Services	Peer Based Crisis Services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated. Time-based billing rules apply per 7 AAC 105.230.
Service Code	H0038 V1

<i>Unit Value</i>	1 unit = 15 minutes
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to perform peer-based crisis service(s).

23-Hour Crisis Observation and Stabilization (COS)

Service Name (Abbreviation)	23-Hour Crisis Observation and Stabilization (COS)
Authority Effective Date Revision History	7 AAC 138.450 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	23-hour Crisis Observation and Stabilization (COS) services provide prompt observation and stabilization for individuals who are at imminent risk of or are presently experiencing acute mental health symptoms or emotional distress. These services are provided for up to 23 hours and 59 minutes in a secure environment. COS services are provided to help an individual maintain safety and to avoid the need for hospital emergency department services or the need for psychiatric hospitalization.
Service Components	<ul style="list-style-type: none"> • Individual assessment • Psychiatric evaluation services • Nursing services • Medication services-including prescription, administration, and management • Crisis intervention services which include therapeutic interventions to decrease and stabilize the presenting crisis • Identification and resolution of the contributing factors to the crisis when possible • Stabilization of withdrawal symptoms if appropriate • Advocacy, networking, and support to provide linkages and referrals to appropriate community-based services
Contraindicated Services	None.

<p>Service Requirements/ Expectations</p>	<ul style="list-style-type: none"> • COS services are provided for up to 23 hours and 59 minutes in a secure environment to an individual who is at imminent risk of, or is presently experiencing, acute mental health symptoms or emotional distress. • COS services must be provided by medical staff supervised by a physician, a physician assistant, or an advanced practice registered nurse. • COS services result in prompt evaluation and stabilization of the individual's condition. • COS services ensure that the individual is safe from self-harm, including suicidal behavior. • COS services are provided in a secure environment. A "secure environment" means a level of security that will reasonably ensure that if a recipient leaves without permission, the individual's act of leaving will be immediately noticed. • At least one COS service component per episode of care must be provided by a medical professional with prescribing privileges. <p>COS services have the additional service requirements/expectations:</p> <ul style="list-style-type: none"> • 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 residential and stabilization services center; • Must provide either co-occurring capable or enhanced evaluation or services; • May share staffing with a crisis residential and stabilization services center, if co-located, when necessary, provided that adequate staffing remains (i.e. an LPN) in both units. <p>Qualified providers of COS services are recommended to follow the SAMHSA "Essential Principles for Modern Crisis Care Systems," from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary. (Attachment A)</p> <p>https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf</p>
<p>Target Population</p>	<p>Individuals who are presenting with acute symptoms of mental or emotional distress who need a secure environment for evaluation and stabilization.</p>

Staff Qualifications	<p>COS may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none">• Licensed Physicians• Licensed Physician Assistants• Advanced Practice Registered Nurses• Licensed Registered Nurses• Licensed Practical Nurses• Mental Health Professional Clinicians• Substance Use Disorder Counselors• Certified Medical Assistants/Certified Nursing Assistants• Community Health Aides• Behavioral Health Clinical Associates• Behavioral Health Aides• Peer Support Specialists. <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
-----------------------------	--

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> 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 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of Employment 19 - Off Campus Hospital 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 34 - Hospice 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service <p>Telehealth is not allowed for this service.</p>
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 138.450.
Relationship to Other Services	COS services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated. Time-based billing rules apply per 7 AAC 105.230.

<i>Service Code</i>	S9484 V1
<i>Unit Value</i>	1 unit = 60 minutes
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	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 a licensed physician) advanced practice registered nurse or physician assistant must provide each unit of service to draw down the hourly rate.

Mobile Outreach and Crisis Response (MOCR) Services

Service Name (Abbreviation)	Mobile Outreach and Crisis Response (MOCR) Services
Authority Effective Date Revision History	7 AAC 138.450 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	MOCR services are provided to prevent a mental health crisis or to stabilize an individual during or after a mental health crisis. Services are available 24/7 to individuals and/or families who are experiencing a crisis or have received a MOCR service within 48 hours. MOCR services are delivered in the community in any location where the provider and the individual can maintain safety. MOCR services render rapid assessment and intervention, prevent crises from escalating, stabilize the individual/family, and connect the individual/family to appropriate services needed to resolve the crisis with essential follow up to ensure connection to resources and/or ensure the crisis has stabilized.
Service Components	<ul style="list-style-type: none"> • Triage and screening, including screening for suicidality • Crisis assessment including causes leading to the crisis, safety and risk considerations, strengths and resources, recent behavioral health treatment, medications prescribed and recent compliance, and medical history as it relates to the crisis • Peer support as part of the MOCR team • Crisis planning included, such as the creation of a safety plan • Coordination, referral and linkage with appropriate community services and resources • Linkage to medication services as indicated • Skills training designed to minimize future crisis situations
Contraindicated Services	None.

<p><i>Service Requirements/ Expectations</i></p>	<p>MOCR programs must be available 24 hours a day, 7 days of the week, make available psychiatric consultation, and provide rapid face-to-face response as follows:</p> <ul style="list-style-type: none"> • The person in crisis must be present for a majority of the service delivery duration. • Urban teams on average must respond to individual 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. <p>For an initial individual crisis request, a MOCR program must ensure that a team of 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.</p> <ul style="list-style-type: none"> • Rural and frontier programs may have only one staff person onsite to respond and may use telehealth to meet the requirement for at least one additional qualified staff (or more as needed). <p>MOCR programs must document attempt to crisis follow-up with an individual 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 or a telehealth engagement with an individual.</p> <p>MOCR programs must coordinate with law enforcement and a 23-hour crisis observation and stabilization (COS) services and crisis stabilization services, when available.</p> <p>When appropriate, MOCR services may also be provided to the family or support system in support of an individual who is experiencing a behavioral health crisis.</p> <p>Qualified providers of MOCR services are recommended to follow the SAMHSA “Essential Principles for Modern Crisis Care Systems” from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary (Attachment A).</p> <p>https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf</p>
---	--

Target Population	<p>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 an individual to other appropriate services that may be needed to resolve the crisis.</p> <p>MOCR teams may work with immediate family, kinship relations, or non-kinship primary caregiver and child (when the service recipient is a minor), to reduce or deescalate the identified behavior. MOCR teams may work with immediate family, kinship relations, or non-kinship primary caregiver and child for the follow-up interaction to the initial face-to-face contact.</p>
Staff Qualifications	<p>MOCR services may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>MOCR services may be provided in any location where the provider and the individual can maintain safety.</p> <p>03 - School 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 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of Employment 19 - Off Campus Hospital 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 34 - Hospice 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service</p>
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 138.450.
Relationship to Other Services	MOCR services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

<i>Service Code</i>	T2034 V1
<i>Unit Value</i>	1 unit = Per Call Out
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	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 in staff qualifications to be eligible to draw down the per unit rate.

MOCR Crisis Service Follow Up

<i>Service Name (Abbreviation)</i>	MOCR Crisis Service Follow Up
<i>Authority Effective Date Revision History</i>	7 AAC 138.450 Effective {effective date of regulations} Revision 12/15/2022
<i>Service Description</i>	<p>MOCR services are provided to prevent a mental health crisis or to stabilize an individual during or after a mental health crisis. Services are available 24/7 to individuals and/or families who are experiencing a crisis or have received a MOCR service within 48 hours. MOCR services are delivered in the community in any location where the provider and the individual can maintain safety. MOCR services render rapid assessment and intervention, prevent crises from escalating, stabilize the individual/family, and connect the individual/family to appropriate services needed to resolve the crisis with essential follow up to ensure connection to resources and/or ensure the crisis has stabilized.</p> <p>MOCR Crisis Services Follow Up are provided to individuals and/or families to ensure connection to resources and/or ensure the crisis has stabilized. The follow up continues to assess for safety and confirms linkage with any referrals.</p>
<i>Service Components</i>	<ul style="list-style-type: none"> • Triage and screening, including screening for suicidality • Crisis assessment including causes leading to the crisis, safety and risk considerations, strengths and resources, recent behavioral health treatment, medications prescribed and recent compliance, and medical history as it relates to the crisis • Peer support as part of the MOCR team • Crisis planning included, such as the creation of a safety plan • Coordination, referral and linkage with appropriate community services and resources • Linkage to medication services as indicated • Skills training designed to minimize future crisis situations
<i>Contraindicated Services</i>	None.

<p><i>Service Requirements/ Expectations</i></p>	<p>MOCR programs must document attempt to crisis follow-up with an individual 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 or a telehealth engagement with an individual.</p> <p>Qualified providers of MOCR services are recommended to follow the SAMHSA “Essential Principles for Modern Crisis Care Systems” from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary (Attachment A).</p> <p>https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf</p>
<p><i>Target Population</i></p>	<p>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 an individual to other appropriate services that may be needed to resolve the crisis.</p> <p>MOCR teams may work with immediate family, kinship relations, or non-kinship primary caregiver and child (when the service recipient is a minor) to reduce or deescalate the identified behavior. MOCR teams may work with immediate family, kinship relations, or non-kinship primary caregiver and child for the follow-up interaction to the initial face-to-face contact.</p>
<p><i>Staff Qualifications</i></p>	<p>MOCR Crisis Services Follow Up may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>

Service Location	<p>MOCR Crisis Services Follow Up may be provided in any location where the provider and the individual can maintain safety.</p> <p>02 - Telehealth, patient not located at home 03 - School 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 10 - Telehealth, patient located at home 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of Employment 19 - Off Campus Hospital 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 34 - Hospice 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service</p> <p>If the service is performed through telehealth, the appropriate telehealth modifier must be appended when billing the service.</p>
Service Frequency/Limits	None.
Service Authorization	No service authorization required.

<i>Service Documentation</i>	Must be documented in a progress note in accordance with 7 AAC 138.450.
<i>Relationship to Other Services</i>	MOCR Crisis Services Follow Up may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.
<i>Service Code</i>	H2011 TS V1
<i>Unit Value</i>	1 unit = 15 minutes
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to perform MOCR Crisis Services Follow Up; however, each unit of service must be provided by a mental health professional clinician or other qualified professional listed in staff qualifications to be eligible to draw down the per unit rate.

Crisis Residential and Stabilization Services (CSS)

Service Name (Abbreviation)	Crisis Residential and Stabilization Services (CSS)
Authority Effective Date Revision History	7 AAC 138.450 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	Crisis Residential and Stabilization (CSS) is a short-term residential, medically monitored stabilization service for individuals presenting with acute mental or emotional disorders requiring psychiatric stabilization. CSS services are provided 24 hours a day, seven days a week and are designed to restore the individual to a level of functioning that does not require inpatient hospitalization.
Service Components	<ul style="list-style-type: none"> • Individualized crisis assessment • Psychiatric evaluation services • Nursing services • Medication services-including prescription, administration, and management • Crisis intervention services which include therapeutic interventions to decrease and stabilize the presenting crisis • Identification and resolution of the contributing factors to the crisis when possible • Stabilization of withdrawal symptoms if appropriate • Advocacy, networking, and support to provide linkages and referrals to appropriate community-based services
Contraindicated Services	None.

<p><i>Service Requirements/ Expectations</i></p>	<p>CSS services must provide:</p> <ul style="list-style-type: none"> • A short-term residential program with 16 or fewer beds. The short-term residential program is not more than 7 days in length. • Medically monitored stabilization services designed to restore the individual to a level of functioning that does not require inpatient hospitalization. • Assessment for the need for medication services and other post-discharge and support services. • Individuals must be seen by a physician, physician assistant, psychiatrist, or advanced practice registered nurse within 24 hours of admission to conduct an assessment, address issues of care, and write orders as required. • An individualized crisis assessment based on an evidence-based risk assessment tool. • An individualized crisis treatment plan. • Daily documentation in the clinical record of the individual’s progress toward resolution of the crisis. • At least one CSS service component per day must be provided by a medical professional with prescribing privileges. <p>Qualified providers of CSS services are recommended to follow the SAMHSA “Essential Principles for Modern Crisis Care Systems” from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary (Attachment A).</p> <p>https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf</p>
<p><i>Target Population</i></p>	<p>Individuals who are presenting with acute mental or emotional disorders requiring psychiatric stabilization and care.</p>

Staff Qualifications	<p>CSS services may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include:</p> <ul style="list-style-type: none"> • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
Service Location	<p>Services may be provided in the following settings:</p> <p>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 23 - Emergency Room 53 - Community Mental Health Center 99 - Other appropriate place of service</p> <p>Telehealth is not allowed for this service.</p>
Service Frequency/Limits	7 Days/units per State Fiscal Year.
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 138.450.
Relationship to Other Services	Crisis Residential and Stabilization services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated. Time-based billing rules apply per 7 AAC 105.230.
Service Code	S9485 V1
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.

<i>Additional Information</i>	<p>Programs may employ a multidisciplinary team of professionals to perform Crisis Residential and Stabilization Services; however, to be eligible to draw down the per unit rate, each unit of services must be provided:</p> <ul style="list-style-type: none">• directly by a physician, physician assistant, psychiatrist, or advanced practice registered nurse, or• at the direction of a physician, physician assistant, psychiatrist, or advanced practice registered nurse.
--------------------------------------	---

Treatment Plan Development or Review

Service Name (Abbreviation)	Treatment Plan Development or Review
Authority Effective Date Revision History	7 AAC 138.100 Effective {effective date of regulations} Revision 05/27/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	As an individual moves through treatment in any level of behavioral health services, his or her progress should be formally assessed at regular intervals relevant to the individual's severity of illness and level of functioning, and the intensity of service and level of care. This includes the development and review of the individual'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 individual's treatment plan.
Service Components	See 7 AAC 135.120
Contraindicated Services	None
Service Requirements/ Expectations	<p>A treatment plan review and any necessary revisions must be completed at least every 90 days. This includes documenting the results of the treatment plan review in the clinical record and including the name, signature, and credentials of the individual who conducted the review.</p> <p>The treatment plan review must include the following:</p> <ul style="list-style-type: none"> • Progress toward achieving treatment goals • Review of identified problems and treatment services to assess if the treatment services are addressing the individual's current needs • Identification of new problems that require assessment or treatment services. <p>Resolution of treatment goals may result in the individual requiring a lower level of care. If this should occur, a referral should be made to the appropriate level of care.</p> <p>Identification of new problems or treatment services may result in the individual requiring a higher level of care. If this should occur, a referral should be made to the appropriate level of care.</p>
Target Population	A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

Staff Qualifications	<p>Providers qualified to be reimbursed for treatment plan review provided to individual include the following if a directing clinician signs and monitors the treatment plan review:</p> <ul style="list-style-type: none">• Licensed Physicians• Licensed Physician Assistants• Advanced Practice Registered Nurses• Licensed Registered Nurses• Licensed Practical Nurses• Mental Health Professional Clinicians• Substance Use Disorder Counselors• Certified Medical Assistants/Certified Nursing Assistants• Community Health Aides• Behavioral Health Clinical Associates• Behavioral Health Aides• Peer Support Specialists <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Peer Support Specialist.</p>
-----------------------------	---

Service Location	<p>Services may be provided in the following settings:</p> <ul style="list-style-type: none"> 02 - Telehealth, patient not located at home 03 - School 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 10 - Telehealth, patient located at home 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of Employment 19 - Off Campus Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 Rural Health Clinic 99 - Other appropriate place of service <p>If the service is performed through telehealth, the appropriate telehealth modifier must be appended when billing the service.</p>
Service Frequency/Limits	At least every 90 days per participant; 5 maximum per recipient per State Fiscal Year.
Service Authorization	Service authorization is not allowed to extend State Fiscal Year Limit
Service Documentation	Must be documented in a progress note, in accordance with 7 AAC 135.130.
Relationship to Other Services	Treatment plan development or review may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

<i>Service Code</i>	T1007 V1 - Individual
<i>Unit Value</i>	1 unit = 1 Treatment plan review
<i>Payment Rate</i>	See rate chart.
<i>Additional Information</i>	Programs may employ a multidisciplinary team of professionals to facilitate Treatment plan development or review; however, the directing clinician must sign and monitor the treatment plan review to draw down the per unit rate.

Attachment A: SAMHSA’s Essential Principles for Modern Crisis Care Systems from National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit

Best practice crisis care incorporates a set of core principles that must be systematically “baked in” to excellent crisis systems in addition to the core structural elements that are defined as essential for modern crisis systems. These essential principles and practices are:

1. Addressing Recovery Needs
2. Significant Role for Peers
3. Trauma-Informed Care
4. Zero Suicide/Suicide Safer Care
5. Safety/Security for Staff and People in Crisis
6. Crisis Response Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services.

Addressing Recovery Needs

Crisis providers must address the recovery needs of individuals and families to move beyond their mental health and substance use challenges to lead happy, productive, and connected lives each and every day.

Significant Role for Peers

A transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible.

Trauma-Informed Care

The great majority of individuals served in mental health and substance use services have experienced significant interpersonal trauma. Mental health crises and suicidality often are rooted in trauma. These crises are compounded when crisis care involves loss of freedom, noisy and crowded environments and/or the use of force. These situations can actually retraumatize individuals at the worst possible time, leading to worsened symptoms and a genuine reluctance to seek help in the future.

On the other hand, environments and treatment approaches that are safe and calm can facilitate healing. Thus, we find that trauma-informed care is an essential element of crisis treatment. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Ensuring cultural, historical and gender considerations inform the care provided.

Trauma-informed systems of care ensure these practices are integrated into service delivery. Developing and maintaining a healthy environment of care also requires support for staff, who may have experienced trauma themselves.

Zero Suicide/Suicide Safer Care

Two transformational commitments must be made by every crisis provider in the nation: (1) adoption of suicide prevention as a core responsibility, and (2) commitment to dramatic reductions in suicide among people under care. These changes were adopted and advanced in the revised National Strategy for Suicide Prevention (2012), specifically via a new Goal 8: “Promote suicide prevention as a core component of health care services” (p. 51).

The following key elements of Zero Suicide or Suicide Safer Care are all applicable to crisis care:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;
2. Developing a competent, confident, and caring workforce;
3. Systematically identifying and assessing suicide risk among people receiving care;
4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;
5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
6. Providing continuous contact and support; especially after acute care; and
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Safety/Security for Staff and People in Crisis

Safety for both individuals served and staff is a foundational element for all crisis service settings. Crisis settings are also on the front lines of assessing and managing suicidality and possibly violent thoughts or aggressive behaviors, issues with life and death consequences. While ensuring safety for people using crisis services is paramount, the safety for staff cannot be compromised. Keys to safety and security in crisis delivery settings include:

- Evidence-based and trauma-informed crisis training for all staff;
- Role-specific staff training and appropriate staffing ratios to number of clients being served;
- A non-institutional and welcoming physical space and environment for persons in crisis, rather than plexiglass “fishbowl” observation rooms and keypad-locked doors. This space must also be anti-ligature sensitive and contain safe rooms for people for whom violence may be imminent;
- Established policies and procedures emphasizing “no force first” prior to implementation of safe physical restraint or seclusion procedures;
- Pre-established criteria for crisis system entry;
- Strong relationships with law enforcement and first responders; and
- Policies that include the roles of clinical staff (and law enforcement if needed) for management of incidents of behavior that places others at risk.

Providers must establish environments that are safe for those they serve as well as their own team members who are charged with delivering high quality crisis care that aligns with best practice guidelines. The keys to safety and security for home visits by mental health staff include:

- No mental health crisis outreach worker will be required to conduct home visits alone.
- Employers will equip mental health workers who engage in home visits with a communication device.
- Mental health workers dispatched on crisis outreach visits will have prompt access to any information available on history of dangerousness or potential dangerousness of the client they are visiting.

Law Enforcement and Crisis Response —An Essential Partnership

Law enforcement agencies have reported a significant increase in police contacts with people with mental illness in recent years. Some involvement with mental health crises is inevitable for police. Police officers may (1) provide support in potentially dangerous situations when the need is assessed or (2) make warm hand-offs into crisis care if they happen to be first to engage.

In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the de facto mental health mobile crisis system. This is unacceptable and unsafe. The role of local law enforcement in addressing emergent public safety risk is essential and important. With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes. Unfortunately, well-intentioned law enforcement responders to a crisis call can escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.

Psychiatric Advance Directives

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. They can serve as a way to protect a person's autonomy and ability to self-direct care. Crisis providers are expected to always seek to understand and implement any existing PAD that has been developed by the individual during the evaluation phase and work to ensure the individual discharges from crisis care with an updated and accurate psychiatric advance directive whenever possible. PAD creates a path to express treatment preferences and identify a representative who is trusted and legally empowered to make healthcare decisions on medications, preferred facilities, and listings of visitors.

Source:

SAMHSA "Essential Principles for Modern Crisis Care Systems" from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary:

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>