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**OFFICE OF THE LIEUTENANT GOVERNOR  
ALASKA**

**M E M O R A N D U M**

**TO:** Triptaa Surve, Department of Health

**FROM:** April Simpson, Office of the Lieutenant Governor   
465.4081

**DATE:** January 3, 2024

**RE:** Filed Permanent Regulations: Department of Health

Department of Health regulations re: Medicaid Coverage & Payment for 1115 Behavioral Health & Substance Use Disorder Waiver Services (7 AAC 105, 135, 138, 139, 160)

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Attorney General File:	2023200105
Regulation Filed:	1/3/2024
Effective Date:	2/2/2024
Print:	249, April 2024

cc with enclosures: Colleen Bailey, Department of Law  
Judy Herndon, LexisNexis



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of Law

CIVIL DIVISION

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January 2, 2024

The Honorable Nancy Dahlstrom  
Lieutenant Governor  
State of Alaska  
P.O. Box 110015  
Juneau, AK 99811-0015

Re: *7 AAC 105, 135, 138, 139, 160: Dept. of Health - Medicaid Coverage & Payment for 1115 Behavioral Health & Substance Use Disorder Waiver Services*  
Our file: 2023200105

Dear Lieutenant Governor Dahlstrom:

The Department of Law has reviewed the attached regulations of the Department of Health against the statutory standards of the Administrative Procedure Act. Based upon our review, we find no legal problems. This letter constitutes the written statement of approval under AS 44.62.060(b) and (c) that authorizes your office to file the attached regulations. The regulations were adopted by the Department of Health after the close of the public comment period.

The regulations adjust Medicaid coverage and payments for "1115" behavioral health (BH) and substance use disorder (SUD) waiver services.

The April 14, 2023 public notice and the December 28, 2023 adoption order both state that this action is not expected to require an increased appropriation. Therefore, a fiscal note under AS 44.62.060 is not required.

No technical corrections were necessary to conform the regulations in accordance with AS 44.62.060.

Sincerely,

TREG TAYLOR  
ATTORNEY GENERAL

By: **Rebecca C. Polizzotto**  
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Rebecca C. Polizzotto  
Date: 2024.01.02  
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Rebecca C. Polizzotto  
Chief Assistant Attorney General  
Legislation, Regulations, and  
Legislative Research Section

RCP/SCW

CC w/enclosure: **Triptaa Surve, Regulations Contact**  
**Department of Health**

**Dylan J. Krueger, Assistant Attorney General**  
**Department of Law**

**Steven C. Weaver, Assistant Attorney General**  
**Department of Law**

ORDER ADOPTING CHANGES TO REGULATIONS  
OF THE DEPARTMENT OF HEALTH.

The attached twenty pages of regulations, dealing with Medicaid Coverage & Payment for 1115 Behavioral Health (BH) & Substance Use Disorder (SUD) Waiver Services, are adopted and certified to be a correct copy of the regulation changes that the Department of Health adopts under the authority of AS 47.05.010, AS 47.05.012, AS 47.05.270, AS 47.07.030, AS 47.07.036, AS 47.07.040, AS 47.07.069, and AS 47.07.085, and after compliance with the Administrative Procedure Act (AS 44.62), specifically including notice under AS 44.62.190 and 44.62.200 and opportunity for public comment under AS 44.62.210.

This action is not expected to require an increased appropriation.

In considering public comments, the Department of Health paid special attention to the cost to private persons of the regulatory action being taken.

The regulation changes adopted under this order take effect on the 30th day after they have been filed by the lieutenant governor, as provided in AS 44.62.180.

Heidi  
Hedberg

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Hedberg  
Date: 2023.12.28 14:01:35  
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Heidi Hedberg, Commissioner  
Department of Health.

FILING CERTIFICATION

*April Simpson for*

I, Nancy Dahlstrom, Lieutenant Governor for the State of Alaska, certify that on

January 3, 2024, at 3:59 p.m., I filed the attached regulations according to the provisions of AS 44.62.040 - 44.62.120.

*Nancy Dahlstrom*  
for Lieutenant Governor *Nancy Dahlstrom*

Effective: February 2, 2024

Register: 249, April 2024

**FOR DELEGATION OF THE LIEUTENANT GOVERNOR'S AUTHORITY**

**I, NANCY DAHLSTROM, LIEUTENANT GOVERNOR OF THE STATE OF ALASKA, designate the following state employees to perform the Administrative Procedures Act filing functions of the Office of the Lieutenant Governor:**

**April Simpson, Regulations and Initiatives Specialist**

**IN TESTIMONY WHEREOF, I have signed and affixed the Seal of the State of Alaska, in Juneau, on May 15th, 2023.**



A handwritten signature in blue ink, reading "Nancy Dahlstrom", is written over a horizontal dotted line.

**NANCY DAHLSTROM  
LIEUTENANT GOVERNOR**

7 AAC 105.230(d)(5) is amended by adding a new subparagraph to read:

(G) the following services may be billed on the same day as any other residential or inpatient service not already contraindicated when the recipient is discharged from a residential or inpatient service and admitted into a 23-hour crisis observation and stabilization service, crisis residential and stabilization service, or residential or inpatient service on the same day:

- (i) 23-hour crisis observation and stabilization services;
- (ii) crisis residential and stabilization services;
- (iii) residential or inpatient services;

(Eff. 2/1/2010, Register 193; am 6/7/2018, Register 226; am 2/6/2020, Register 233; am 2/12/2021, Register 237; am 1/1/2023, Register 244; am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

The introductory language of 7 AAC 135.010(a) is amended to read:

(a) The department will pay for a behavioral health service under 7 AAC 135.010 - 7 AAC 135.370 [7 AAC 135.010 - 7 AAC 135.350] if

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(Eff. 10/1/2011, Register 199; am 4/9/2017, Register 222; am 7/1/2018, Register 226; am 4/24/2020, Register 234; am 7/8/2020, Register 235; am 6/30/2021, Register 238; am 8/27/2021, Register 239; am 12/23/2022, Register 244; am 9/1/2023, Register 247; am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.069

The introductory language of 7 AAC 135.030(a) is amended to read:

(a) To be eligible for payment under 7 AAC 135.010 - 7 AAC 135.370 [7 AAC 135.010 - 7 AAC 135.350] for providing Medicaid behavioral health services, a provider must be enrolled in Medicaid under 7 AAC 105.210 and must be either

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(Eff. 10/1/2011, Register 199; am 7/1/2018, Register 226; am 11/10/2019, Register 232; am 4/24/2020, Register 234; am 9/1/2023, Register 247 am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.069

7 AAC 135.160(g) is amended to read:

(g) **Short-term** [EXCEPT AS PROVIDED IN (i) OF THIS SECTION, SHORT-TERM] crisis intervention must be documented **in a progress note in accordance with 7 AAC 105.230 and include an evidence-based risk assessment and follow-up disposition** [ON A CONTACT FORM PROVIDED BY THE DEPARTMENT. AGENCIES MAY INTEGRATE THE STATE-APPROVED CONTACT FORM INTO THEIR ELECTRONIC HEALTH RECORD BUT ALL DATA ELEMENTS FROM THE STATE CONTACT FORM MUST BE MAINTAINED IN THE ELECTRONIC VERSION OF THE FORM]. The services that are ordered by the mental health professional clinician in the short-term crisis intervention plan, but provided by others, must be documented by the individual who provided the service. All documentation under this subsection must be filed in the recipient's clinical record.

7 AAC 135.160(i) is repealed:

(i) Repealed 2 / 2 / 2024. (Eff. 10/1/2011, Register 199; am 12/23/2022, Register

Register 249, April 2024

HEALTH

244; am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010 AS 47.07.030

7 AAC 135.170(e) is amended to read:

(e) Short-term crisis stabilization must be documented **in a progress note in accordance with 7 AAC 105.230 and include an evidence-based risk assessment and follow-up**

**disposition** [ON A CONTACT FORM PROVIDED BY THE DEPARTMENT. AGENCIES MAY INTEGRATE THE STATE-APPROVED CONTACT FORM INTO THEIR ELECTRONIC HEALTH RECORD BUT ALL DATA ELEMENTS FROM THE STATE CONTACT FORM MUST BE MAINTAINED IN THE ELECTRONIC VERSION OF THE FORM]. Documentation under this section must be filed in the recipient's clinical record.

(Eff. 10/1/2011, Register 199; am 12/23/2022, Register 244; am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010 AS 47.07.030

7 AAC 135.210(b) is amended to read:

(b) Peer support services must be provided by a person who has **lived** experience [SIMILAR TO THE RECIPIENT] and who

(1) maintains frequent in-person or telephonic contact with the recipient [IN ORDER] to achieve all the objectives listed in (a) of this section; **and**

(2) **meets the requirements of 7 AAC 138.400** [IS COMPETENT TO PROVIDE PEER SUPPORT SERVICES BY VIRTUE OF HAVING EXPERIENCED BEHAVIORAL HEALTH ISSUES IN SELF OF FAMILY, AND



(3) IS SUPERVISED BY A MENTAL HEALTH PROFESSIONAL CLINICIAN OR SUBSTANCE USE DISORDER COUNSELOR WHO THE COMMUNITY BEHAVIORAL HEALTH SERVICES PROVIDER HAS DETERMINED IS COMPETENT TO SUPERVISE PEER SUPPORT SERVICES].

The introductory language of 7 AAC 135.210(c) is amended to read:

(c) Subject to the limitation in 7 AAC 135.040, peer support services may [ONLY] be offered **as a standalone service or** in combination with

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(Eff. 10/1/2011, Register 199; am 4/24/2020, Register 234; am 6/30/2021, Register 238; am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010 AS 47.07.030

7 AAC 135 is amended by adding new sections to Article 2 to read:

**7 AAC 135.360. Payment for qualified addiction professional or peer support specialist crisis services.** (a) The department will pay a community behavioral health services provider for 1115 waiver peer-based crisis services provided by a qualified addiction professional (QAP) or peer support specialist (PSS) to a recipient if that QAP or PSS

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, follow-up disposition, and the services that are provided.

(b) The department will pay a community behavioral health services provider for 1115 waiver mobile outreach and crisis response services provided by a qualified addiction professional (QAP) or peer support specialist (PSS) to a recipient if that QAP or PSS

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, follow-up disposition, and the services that are provided.

(c) The department will pay a community behavioral health services provider for 1115 waiver crisis observation and stabilization services provided by a qualified addiction professional (QAP) or peer support specialist (PSS) to a recipient if that QAP or PSS

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, follow-up disposition, and the services that are provided.

(d) The department will pay a community behavioral health services provider for 1115 waiver crisis residential and stabilization services provided by a qualified addiction professional (QAP) or peer support specialist (PSS) to a recipient if that QAP or PSS

(1) provides an individualized crisis assessment using an evidence-based risk assessment tool;

(2) develops an individualized crisis treatment plan; and

(3) daily documents the recipient's progress toward resolution of the crisis.

(e) In this section, a peer support specialist must meet the requirements of 7 AAC 138.400. (Eff. 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.370. Payment for qualified behavioral health professional crisis services.**

(a) The department will pay a community behavioral health services provider for 1115 waiver peer-based crisis services provided by a qualified behavioral health professional (QBHP) if that QBHP

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, follow-up disposition, and the services that are provided.

(b) The department will pay a community behavioral health services provider for 1115 waiver mobile outreach and crisis response services provided by a qualified behavioral health professional (QBHP) if that QBHP

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, follow-up disposition, and the services that are provided.

(c) The department will pay a community behavioral health services provider for 1115 waiver crisis observation and stabilization services provided by a qualified behavioral health

professional (QBHP) if that QBHP

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, follow-up disposition, and the services that are provided.

(d) The department will pay a community behavioral health services provider for 1115 waiver crisis residential and stabilization services provided by a qualified behavioral health professional (QBHP) if that QBHP

(1) provides an individualized crisis assessment using an evidence-based risk assessment tool;

(2) develops an individualized crisis treatment plan; and

(3) daily documents the recipient's progress toward resolution of the crisis.

(Eff. 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010 AS 47.07.030

7 AAC 138.450 is repealed and readopted to read:

**7 AAC 138.450. Crisis response services.** (a) The following services may be provided to an eligible recipient under this chapter, as set out in the *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900, in any appropriate community setting:

(1) peer-based crisis services, provided by a peer support specialist under 7 AAC 138.400, to help an individual avoid the need for hospital emergency department services or the

need for psychiatric hospitalization through services identified in a crisis plan by a mental health professional clinician that may include

(A) a summary of crisis intervention needs;

(B) facilitation of transition to other community-based resources or natural supports; and

(C) advocacy for client needs with other service providers;

(2) mobile outreach and crisis response services,

(A) only if provided by

(i) a mental health professional clinician; and

(ii) a qualified behavioral health professional, as defined in the

*Alaska Behavioral Health Provider Service Standards & Administrative*

*Procedures for SUD Provider Services*, adopted by reference in 7 AAC 160.900;

and

(B) provided to

(i) prevent a substance use disorder or mental health crisis from escalating;

(ii) stabilize an individual during or after a mental health crisis or crisis involving a substance use disorder; or

(iii) refer and connect to other appropriate services that may be needed to resolve the crisis;

(3) 23-hour crisis observation and stabilization services, that are provided for up to 23 hours and 59 minutes in a secure environment to an individual presenting with acute symptoms of mental or emotional distress, and that must

(A) be provided by a multidisciplinary team supervised by a physician, a physician assistant, or an advanced practice registered nurse;

(B) result in prompt evaluation and stabilization of the individual's condition; and

(C) ensure that the individual is safe from self-harm, including suicidal behavior.

(b) Peer-based crisis services, mobile outreach and crisis response, and 23-hour crisis observation and stabilization services must be documented in a progress note in accordance with 7 AAC 105.230 and include an evidence-based risk assessment and follow-up disposition.

(c) The crisis residential and stabilization services provided to an eligible individual under this chapter presenting with acute mental or emotional disorders requiring psychiatric stabilization and care may be provided in a licensed general acute care hospital, a licensed psychiatric hospital, a United States Indian Health Service facility, a licensed critical access hospital, a community behavioral health services provider approved by the department under 7 AAC 136.020, or a licensed crisis stabilization center. The crisis residential and stabilization services must be

(1) provided

(A) as a short-term residential program with 16 or fewer beds;

(B) as a medically monitored stabilization service designed to restore the individual to a level of functioning that does not require inpatient hospitalization; and

(C) to assess the need for medication services and other post-discharge treatment and support services; and

(2) supported by documentation that includes

(A) an individualized crisis assessment based on an evidence-based risk assessment tool;

(B) an individualized crisis treatment plan; and

(C) daily documentation in the clinical record of the recipient's progress toward resolution of crisis.

(d) A peer support specialist in this section is subject to the qualifications listed in 7 AAC 138.400.

(e) In this section, "secure environment" means a level of security that will reasonably ensure that if a recipient leaves without permission, the recipient's act of leaving will be immediately noticed.

(f) In this section, "short-term" means not more than seven days, and may be extended through a service authorization.

(g) In this section, "follow-up disposition" includes the diagnosis and treatment given, condition of the recipient on discharge or transfer, and instructions given to the recipient, or the recipient's family regarding necessary follow-up care. (Eff. 5/21/2020, Register 234; am 10/4/2020, Register 236; am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010      AS 47.07.030      AS 47.07.036  
AS 47.05.270

7 AAC 139.150(f)(1) is amended to read:

(1) "high risk" means a person **who may have at least one or more adverse childhood experiences based on the clinical assessment** [WITH A SCORE OF FOUR OR MORE ON THE *ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRES*, ADOPTED

BY REFERENCE IN 7 AAC 160.900];

7 AAC 139.150(f)(2) is amended to read:

(2) "imminent risk" means a person who has been **out of home placement, or is at risk of being out of home placement in state or tribal custody for** [IN CONTACT WITH THE SUBUNIT OF THE DEPARTMENT OF FAMILY AND COMMUNITY SERVICES RESPONSIBLE FOR CHILDREN'S SERVICES REGARDING] issues that could lead to **out of home** [OUT-OF-HOME] placement. (Eff. 5/21/2020, Register 234; am 10/4/2020, Register 236; am 2 / 2 / 2024, Register 249.)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.036  
AS 47.05.270

7 AAC 139.200(b) is amended to read:

(b) If community-based care management services consist of assertive community treatment services, those services may be provided to an individual listed in 7 AAC 139.010(2) who meets admission criteria set out in the *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900, and whose needs have not otherwise been adequately met through behavioral health services offered under 7 AAC 135. Assertive community treatment services must be

(1) available 24 hours a day, seven days a week, according to recipient need; **and**

(2) provided according to the evidence-based practice criteria established for assertive community treatment, as documented in the *Alaska Behavioral Health Providers*



*Services Standards & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900 [; AND

(3) PROVIDED IN ACCORDANCE WITH THE COMPONENT SERVICES SET OUT IN THE *ALASKA BEHAVIORAL HEALTH PROVIDERS SERVICES STANDARDS & ADMINISTRATIVE PROCEDURES FOR BEHAVIORAL HEALTH PROVIDER SERVICES*, ADOPTED BY REFERENCE IN 7 AAC 160.900].

(Eff. 5/21/2020, Register 234; am 10/4/2020, Register 236; am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010            AS 47.07.030            AS 47.07.036  
AS 47.05.270

7 AAC 139.300 is repealed and readopted to read:

**7 AAC 139.300. Adult mental health residential services.** (a) Adult mental health residential services in this section must be provided in a facility that is approved by the department and that maintains a therapeutically structured and supervised environment according to the criteria listed in the *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900.

(b) Adult mental health residential services must be provided in a facility with 16 or fewer beds by an interdisciplinary treatment team for an individual under 7 AAC 139.010(2) according to the following criteria:

(1) level I: for an individual

(A) diagnosed with a mental, emotional, or behavioral disorder or co-

occurring mental, emotional, or behavioral disorder and substance use disorder; and

(B) with a prior history of continuous high service needs, or who presents with behaviors or symptoms that require a facility to provide intensive rehabilitative services, stabilization, and maintain safety;

(2) level 2: for an individual diagnosed with a mental, emotional, or behavioral disorder or substance use disorder who presents with behaviors or symptoms that require a level of care, supervision, or monitoring that is higher than that required for other adult residents in assisted living home care as set out in AS 47.33 and 7 AAC 75, and who has

(A) not responded to outpatient treatment; and

(B) a history of treatment needs for chronic mental, emotional, or behavioral disorders or substance use disorders that cannot be met in a less restrictive setting.

(c) A psychiatric or psychological assessment must be conducted for an individual receiving adult mental health residential services before the department will approve a provider request for a service authorization.

(d) In this section, "high service needs" means a person who, in the past 12-month period, has

(1) accessed or been in contact with

(A) acute psychiatric hospitalization;

(B) psychiatric emergency services; or

(C) the criminal justice system; or

(2) has been unable to maintain safe and stable housing because of behaviors or symptoms.

(e) Notwithstanding (b) of this section, an individual may receive adult mental health residential services without being an adult experiencing a serious mental illness as required under 7 AAC 139.010(2), if

(1) the individual is 18 years of age or older but under 21 years of age; and

(2) the department determines that the individual is eligible for the services under 7 AAC 100 and 7 AAC 110.200 - 7 AAC 110.210 (EPSDT services). (Eff. 5/21/2020, Register 234; am 10/4/2020, Register 236; am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010      AS 47.07.030      AS 47.07.036  
AS 47.05.270

7 AAC 139.325(a) is amended to read:

7 AAC 139.325. **Children's residential treatment** [BEHAVIORAL HEALTH RESIDENTIAL TREATMENT SERVICES FOR CHILDREN]. (a) **Children's** [BEHAVIORAL HEALTH] residential treatment [SERVICES] in this section must be provided in a facility approved by the department and that maintains a therapeutically structured and supervised environment according to the criteria listed in the *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900.

The introductory language of 7 AAC 139.325(b) is amended to read:

(b) **Children's** [BEHAVIORAL] residential treatment [SERVICES FOR CHILDREN] must be provided by an interdisciplinary treatment team for an individual under 7 AAC 139.010(1) according to the following criteria:

...

(Eff. 10/4/2020, Register 236; am 6/30/2021, Register 238; am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010      AS 47.07.030      AS 47.07.036  
AS 47.05.270

7 AAC 139.350 is repealed and readopted to read:

**7 AAC 139.350. Crisis response services.** (a) The following services may be provided to an eligible recipient under this chapter, as set out in the *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900, in any appropriate community setting:

(1) peer-based crisis services, provided by a peer support specialist under 7 AAC 138.400 to help an individual avoid the need for hospital emergency department services or the need for psychiatric hospitalization through

(A) a summary of crisis intervention needs;

(B) facilitation of transition to other community-based resources or natural supports; and

(C) advocacy for client needs with other service providers;

(2) mobile outreach and crisis response services,

(A) only if provided by

(i) a mental health professional clinician; and

(ii) a qualified behavioral health professional, as defined in

*Alaska Behavioral Health Providers Services Standards & Administrative*

*Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900; and

(B) provided to

(i) prevent a substance use disorder or mental health crisis from escalating;

(ii) stabilize an individual during or after a mental health crisis or crisis involving a substance use disorder; or

(iii) refer and connect to other appropriate services that may be needed to resolve the crisis;

(3) 23-hour crisis observation and stabilization services, that are provided for up to 23 hours and 59 minutes in a secure environment to an individual presenting with acute symptoms of mental or emotional distress, and that must

(A) be provided by a multidisciplinary team supervised by a physician, a physician assistant, or an advanced practice registered nurse;

(B) result in prompt evaluation and stabilization of the individual's condition; and

(C) ensure that the individual is safe from self-harm, including suicidal behavior.

(b) Peer-based crisis services, mobile outreach and crisis response, and 23-hour crisis observation and stabilization services must be documented in a progress note in accordance with 7 AAC 105.230, and include an evidence-based risk assessment and follow-up disposition.

(c) The crisis residential and stabilization services provided to an eligible individual presenting with acute mental or emotional disorders requiring psychiatric stabilization and care

may be provided in a licensed general acute care hospital, a licensed psychiatric hospital, a United States Indian Health Service facility, a licensed critical access hospital, a community behavioral health services provider approved by the department under 7 AAC 136.020, or a licensed crisis stabilization center. The crisis residential and stabilization services must be

(1) provided

(A) as a short-term residential program with 16 or fewer beds;

(B) as a medically monitored stabilization service designed to restore the individual to a level of functioning that does not require inpatient hospitalization; and

(C) to assess the need for medication services and other post-discharge treatment and support services; and

(2) supported by documentation that includes

(A) an individualized crisis assessment based on an evidence-based risk assessment tool;

(B) an individualized crisis treatment plan; and

(C) daily documentation in the clinical record of the recipient's progress toward resolution of crisis.

(d) A peer support specialist in this section is subject to the qualifications listed in 7 AAC 138.400.

(e) In this section, "secure environment" means a level of security that will reasonably ensure that if a recipient leaves without permission, the recipient's act of leaving will be immediately noticed.

(f) In this section, "short-term" means not more than seven days, and may be extended through a service authorization.

(g) In this section, "follow-up disposition" includes the diagnosis and treatment given, the condition of the recipient on discharge or transfer, and instructions given to the recipient or the recipient's family regarding necessary follow-up care. (Eff. 5/21/2020, Register 234; am 10/4/2020, Register 236; am 2 / 2 / 2024, Register 249)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.036  
AS 47.05.270

7 AAC 160.900(d)(64) is repealed:

(64) repealed 2 / 2 / 2024;

7 AAC 160.900(d)(65) is amended to read:

(65) *Chart of Medicaid 1115 Behavioral Health (BH) and Substance Use Disorder (SUD) Waiver Services Rates* [CHART OF 1115 MEDICAID WAIVER SERVICES], dated December 15, 2022 [OCTOBER 6, 2022];

7 AAC 160.900(d)(67) is amended to read:

(67) the *Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services*, dated October 9, 2023 [AUGUST 4, 2020];

7 AAC 160.900(d)(68) is amended to read:

(68) the *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, dated October 9, 2023 [JUNE 30, 2021];

Register 249, April 2024

HEALTH

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**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.085



AS 47.05.012

AS 7.07.040

The editor's note following 7 AAC 160.900 is changed by deleting the 21st paragraph.

The editor's note following 7 AAC 160.900 is changed by adding a new paragraph to read:

The current version of the (1) *Chart of Medicaid 1115 Behavioral Health (BH) and Substance Use Disorder (SUD) Waiver Services Rates*; (2) *Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services*; and (3) *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, may be viewed at the agency's office at the State of Alaska, Department of Health, Division of Behavioral Health, 3601 C Street, Suite 934, Anchorage, AK 99503. The current version of these materials may also be viewed on the agency's internet website at <https://health.alaska.gov/dbh/Pages/default.aspx>, and website link, at <https://health.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx>.