

Chapter 70
Behavioral Health Services

Article 1
Applicability and Scope

7 AAC 70.010. Applicability

- (a) This chapter applies to
- (1) a community behavioral health services provider, including
 - (A) a community mental health services provider receiving money from the department under AS 47.30.520 - 47.30.620; and
 - (B) a substance use treatment provider receiving money from the department under AS 47.30.475 or AS 47.37.045;
 - (2) a substance use treatment provider that is subject to the requirements of AS 47.37, but does not receive money under AS 47.37, including an opioid use disorder treatment program or a substance use treatment provider that provides treatment to individuals referred by an alcohol safety action program; in this paragraph, "treatment" does not include services designed solely to provide support, advocacy, education, referral, or other assistance navigating the behavioral health services available to the recipient; and
 - (3) a substance use treatment program operated for the Department of Corrections under AS 33.30.
- (b) This chapter does not apply to
- (1) an independent mental health practitioner providing diagnostic testing and evaluation services for which the practitioner is billing Medicaid under AS 47.07 and 7 AAC 105 - 7 AAC 160;
 - (2) a mental health physician clinic providing mental health clinic services for which the provider is billing Medicaid under AS 47.07 and 7 AAC 105 - 7 AAC 160; or
 - (3) an inpatient psychiatric hospital; or
 - (4) a behavior analyst or assistant behavior analyst licensed under AS 08.15, or a behavior analyst group practice enrolled under 7 AAC 105.210.
- (c) In this section,
- (1) "alcohol safety action program" has the meaning given in AS 28.35.039;
 - (2) "inpatient psychiatric hospital" has the meaning given in 7 AAC 160.990(b).

7 AAC 70.030. Department approval of a provider of behavioral health services

- (a) The department will approve an organization to provide behavioral health services in this state only if that organization
- (1) meets the requirements for
 - (A) a community behavioral health services provider under 7 AAC 70.100 that is providing one or more of the following:
 - (i) behavioral health clinic services;
 - (ii) behavioral health rehabilitation services;

- (iii) detoxification services;
- (iv) residential substance use treatment services in accordance with [7 AAC 70.120](#);
- (v) opioid use disorder treatment services;
- (vi) autism services in accordance with [7 AAC 135.350](#); or

(B) a substance use treatment provider under [7 AAC 70.130](#); and

(2) is accredited or working toward accreditation in accordance with [7 AAC 70.150](#).

(b) In an approval issued under this section, the department will identify

(1) one or more of the services identified in (a)(1)(A) of this section for which the provider is approved, if the department approves the provider as a community behavioral health services provider;

(2) the service area for which the provider is approved; and

(3) the physical locations approved by the department based upon the physical locations the provider has reported to the department.

(c) If a provider is accredited under [7 AAC 70.150](#), the department will approve a behavioral health services provider for a fixed period of time that expires on the same date the provider's certificate of accreditation expires. Except as provided in (e) of this section, if the provider is not accredited, the department will approve a behavioral health services provider for a fixed period of three years from the date the department issued the approval.

(d) The department will issue a provisional approval to a behavioral health services provider who otherwise meets the requirements of this chapter to allow the provider sufficient time to

(1) obtain national accreditation in accordance with [7 AAC 70.150](#); or

(2) if being approved before July 1, 2015, obtain national accreditation or meet all of the interim behavioral health standards in [7 AAC 70.200](#) - [7 AAC 70.260](#).

(e) The department will issue a provisional approval under (d) of this section for up to two years from the date the department issued the provisional approval. However, the department will issue an opioid use disorder treatment program a provisional approval for a maximum of only one year.

(f) As it considers necessary for compliance by the provider with [7 AAC 70.100](#) or [7 AAC 70.130](#), or as it considers necessary to protect the health, safety, or well-being of a recipient of the provider's services, the department will impose a temporary or permanent special condition on an approval issued under this section.

(g) A department approval issued under this section is not transferable.

(h) A behavioral health services provider shall display the department approval in a prominent location that is visible to the public in the provider's primary workplace.

(i) If the department denies an approval under this section, the department will notify the provider in writing.

(j) To appeal the denial of an approval under this section, or to appeal a temporary or permanent special condition placed on the approval, a provider must submit a timely notice of appeal in writing to the department. A notice of appeal is timely if the department receives it no later than 30 days after the date that the department issues the notice of denial or the approval with the condition. The appeal will be conducted in accordance with [AS 44.62.330](#) - 44.62.630.

(k) If during the approval period the department finds that the provider is out of compliance with the requirements of this chapter, the department will take action under [7 AAC 70.900](#).

7 AAC 70.050. Recipient eligibility for state-financed behavioral health services

Money that the department provides to a community behavioral health services provider under AS 47.30.475, 47.30.530 - 47.30.620, or AS 47.37 may be used only to provide services to an individual who

- (1) is experiencing a short-term crisis;
- (2) has
 - (A) a maladaptive pattern of substance use, including use of a narcotic drug that may require opioid use disorder treatment services; or
 - (B) cognitive, behavioral, or physiological symptoms indicating that the individual continues to use a substance despite significant substance-related problems;
- (3) is a child experiencing a severe emotional disturbance;
- (4) is at least 18 years of age and under 21 years of age,
 - (A) who, except for age, is an adult experiencing a serious mental illness; and
 - (B) whom the provider has determined is best serviced by receiving behavioral health services for adults in the community;
- (5) is an adult experiencing a serious mental illness; or
- (6) meets the criteria for autism services under 7 AAC 135.020(b)(4).

7 AAC 70.060. Recipient rights

(a) A community behavioral health services provider shall prepare a "bill of recipient's rights" that must be prominently posted in places of treatment.

(b) The "bill of recipient's rights" must contain the following information:

- (1) a recipient is entitled to participate in formulating, evaluating, and periodically reviewing the recipient's individualized written treatment plan, including requesting specific forms of treatment, be informed why requested forms of treatment are not made available, refuse specific forms of treatment that are offered, and be informed of treatment prognosis;
- (2) a recipient has the right to review with a staff member, at a reasonable time, the recipient's treatment record; however, information confidential to other individuals may not be reviewed by the recipient;
- (3) a recipient will be informed by the prescribing physician of the name, purpose, and possible side effects of medication prescribed as part of the recipient's treatment plan at the community behavioral health services provider;
- (4) a recipient may request a written summary of the recipient's treatment; that summary must include discharge and transition plans;
- (5) a recipient has a right to confidential maintenance of all information pertaining to the recipient and the right of prior written approval for the release of identifiable information.

Article 2

Behavioral Health Services Provider Qualifications

7 AAC 70.100. Qualifications of a community behavioral health services provider receiving money from the department

- (a) To be approved by the department as a community behavioral health services provider, a provider
- (1) must be a city, borough, or other political subdivision of the state or a nonprofit corporation;
 - (2) must be receiving money from the department under [AS 47.30.475](#) or 47.30.520 - 47.30.620;
 - (3) if providing behavioral health clinic services, must have a documented formal agreement with a physician for the purpose of providing general direction and direct clinical services;
 - (4) must collect and report the statistics, service data, and other information requested by the department under [AS 47.30.477](#), 47.30.530, [AS 47.37.040](#), or 47.37.140;
 - (5) must participate in the department's service delivery planning as required under [AS 47.30.540](#) or [AS 47.37.140\(d\)](#);
 - (6) must maintain a clinical record for each recipient in accordance with the standards used for the Medicaid program under [7 AAC 105.230](#) and [7 AAC 135.130](#);
 - (7) must have policies and procedures in place that incorporate the recipient's personal financial circumstances when determining the amount a recipient is required to pay for services;
 - (8) may not deny treatment to an otherwise eligible recipient due to the recipient's inability to pay for the service;
 - (9) may not supplant local funding available to pay for behavioral health services or programs with money received under [AS 47.30.475](#), 47.30.520 - 47.30.620, or [AS 47.37](#);
 - (10) must be a dual diagnosis capable program or dual diagnosis enhanced program;
 - (11) if providing detoxification services, must meet the additional requirements of [7 AAC 70.110](#);
 - (12) if providing residential substance use treatment services, must meet the additional requirements of [7 AAC 70.120](#); and
 - (13) if providing opioid use disorder treatment services, must meet the additional requirements of [7 AAC 70.125](#).
- (b) Money from the department under [AS 47.30.475](#), 47.30.520 - 47.30.620, or [AS 47.37](#) must be used to provide services to a recipient and may not be used to pay for capital expenditures.
- (c) A community behavioral health services provider may contract with another provider to provide behavioral health services or programs directly to a recipient.

7 AAC 70.110. Additional requirements for providing alcohol and drug detoxification services

- (a) The department will approve a community behavioral health services provider that meets the requirements of this section to provide one or more of the following alcohol and drug detoxification services:
- (1) ambulatory detoxification with extended on-site monitoring;
 - (2) clinically managed residential detoxification;
 - (3) medically monitored residential detoxification.
- (b) Ambulatory detoxification with extended on-site monitoring must
- (1) be delivered as an outpatient service on the premises of the community behavioral health services provider;
 - (2) include 24-hour access to medical consultation and emergency medical care in a general acute care hospital;

(3) include periodic evaluation of the recipient's condition and treatment to confirm that ambulatory detoxification with extended on-site monitoring continues to be safe for the recipient;

(4) be provided directly to a recipient by an individual with an active license under [AS 08](#) to practice as

(A) a physician;

(B) a physician assistant;

(C) an advanced nurse practitioner;

(D) a registered nurse supervised by a physician or advanced nurse practitioner; or

(E) a licensed practical nurse supervised by a physician or advanced nurse practitioner;

(5) include, at admission and during the course of active treatment as needed,

(A) a substance use intake assessment conducted in accordance with [7 AAC 135.110\(c\)](#);

(B) a medical evaluation; of the individuals listed in (4) of this subsection, only a physician, physician assistant, or advanced nurse practitioner may provide a medical evaluation;

(C) monitoring, assessment, and management of intoxication; and

(D) evaluating a recipient's withdrawal by applying the Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar) or Clinical Opiate Withdrawal Scale (COWS), adopted by reference in [7 AAC 70.910](#); and

(6) include at least three of the component services listed in (e) of this section.

(c) Clinically managed residential detoxification must

(1) be delivered as a residential service on the premises of the community behavioral health services provider;

(2) include 24-hour access to medical consultation and care;

(3) be provided directly to a recipient by

(A) a substance use disorder counselor;

(B) a behavioral health clinical associate;

(C) a mental health professional clinician; or

(D) an individual with an active license under [AS 08](#) to practice as

(i) a physician;

(ii) a physician assistant;

(iii) an advanced nurse practitioner;

(iv) a registered nurse supervised by a physician or advanced nurse practitioner; or

(v) a licensed practical nurse supervised by a physician or advanced nurse practitioner;

(4) include at least three of the component services listed in (e) of this section; if the component services include medication administration services, and of the individuals listed in (3) of this subsection, only a physician, a physician assistant, an advanced nurse practitioner, a registered nurse supervised by a physician or advanced nurse practitioner, or a licensed practical nurse supervised by a physician or advanced nurse practitioner may provide medication administration services;

(5) include a substance use intake assessment, at admission and during the course of active treatment as needed, and conducted in accordance with [7 AAC 135.110\(c\)](#); and

(6) include a medical evaluation; of the individuals listed in (3) of this subsection, only a physician, physician assistant, or advanced nurse practitioner may provide a medical evaluation.

(d) Medically monitored residential detoxification must

(1) be delivered as a residential service on the premises of the community behavioral health services provider;

(2) include medical consultation available daily by telephone 24 hours per day;

(3) be provided directly to a recipient by an individual with an active license under [AS 08](#) to practice as

(A) a physician;

(B) a physician assistant;

(C) an advanced nurse practitioner;

(D) a registered nurse supervised by a physician or advanced nurse practitioner; or

(E) a licensed practical nurse supervised by a physician or advanced nurse practitioner;

(4) include, no later than 24 hours after admission, and during the course of active treatment as needed, a medical evaluation; of the individuals listed in (3) of this subsection, only a physician, physician assistant, or advanced nurse practitioner may provide a medical evaluation; if methadone is used in treatment, a physician must perform a reevaluation no later than 24 hours after admission;

(5) include daily monitoring of each recipient on the premises; of the individuals listed in (3) of this subsection, only a physician, physician assistant, or advanced nurse practitioner may perform that daily monitoring;

(6) include, if medically necessary and clinically appropriate, hourly monitoring 24 hours per day of a recipient's medication administration and progress;

(7) include, at admission and during the course of active treatment as needed,

(A) a substance use intake assessment conducted in accordance with [7 AAC 135.110\(c\)](#);

(B) the following services performed by a nurse:

(i) monitoring, assessment, and management of intoxication;

(ii) evaluation of a recipient's withdrawal by applying the Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar) or Clinical Opiate Withdrawal Scale (COWS), adopted by reference in [7 AAC 70.910](#);

and

(C) medically supervised evaluation and consultation available 24 hours per day; and

(8) include at least three of the component services listed in (e) of this section.

(e) Ambulatory detoxification with extended on-site monitoring, clinically managed residential detoxification, and medically monitored residential detoxification must include at least three of the following component services:

(1) medication administration services;

(2) referrals to other behavioral, medical, social, or educational agencies, as needed;

- (3) discharge or transfer planning;
- (4) evaluation and treatment of symptoms of intoxication and withdrawal;
- (5) comprehensive community support services;
- (6) crisis or relapse prevention planning;
- (7) individual daily assessment;
- (8) case management;
- (9) management of a recipient's chronic disease, if medically necessary and clinically appropriate;
- (10) urinalysis and breathalyzer testing, when specifically related to detoxification;
- (11) development of coping skills in the recovery environment.

(f) Each employee of a community behavioral health services provider who provides detoxification services directly to a recipient must

- (1) be currently certified by the American Red Cross, or other certifying organization, in
 - (A) cardiopulmonary resuscitation;
 - (B) basic first aid; and
 - (C) blood-borne and airborne pathogens;
- (2) work within the scope of that employee's education, training, license, credentials, and experience;
- (3) work under the supervision of a physician, a physician assistant, or an advanced nurse practitioner, if the employee is not a physician, a physician assistant, or an advanced nurse practitioner;
- (4) be capable of
 - (A) implementing
 - (i) physician-approved protocols for observation and supervision; and
 - (ii) protocols for medical intervention and crisis management developed by the provider under (g) of this section;
 - (B) assisting in the determination of an appropriate level of care and in transitioning the recipient to that level of care;
 - (C) monitoring, identifying, treating, or assisting with the treatment of symptoms of intoxication or withdrawal from alcohol or drugs using the materials listed in (h) of this section;
 - (D) following provider protocol on when to seek medical care for any symptom or treatment need of a recipient;
 - (E) observing a recipient self-administer medication and verifying that self-administration was done in accordance with the physician's prescription and all other laws, policies, and procedures; and
 - (F) monitoring a recipient's stabilized behavioral health problems and recognizing instability in a recipient with co-occurring disorders.

(g) To be approved to provide any service under this section, a community behavioral health services provider must establish a

- (1) protocol for determining when and what kind of medical intervention may be needed, including

- (A) nursing or physician care;
 - (B) emergency procedures; and
 - (C) transferring a recipient to a higher level of care; and
- (2) crisis management protocol and train staff in using that protocol.
- (h) All detoxification services must be medically necessary and clinically appropriate in accordance with
- (1) the ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, adopted by reference in [7 AAC 70.910](#);
 - (2) one or more of the following:
 - (A) the Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 70.910](#);
 - (B) the International Classification of Diseases, adopted by reference in [7 AAC 70.910](#);
 - (3) the Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in [7 AAC 70.910](#); and
 - (4) the Clinical Opiate Withdrawal Scale (COWS), adopted by reference in [7 AAC 70.910](#). (i)
- In this section, "individual daily assessment" means the ongoing daily process of collecting information regarding the recipient's treatment needs, preferences, and desired outcomes.

7 AAC 70.120. Additional requirements for providing residential substance use treatment services

- (a) The department will approve a community behavioral health services provider that meets the requirements of this section to provide clinically managed low-intensity, medium-intensity, or high-intensity residential substance use treatment services.
- (b) All residential substance use treatment services must include, at admission and during the course of active treatment as needed,
- (1) a substance use intake assessment conducted in accordance with [7 AAC 135.110\(c\)](#), or an integrated mental health and substance use intake assessment conducted in accordance with [7 AAC 135.110\(d\)](#); if the assessment conducted under this paragraph is an integrated mental health and substance use intake assessment, and of the individuals listed in (f)(6), (g)(5), or (h)(5) of this section, only a physician, a physician assistant, an advanced nurse practitioner, or a mental health professional clinician may provide that assessment; and
 - (2) development and maintenance of an individualized treatment plan that includes measurable short-term goals and objectives as needed in the areas of
 - (A) case management;
 - (B) addiction treatment;
 - (C) health care;
 - (D) mental health;
 - (E) social services;
 - (F) vocational services; and
 - (G) housing services.

(c) Residential substance use treatment services may be administered to an individual or a group, or on a family basis, but must include the following component services:

- (1) life skills development designed to restore or improve the recipient's overall functioning relative to the recipient's substance use disorder;
- (2) counseling to promote successful initial involvement in regular productive daily activity, including going to work or school, and successful reintegration into family living;
- (3) motivational and engagement strategies appropriate to the recipient's treatment plan;
- (4) medication administration services; of the individuals listed in (f)(6), (g)(5), or (h)(5) of this section, only a physician, a physician assistant, an advanced nurse practitioner, a registered nurse supervised by a physician or advanced nurse practitioner, or a licensed practical nurse supervised by a physician or advanced nurse practitioner may provide medication administration services;
- (5) referrals to other agencies, as needed;
- (6) discharge or transfer planning;
- (7) comprehensive community support services;
- (8) crisis or relapse prevention planning;
- (9) management of a recipient's chronic disease, if medically necessary and clinically appropriate;
- (10) urinalysis and breathalyzer testing to reinforce treatment gains as appropriate to the treatment plan;
- (11) development of a social network that is supportive to recovery;
- (12) services provided to the recipient's family and significant other to support recovery and prevention;
- (13) didactic motivational interventions to assist the recipient in understanding the relationship between substance use disorder and attendant life issues;
- (14) development of coping skills in the recovery environment.

(d) All residential substance use treatment services must be medically necessary, clinically appropriate, and provided in accordance with

- (1) the ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, adopted by reference in [7 AAC 70.910](#); and
- (2) one or more of the following:
 - A) the Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 70.910](#);
 - B) the International Classification of Diseases, adopted by reference in [7 AAC 70.910](#).

(e) In addition to being delivered during regular business hours, all residential substance use treatment services must be delivered as needed during evening hours and on weekends.

(f) Clinically managed low-intensity residential substance use treatment services must

- (1) be delivered as a residential service on the premises of a community behavioral health services provider;
- (2) include five or more hours of clinical and therapeutic rehabilitative services per week;
- (3) be delivered in a structured recovery environment, staffed 24 hours a day, that

provides sufficient stability to prevent or minimize the potential for recipient relapse or level of substance use that creates problems for the recipient;

(4) include the availability of telephonic or in-person consultation with a physician, a physician assistant, an advanced nurse practitioner, or the emergency medical staff of a general acute care hospital 24 hours a day, seven days per week;

(5) be provided with the appropriate medical, psychiatric, and psychological services on-site or closely coordinated off-site as determined by the severity and urgency of the recipient's condition;

(6) be provided directly to a recipient by any of the following individuals, working within the scope of the individual's practice:

(A) a substance use disorder counselor;

(B) a behavioral health clinical associate;

(C) a mental health professional clinician;

(D) an individual with an active license under [AS 08](#) to practice as

(i) a physician;

(ii) a physician assistant;

(iii) an advanced nurse practitioner;

(iv) a registered nurse supervised by a physician or advanced nurse practitioner; or

(v) a licensed practical nurse supervised by a physician or advanced nurse practitioner; and

(7) include access to nursing care and observation of the recipient as needed.

(g) Clinically managed medium-intensity residential substance use treatment services must

(1) be delivered as a residential service on the premises of a community behavioral health services provider;

(2) include 20 or more hours of clinical and therapeutic rehabilitative services per week;

(3) include the availability of consultation with a physician, a physician assistant, an advanced nurse practitioner, or the emergency medical staff of a general acute care hospital 24 hours a day, seven days per week, including

(A) telephonic consultation available no later than eight hours after the provider's request for consultation;

(B) in-person consultation available no later than 24 hours after the provider's request for consultation;

(4) be provided with the appropriate medical, psychiatric, and psychological services on-site or closely coordinated off-site as determined by the severity and urgency of the recipient's condition;

(5) be available 24 hours per day, must be provided on-site, and must be provided directly to a recipient by any of the following individuals, working within the scope of the individual's practice:

(A) a substance use disorder counselor;

(B) a behavioral health clinical associate;

(C) a mental health professional clinician;

- (D) an individual with an active license under [AS 08](#) to practice as
 - (i) a physician;
 - (ii) a physician assistant;
 - (iii) an advanced nurse practitioner;
 - (iv) a registered nurse supervised by a physician or advanced nurse practitioner; or
 - (v) a licensed practical nurse supervised by a physician or advanced nurse practitioner; and

(6) include access to nursing care and observation of the recipient as needed.

(h) Clinically managed high-intensity residential services must

(1) be delivered as a long-term residential inpatient service on the premises of a community behavioral health services provider;

(2) include 20 or more hours of clinical and therapeutic rehabilitative services per week;

(3) include the availability of consultation with a physician, a physician assistant, an advanced nurse practitioner, or the emergency medical staff of a general acute care hospital 24 hours a day, seven days per week, including

(A) telephonic consultation available no later than eight hours after the provider's request for consultation;

(B) in-person consultation available no later than 24 hours after the provider's request for consultation;

(4) be provided with the appropriate medical, psychiatric, and psychological services on-site or closely coordinated off-site as determined by the severity and urgency of the recipient's condition;

(5) be available 24 hours per day, must be provided on-site, and must be provided directly to a recipient by any of the following individuals, working within the scope of the individual's practice:

(A) a substance use disorder counselor;

(B) a behavioral health clinical associate;

(C) a mental health professional clinician;

(D) an individual with an active license under [AS 08](#) to practice as

(i) a physician;

(ii) a physician assistant;

(iii) an advanced nurse practitioner;

(iv) a registered nurse supervised by a physician or advanced nurse practitioner; or

(v) a licensed practical nurse supervised by a physician or advanced nurse practitioner; and

(6) include access to nursing care and observation of the recipient as needed. (i) In this section, "telephonic" means two-way vocal communication by telephone or voice over internet protocol technologies.

7 AAC 70.125. Additional requirements for providing opioid use disorder treatment services

(a) To be approved by the department to provide opioid use disorder treatment services, a community behavioral health services provider described in 7 AAC 70.010(a)(1)(B) or a substance use treatment provider described in 7 AAC 70.010(a)(2) must

- (1) comply with each requirement of 42 C.F.R. Part 8, adopted by reference in 7 AAC 70.910;
- (2) be accredited or working toward accreditation in accordance with 7 AAC 70.150;
- (3) be certified under 42 C.F.R. Part 8 by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA);
- (4) be registered with the federal Drug Enforcement Administration;
- (5) have a valid drug room license from the Board of Pharmacy under 12 AAC 52.800(a);
- (6) provide a comprehensive range of medical and behavioral health clinic and rehabilitative services that address addiction and addictive behavior;
- (7) cooperate with the Department of Corrections to assist with opiate withdrawal or maintenance treatment of a recipient in custody;
- (8) cooperate with the attending physician and hospital staff to continue opioid treatment services upon hospitalization of a recipient; and
- (9) adhere to the Federal Guidelines for Opioid Treatment Programs, adopted by reference in 7 AAC 70.910.

(b) All opioid use disorder treatment services, including behavioral health clinic and rehabilitation services, must be medically necessary and clinically appropriate in accordance with the

- (1) ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, adopted by reference in 7 AAC 70.910;
- (2) Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in 7 AAC 70.910;
- and
- (3) International Classification of Diseases - 10th Revision, Clinical Modification (ICD-10-CM), adopted by reference in 7 AAC 70.910.

(c) Unless a recipient voluntarily terminates participation in the opioid use disorder treatment program, the provider may not withdraw opioid use disorder treatment services earlier than 21 days after beginning treatment. However, the medical director may impose a withdrawal of services after fewer than 21 days, and without the recipient's voluntary termination of participation, if withdrawal of services is medically necessary for the safety and well-being of the recipient. The provider shall have written withdrawal procedures for withdrawing services from a recipient without the recipient's voluntary termination of participation. The provider shall explain those procedures to the recipient before imposing them.

(d) Services must be available to assure the reasonable continuity of care of each recipient. Hours of operation must reasonably consider and accommodate recipient schedules, including schedules for transportation, school, homemaking, employment, and child care, and in reasonable consideration of the provider's operational costs. In order to meet the requirements under this subsection, a provider shall ensure that

- (1) services are made available at least six days a week, 52 weeks a year, with the exception of closures on state and federal holidays; a provider shall inform the department of the provider's published hours of operation, including holidays and other scheduled closures;

- (2) the provider offers medication dispensing Monday through Friday during a regular 9:00 a.m. - 5:00 p.m. business day; and
 - (3) medication dispensing is scheduled for hours needed to reasonably accommodate recipient needs, including on Saturdays, on Sundays, and after the business day under (2) of this subsection if indicated by recipient needs.
- (e) For an emergency leading to temporary closure of an opioid use disorder treatment program, an up-to-date plan for emergency administration of medications must be maintained. The plan must
- (1) provide for the capability to respond to emergencies on a 24-hour basis; and
 - (2) identify an alternative dosing location that (A) is secured in advance; and (B) complies with registration requirements of the federal Drug Enforcement Administration.
- (f) In this section, "medical director" has the meaning given in 42 C.F.R. 8.2, adopted by reference in [7 AAC 70.910](#).

7 AAC 70.130. Qualifications of a substance use treatment provider not receiving money from the department

To be approved by the department, a substance use treatment provider described in [7 AAC 70.010\(a\)\(3\)](#) and not receiving money from the department under [AS 47.30.475](#), 47.30.520 - 47.30.620, or [AS 47.37](#) must

- (1) meet the requirements of
 - (A) this section;
 - (B) [7 AAC 70.110](#), if providing detoxification services;
 - (C) [7 AAC 70.120](#), if providing residential substance use treatment services; and
 - (D) [7 AAC 70.125](#), if providing opioid use disorder treatment services;
- (2) collect and report the statistical and service data requested by the department under [AS 47.37.140](#); and
- (3) maintain recipient records that include
 - (A) an intake assessment containing
 - (i) recipient identifying information;
 - (ii) recipient referral information;
 - (iii) a recipient history related to the reason for referral;
 - (iv) a summary of the problems that need treatment; and
 - (v) a recipient diagnosis;
 - (B) a treatment plan, that is signed by the provider and recipient, and that identifies
 - (i) the problems that are the focus of treatment;
 - (ii) the written goals and objectives related to the problems;
 - (iii) the planned services and interventions designed to achieve the goals; and
 - (iv) the planned frequency and duration of the services and interventions; and
 - (C) treatment notes that
 - (i) describe the active treatment provided;
 - (ii) identify the date the service was provided;
 - (iii) identify the duration of the service provided;
 - (iv) identify each treatment goal that the service targeted;

- (v) record the recipient's progress toward the identified treatment goal;
- (vi) include the signature of the individual who rendered the service; and
- (vii) identify the credentials of the individual who rendered the service.

7 AAC 70.140. Qualifications of a Department of Corrections substance use treatment program

To be approved by the department, a substance use treatment program operated for the Department of Corrections under [AS 33.30](#) must collect and report the statistical and service data requested by the department under a memorandum of agreement, or similar device, with the Department of Corrections.

7 AAC 70.150. Behavioral health services provider accreditation

(a) Except as provided in (b) of this section, to receive a department approval under [7 AAC 70.030](#), a behavioral health services provider must

(1) be accredited to provide behavioral health services by

- (A) The Joint Commission;
- (B) the Commission on Accreditation of Rehabilitation Facilities (CARF); or
- (C) the Council on Accreditation (COA);

(2) be accredited by an alternative accreditation agency approved by the department under [7 AAC 70.160](#); or

(3) meet the interim standards for operation under [7 AAC 70.200](#) - [7 AAC 70.265](#).

(b) After June 30, 2015, a behavioral health services provider must

(1) be accredited to provide behavioral health services by

- (A) The Joint Commission;
 - (B) the Commission on Accreditation of Rehabilitation Facilities (CARF);
 - (C) the Council on Accreditation (COA); or
 - (D) an alternative accreditation agency approved by the department under [7 AAC 70.160](#);
- or

(2) be issued a provisional department approval under [7 AAC 70.030\(d\)](#).

(c) A behavioral health services provider must obtain accreditation that is relevant to the services for which the provider is seeking department approval.

(d) A behavioral health services provider must submit to the department a copy of the complete accreditation agency site review report no later than 30 days after receipt from the accreditation agency.

(e) Upon receipt of a written request by the department, a behavioral health services provider that is not already accredited to provide behavioral health services must submit to the department a report on the provider's progress toward receiving accreditation.

7 AAC 70.160. Alternative accreditation approval

(a) To request approval of an alternative accreditation under [7 AAC 70.150\(a\)\(2\)](#) or (b)(1)(D), a behavioral health services provider must submit a written request to the department that includes the documentation necessary for the department to evaluate the alternative accreditation agency and that agency's accreditation process.

(b) At a minimum, an alternative accreditation agency

(1) must evaluate the behavioral health services provider's policies and procedures in areas of

- (A) provider ethics;
 - (B) admissions;
 - (C) client rights;
 - (D) service delivery;
 - (E) medication management;
 - (F) infection control;
 - (G) performance measures and quality improvement;
 - (H) leadership and organizational structure;
 - (I) physical environment;
 - (J) human resources; and
 - (K) information systems management;
- (2) must use standardized evaluation tools to evaluate the provider;
 - (3) must demonstrate a business practice that updates the accreditation agency's standards on a continuous basis to meet changes in industry standards;
 - (4) must assist the provider with maintaining or improving quality of care through a variety of technical assistance tools;
 - (5) must be capable of evaluating the provider's ability to safely and effectively provide behavioral health clinic services, behavioral health rehabilitation services, detoxification services, or residential substance use services;
 - (6) must use independent evaluation of providers; and
 - (7) may not be affiliated directly or indirectly with a provider.
- (c) The department will approve an alternative accreditation if
- (1) the minimum standards in (b) of this section are met;
 - (2) the accreditation is appropriate for the behavioral health services provider's scope of practice; and
 - (3) the accreditation agency's accreditation standards meet or exceed the interim standards of operation under [7 AAC 70.200](#) - [7 AAC 70.260](#).
- (d) The department will notify a behavioral health services provider in writing of its decision. A provider may appeal the department's decision under this section in accordance with [AS 44.62.330](#) - 44.62.630.

Article 3

Interim Behavioral Health Services Provider Standards for Operation

7 AAC 70.200. Interim standards for operation

Before July 1, 2015, a behavioral health services provider may meet the requirements of [7 AAC 70.150](#) by meeting the interim behavioral health services provider standards of [7 AAC 70.200](#) - [7 AAC 70.260](#).

7 AAC 70.205. Provider ethics

A behavioral health services provider must demonstrate the provider's commitment to ethical behavior in all aspects of operation by establishing a written ethical code of conduct to which all employees must adhere.

7 AAC 70.220. Standards of service

A behavioral health services provider must

- (1) use appropriate and comprehensive standardized assessments to evaluate the needs of each recipient entering and receiving ongoing treatment by the provider;
- (2) develop written comprehensive treatment plans based upon the assessed needs of the recipient;
- (3) document new recipient orientation to services and all recipient participation in the development and implementation of treatment plans;
- (4) render only those services that are documented in the treatment plan as medically necessary, clinically appropriate, and based on the assessed needs of the recipient;
- (5) document all clinical services in a timely manner;
- (6) provide services in a way that is culturally sensitive to the state's diverse population; and
- (7) make appropriate referrals, provide appropriate information, and coordinate services with other service providers to ensure continuity of care when a recipient transfers to another provider or is discharged from services.

7 AAC 70.225. Internal service structure

For each category of service provided by a behavioral health services provider, that provider must

- (1) have in writing
 - (A) a service description;
 - (B) a service philosophy; and
 - (C) service goals;
- (2) establish procedures for crisis intervention, including screening recipients for risk to self or others;
- (3) provide clinical supervision to all personnel providing clinical or direct services to a recipient; and
- (4) conduct regular quality assurance reviews that
 - (A) monitor the quality of the service;
 - (B) monitor the appropriateness of service; and
 - (C) are used to identify training needs and improve the quality of the service.

7 AAC 70.230. Medication management

A behavioral health services provider must

- (1) have comprehensive written policies and procedures that cover all aspects of medication management; and
- (2) conduct a periodic review and evaluation of the provider's compliance with its own medication management policies and procedures.

7 AAC 70.235. Infection control

A behavioral health services provider must implement an infection control program that reduces a staff member's or recipient's risk of infection. The provider must periodically evaluate the infection control program for effectiveness and make any changes that are needed.

7 AAC 70.240. Performance measures and quality improvement

A behavioral health services provider must

- (1) promote a culture within its own organization that promotes excellence and continual quality improvement;
- (2) establish policies and procedures for identifying and analyzing critical incidents and sentinel events;
- (3) collect data for the purpose of monitoring performance, managing risk, and improving service delivery; and
- (4) be able to show how the data collected under this section is used to implement changes that increase quality of care, manage risk, and decrease the number of critical incidents or sentinel events.

7 AAC 70.245. Leadership

A behavioral health services provider must

- (1) establish policies and procedures for organizational governance and responsibility;
- (2) have an active governing body empowered to guide, plan, and support the provider in achieving its mission and goals;
- (3) have a written description of the provider's leadership structure, including a description of the roles and responsibilities of each level of leadership;
- (4) demonstrate effective leadership within all areas of the provider's organization by having leaders who
 - (A) engage in both short- and long-term strategic planning;
 - (B) communicate effectively with staff and recipients;
 - (C) develop and implement policies and procedures that guide the business and clinical operations of the provider;
 - (D) establish the mission and direction of the organization;
 - (E) are responsible for ongoing performance improvement and achievement of established outcomes; and
 - (F) solicit and value feedback from recipients, personnel, and other stakeholders to create services that meet or exceed the expectations of recipients;
- (5) comply with all federal, state, and local laws; and
- (6) be financially solvent and adhere to established accounting practices.

7 AAC 70.250. Physical environment

A behavioral health services provider must

- (1) maintain a safe, healthy, and therapeutic physical environment for providing services;
- (2) monitor the provider's environment and make any necessary changes;
- (3) develop and implement an emergency management plan, including the conduct of practice drills; and
- (4) develop and implement a risk management plan designed to reduce the risk of harm to a person, property, or the ability of the provider to meet the requirements of this chapter.

7 AAC 70.255. Human resources

A behavioral health services provider must

- (1) have a sufficient number of qualified staff to meet recipient needs and the performance expectations of the provider;
- (2) hire only those individuals who are qualified to perform the duties assigned;
- (3) provide initial orientation to new staff members;
- (4) establish minimum qualifications for each job classification;
- (5) perform and document an annual evaluation for each staff member;
- (6) require personal accountability from each staff member for that staff member's work performance; and
- (7) implement a system for managing staff caseloads to support high quality care.

7 AAC 70.260. Information system management

A behavioral health services provider must

- (1) ensure that the provider's management information system is secure and protects the privacy and confidentiality rights of the recipients; and
- (2) maintain a complete and accurate clinical record system.

Article 4

General Provisions

7 AAC 70.900. Voluntary surrender; disciplinary actions

(a) If the department determines that a behavioral health services provider is not in compliance with this chapter or the provider's action or inaction is placing the health, safety, or well-being of a recipient in jeopardy, the department may

- (1) request voluntary surrender of an approval;
- (2) impose a temporary or permanent special condition on the provider's approval;
- (3) impose a specific probationary period during which the provider must correct the deficiencies that the department has identified;
- (4) suspend the provider's approval for a specific period of time;
- (5) revoke the provider's approval.

(b) The department will suspend or revoke a provider's approval if, during a probationary period imposed under (a)(3) of this section, a provider fails to correct the deficiencies that the department has identified.

(c) The department will notify a provider of its intention to impose a special condition, impose a probationary period, suspend an approval, or revoke an approval under (a)(2) - (5) of this section in accordance with [AS 44.62.330](#) - 44.62.630, including a provider's right to appeal that action.

7 AAC 70.910. Requirements adopted by reference

The following documents referenced in this chapter are adopted by reference:

- (1) American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, June 2013 (DSM-5), as amended from time to time;

- (2) American Society of Addiction Medicine, ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, 2013;
- (3) the Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), originally published in the British Journal of Addiction (1989), Volume 84;
- (4) the Clinical Opiate Withdrawal Scale (COWS), originally published in the Journal of Psychoactive Drugs, Volume 35, Number 2, April-June 2003;
- (5) International Classification of Diseases - 10th Revision, Clinical Modification (ICD-10-CM), 2016 revision, as amended from time to time;
- (6) Zero to Three: National Center for Infants, Toddlers, and Families, Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), revised as of 2005;
- (7) 42 C.F.R. Part 8 (certification of opioid treatment programs), revised as of October 1, 2015;
- (8) United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Federal Guidelines for Opioid Treatment Programs, HHS Publication No. (SMA) PEP15-FEDGUIDEOTP, dated March 2015.

7 AAC 70.920. Adult experiencing a serious mental illness

(a) An adult experiencing a serious mental illness is an individual 21 years of age or older who currently has or at any time during the past year has had a diagnosable mental, emotional, or behavioral disorder of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 70.910](#), or the International Classification of Diseases, adopted by reference in [7 AAC 70.910](#), and that

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

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

7 AAC 70.930. Child experiencing a severe emotional disturbance.

(a) A child experiencing a severe emotional disturbance is an individual under 21 years of age who currently has or at any time during the past year has had a diagnosable mental, emotional, or behavioral disorder of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 70.910](#), the International Classification of Diseases, adopted by reference in [7 AAC 70.910](#), or the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), adopted by reference in [7 AAC 70.910](#), and that

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

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

(A) persistent symptoms of distress or diminished affect that do not readily respond to encouragement, reassurance, or instructional control;

(B) impeded development or inappropriate attachment as a result of exposure to traumatic life events or impaired relationships;

(C) pervasive behavior that is disruptive, aggressive, or risk-taking and that places the individual at serious risk of physical harm to self or to another person or results in serious property damage;

(D) consistent inability to participate appropriately in a community setting, including family, school, work, or child care;

(E) imminent risk for out-of-home placement;

(F) imminent risk for being placed in the custody of the department under [AS 47.12.120](#) or as a result of exposure to maltreatment under [AS 47.10.011](#);

(G) current hospitalization or the imminent risk of hospitalization.

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

7 AAC 70.990. Definitions

In this chapter, unless the context requires otherwise,

- (1) "active treatment" means that the individual who renders the services actively engages the recipient and provides pre-planned specific interventions, supports, or other actions that assist the recipient in achieving the goals written in the behavioral health treatment plan;
- (2) "adult experiencing a serious mental illness" means an individual described in [7 AAC 70.920](#);
- (3) "behavioral health clinical associate" means an individual
 - (A) who may have less than a master's degree in psychology, social work, counseling, or a related field with specialization or experience in providing rehabilitation services to recipients with severe behavioral health conditions;
 - (B) whose responsibilities may include provision of psychosocial evaluation, education related to a recipient's behavioral health condition, encouraging and coaching, counseling, and teaching of needed life skills; and
 - (C) who works within the scope of the individual's training, experience, and education;
- (4) "behavioral health clinic services" means the services provided to a recipient under [7 AAC 135.010\(b\)](#);
- (5) "behavioral health rehabilitation services" means the services provided to a recipient under [7 AAC 135.010\(c\)](#);
- (6) "behavioral health services" means the outpatient evaluation or treatment of an individual's mental health or substance use;
- (7) "behavioral health services provider" means
 - (A) a community behavioral health services provider;
 - (B) a substance use treatment provider that, as described in [7 AAC 70.010\(a\)\(2\)](#), is not receiving money from the department;
- (8) "breathalyzer" means a device for estimating blood alcohol content from a breath sample;
- (9) "case management" means assistance to the recipient and the recipient's family in accessing and coordinating high-quality needed services, including
 - (A) medical, psychiatric, and mental health services;
 - (B) substance use treatment;
 - (C) educational, vocational, and social supports; and
 - (D) community-based services, related assessments, and post-discharge follow-up activities;
- (10) "child experiencing a severe emotional disturbance" means an individual described in [7 AAC 70.930](#)
- (11) "community behavioral health services provider" means a provider approved under [7 AAC 70.100](#) to provide behavioral health clinic services, behavioral health rehabilitation services, detoxification services, or residential substance use treatment services;
- (12) "comprehensive community support services" means the services provided to a recipient under [7 AAC 135.200](#);
- (13) "co-occurring disorders" means a diagnosable substance use disorder and a diagnosable mental health disorder that the recipient experiences at the same time;
- (14) "counseling" means an exchange of information, opinions, and ideas between the recipient and the recipient's provider about the recipient's life choices and behaviors for the purposes of assisting the recipient to make positive changes in the recipient's behavior;

- (15) "crisis or relapse prevention planning" means service activities designed to support the recovery of the individual in order to reduce and prevent recurrence of harmful use of alcohol or other drugs;
- (16) "department" means the Department of Health and Social Services;
- (17) "detoxification" means the immediate physiological stabilization, diagnosis, and treatment of a recipient who is intoxicated, incapacitated, or experiencing withdrawal from using alcohol or drugs;
- (18) "detoxification services" means (A) ambulatory detoxification with extended on-site monitoring provided in accordance with [7 AAC 70.110](#); (B) clinically managed residential detoxification provided in accordance with [7 AAC 70.110](#); (C) medically monitored residential detoxification provided in accordance with [7 AAC 70.110](#);
- (19) "discharge or transfer planning" means the planning necessary for a recipient to make a smooth transition away from active involvement with treatment services or from one level of care to another level of care;
- (20) "dual diagnosis capable program" means a program
- (A) that addresses co-occurring disorders in its policies and procedures, assessment, treatment planning, program content, and discharge planning;
 - (B) in which the program staff is able to address the interaction between substance use and mental health disorders; and
 - (C) that is not required to operate under the direction of a physician and does not provide behavioral health clinic services;
- (21) "dual diagnosis enhanced program" means a program that
- (A) has a higher level of integration of substance use and mental health treatment services than a dual diagnosis capable program and is able to provide unified treatment of the symptoms of the recipient's substance use and mental health disorders, in addition to addressing the interactions between the co-occurring disorders; and
 - (B) provides behavioral health clinic services under the direction of a physician with individual services supervised by a mental health professional clinician;
- (22) "functional impairment"
- (A) means a disorder that substantially interferes with or prevents a recipient from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills;
 - (B) includes disorders of episodic, recurrent, or continuous duration;
 - (C) does not include temporary, expected responses to stressful events in the recipient's environment;
- (23) "general acute care hospital" has the meaning given in [7 AAC 12.990](#);
- (24) "general direction" means, in a community behavioral health services provider, a physician provides general program and clinical consultative services when needed;
- (25) "management of a recipient's chronic disease" means using a community-wide, systematic, and structured multidisciplinary approach to interventions designed to prevent or manage one or more chronic conditions;
- (26) "medication administration services" means the administration, by medical personnel, of injectable or oral medications to a recipient, documentation of medication compliance, assessment

and documentation of side effects, and evaluation and documentation regarding the effectiveness of the medication; in this paragraph, "medical personnel" means

- (A) a physician;
- (B) a physician assistant;
- (C) an advanced nurse practitioner;
- (D) a registered nurse supervised by a physician or advanced nurse practitioner;
- (E) a licensed practical nurse supervised by a physician or advanced nurse practitioner;

(27) "mental, emotional, or behavioral disorder" means a disorder identified by a provider listed in [Z AAC 135.030](#) and in accordance with the

- (A) Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 70.910](#);
- (B) International Classification of Diseases, adopted by reference in [7 AAC 70.910](#); or
- (C) Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), adopted by reference in [7 AAC 70.910](#);

(28) "mental health professional clinician" means

- (A) an individual who
 - (i) is working for a community behavioral health services provider;
 - (ii) is performing limited behavioral health services that are within that individual's field of expertise;
 - (iii) is not working in a capacity that requires the individual to be licensed under [AS 08](#); and
 - (iv) has a master's degree or more advanced degree in psychology, counseling, child guidance, community mental health, marriage and family therapy, social work, or nursing;
- (B) a nurse who
 - (i) has a master's degree in nursing;
 - (ii) has received special training or experience in mental health;
 - (iii) has an active license to practice nursing under [AS 08.68](#); and
 - (iv) is working in the individual's field of expertise;
- (C) a marital and family therapist who
 - (i) has an active license to practice marital and family therapy under [AS 08.63](#); and
 - (ii) is working in the individual's field of expertise;
- (D) a professional counselor who
 - (i) has an active license to practice as a professional counselor under [AS 08.29](#); and
 - (ii) is working in the individual's field of expertise;
- (E) a social worker who
 - (i) has a master's degree in social work;
 - (ii) has an active license to practice as a social worker under [AS 08.95](#); and
 - (iii) is working in the individual's field of expertise; or
- (F) a psychologist or psychological associate who

- (i) has an active license to practice as a psychologist or psychological associate under [AS 08.86](#); and
 - (ii) is working in the individual's field of expertise;
- (29) "service area" means the geographic area described by an applicant and affirmed by the department as the area for which services will be provided by a provider authorized under this chapter;
- (30) "short-term crisis" means an acute episode of a mental, emotional, behavioral, or psychiatric disorder;
- (31) "substance use disorder" means a disorder that is identified by a diagnostic code found in the Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in [7 AAC 70.910](#), or the International Classification of Diseases, adopted by reference in [7 AAC 70.910](#), and that is related to
 - (A) alcohol, amphetamine, or similar acting sympathomimetics;
 - (B) cannabis, cocaine, hallucinogens, inhalants, nicotine, or opioids;
 - (C) analogs of phencyclidine (PCP) or similar arylcyclohexylamines; or
 - (D) sedatives, hypnotics, or anxiolytics;
- (32) "substance use disorder counselor" means an individual who, subject to the limits of the individual's education, training and experience, provides behavioral health rehabilitation services with a focus on the treatment of substance use disorders, while working for a community behavioral health services provider;
- (33) "substance use treatment provider" means a residential treatment facility or an outpatient treatment provider that operates under [AS 47.37](#) for the primary purpose of providing treatment to recipients with substance use disorders;
- (34) "urinalysis" means laboratory testing of a recipient's urine performed by a laboratory accredited under 42 C.F.R. Part 493.
- (35) "opioid use disorder treatment program" means an individual or entity that
 - (A) administers or dispenses a narcotic drug to a narcotic addict for withdrawal or maintenance treatment;
 - (B) provides to individuals when appropriate or necessary a comprehensive range of medical and behavioral health clinical and rehabilitative services; and
 - (C) is approved under this chapter.
- (36) "autism services"
 - (A) means the
 - (i) design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior;
 - (ii) empirical identification of functional relations between behavior and environmental factors, and the utilization of contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and engage in behaviors under specific environmental conditions; and
 - (iii) application of adaptive behavior treatment by protocol, group adaptive behavior treatment by protocol, adaptive behavior treatment by protocol modification, or family adaptive treatment guidance;

(B) does not include

(i) psychological testing;

(ii) diagnosis of a mental or behavioral disorder; or

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