

# DEPARTMENT OF HEALTH AND SOCIAL SERVICES



**NEW!**  
**BEHAVIORAL HEALTH SERVICES  
INTEGRATED REGULATIONS**  
(with conforming amendments)

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**Effective Date**  
**October 1, 2011**

*This is an unofficial copy of the regulation changes listed above. The official version of the regulations will be published in the October 2011 Register of the Alaska Administrative Code.*

7 AAC 29.010 is repealed:

**7 AAC 29.010. Application of standards.** Repealed. (Eff. 12/4/76, Register 60; am 6/2/94, Register 130; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 29.020 is repealed:

**7 AAC 29.020. Approval of facilities and programs.** Repealed. (Eff. 12/4/76, Register 60; am 6/2/94, Register 130; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 29.030 is repealed:

**7 AAC 29.030. Adoption of standards by reference.** Repealed. (Eff. 12/4/76, Register 60; am 6/2/94, Register 130; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: A COPY OF *STANDARDS FOR BEHAVIORAL HEALTH CARE*, (SBHC), 2004-2005 EDITION, ADOPTED BY REFERENCE IN 7 AAC 29.030 MAY BE REVIEWED AT THE JUNEAU OR ANCHORAGE OFFICE OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH. TO PURCHASE A COPY OF THE MANUAL, CONTACT THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS AT 877-223-6866 OR VISIT THE COMMISSION'S WEB SITE AT [HTTP://WWW.JCAHO.ORG](http://www.jcaho.org).]

7 AAC 29.035 is repealed:

**7 AAC 29.035. Certificate.** Repealed. (Eff. 6/2/94, Register 130; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 29.040 is repealed:

**7 AAC 29.040. Inspections and production of materials.** Repealed. (Eff. 12/4/76, Register 60; am 6/2/94, Register 130; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 29.050 is repealed:

**7 AAC 29.050. Waivers.** Repealed. (Eff. 12/4/76, Register 60; am 6/2/94, Register 130; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 29.060 is repealed:

**7 AAC 29.060. Denial, suspension, or revocation.** Repealed. (Eff. 6/2/94, Register 130; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 29.070 is repealed:

**7 AAC 29.070. Right to appeal and hearing.** Repealed. (Eff. 6/2/94, Register 130; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 29.080 is repealed:

**7 AAC 29.080. Qualified health practitioner.** Repealed. (Eff. 6/2/94, Register 130; repealed 10/1/2011, Register 199)

7 AAC 29.900 is repealed:

**7 AAC 29.900. Definitions.** Repealed. (Eff. 12/4/76 [12/14/76], Register 60; am 6/2/94, Register 130; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 43.470 is repealed:

**7 AAC 43.470. Children's mental health services.** Repealed. (Eff. 8/6/92, Register 123; am 12/31/92, Register 124; am 12/31/94, Register 132; readopt 8/7/96, Register 139; am 1/14/2000, Register 153; am 11/1/2000, Register 156; am 2/1/2010, Register 193; repealed 10/1/2011, Register 199)

**Editor's note:** 7 AAC 43.470 originally took effect as emergency regulation 7 AAC 43.457 as set out in Register 123, October 1992. Before this section was made permanent in Register 124, January 1993, it was revised and renumbered to 7 AAC 43.470.

[EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.470 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.471 is repealed:

**7 AAC 43.471. Severely emotionally disturbed children.** Repealed. (Eff. 11/1/2000, Register 156; am 4/28/2005, Register 174; am 2/1/2010, Register 193; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: THE AMERICAN PSYCHIATRIC ASSOCIATION'S *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS*, FOURTH EDITION, TEXT REVISION, DATED 2000 AND ADOPTED BY REFERENCE IN 7 AAC 43.471, MAY BE OBTAINED FROM THE AMERICAN MEDICAL ASSOCIATION AT (800) 621-8335; FROM AMERICAN PSYCHIATRIC PUBLISHING, INC., 1000 WILSON BOULEVARD, SUITE 1825, ARLINGTON, VIRGINIA 22209-3901, TELEPHONE (703) 907-7322 OR (800) 368-5777; OR FROM THE AMERICAN PSYCHIATRIC ASSOCIATION AT THE FOLLOWING ELECTRONIC MAIL ADDRESS: APPI@PSYCH.ORG. THIS MANUAL IS ALSO AVAILABLE FOR INSPECTION AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF HEALTH CARE SERVICES, 4501 BUSINESS PARK BOULEVARD, SUITE 24, ANCHORAGE, ALASKA 99503-7167.]

7 AAC 43.472 is repealed:

**7 AAC 43.472. Family skill development services.** Repealed. (Eff. 8/6/92, Register 123; am 12/31/92, Register 124; am 12/31/94, Register 132; am 3/13/96, Register 137; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

**Editor's note:** 7 AAC 43.472 originally took effect as emergency regulation 7 AAC 43.458 as set out in Register 123, October 1992. Before this section was made permanent in Register 124, January 1993, it was revised and renumbered to 7 AAC 43.472.

[EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.472 IN ITS ENTIRETY, WITHOUT CHANGE,

UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.474 is repealed:

**7 AAC 43.474. Group skill development services.** Repealed. (Eff. 8/6/92, Register 123; am 12/31/92, Register 124; am 12/31/94, Register 132; am 3/13/96, Register 137; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

**Editor's note:** 7 AAC 43.474 originally took effect as emergency regulation 7 AAC 43.459 as set out in Register 123, October 1992. Before this section was made permanent in Register 124, January 1993, it was revised and renumbered to 7 AAC 43.474.

[EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.474 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.476 is repealed:

**7 AAC 43.476. Day treatment services.** Repealed. (Eff. 8/6/92, Register 123; am 12/31/92, Register 124; am 12/31/94, Register 132; am 3/13/96, Register 137; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

**Editor's note:** 7 AAC 43.476 originally took effect as emergency regulation 7 AAC 43.460 as set out in Register 123, October 1992. Before this section was made permanent in Register 124, January 1993, it was revised and renumbered to 7 AAC 43.476.

[EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.476 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.478 is repealed:

**7 AAC 43.478. Recipient support services.** Repealed. (Eff. 8/6/92, Register 123; am 12/31/92, Register 124; am 12/31/94, Register 132; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

**Editor's note:** 7 AAC 43.478 originally took effect as emergency regulation 7 AAC 43.461 as set out in Register 123, October 1992. Before this section was made permanent in Register 124, January 1993, it was revised and renumbered to 7 AAC 43.478.

[EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.478 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.481 is repealed:

**7 AAC 43.481. Behavioral rehabilitation services.** Repealed. (Eff. 12/16/2005, Register 176; am 3/7/2010, Register 193; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: THE *RESIDENTIAL BEHAVIORAL REHABILITATION SERVICES HANDBOOK*, ADOPTED BY REFERENCE IN 7 AAC 43.481, MAY BE OBTAINED FROM THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH, P.O. BOX 110620, JUNEAU, ALASKA 99811-0620, OR ON THE DEPARTMENT'S WEBSITE AT THE FOLLOWING INTERNET ADDRESS: [HTTP://WWW.HSS.STATE.AK.US/OCS/RESIDENTIALCARE/FORMS.HTM](http://www.hss.state.ak.us/ocs/residentialcare/forms.htm).]

7 AAC 43.484 is repealed:

**7 AAC 43.484. Prior authorization of mental health rehabilitation services.** Repealed. (Eff. 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

7 AAC 43.486 is repealed:

**7 AAC 43.486. Medical necessity determinations for mental health rehabilitation services.** Repealed. (Eff. 11/1/2000, Register 156; am 2/1/2010, Register 193; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: THE AMERICAN PSYCHIATRIC ASSOCIATION'S *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS*, FOURTH EDITION, TEXT REVISION, DATED 2000 AND ADOPTED BY REFERENCE IN 7 AAC 43.486, MAY BE OBTAINED BY WRITING TO THE AMERICAN PSYCHIATRIC ASSOCIATION, 1400 K STREET, N.W., WASHINGTON, D.C. 20005. THIS MANUAL IS ALSO AVAILABLE FOR INSPECTION AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH, 3601 C STREET, SUITE 878, ANCHORAGE, ALASKA.]

7 AAC 43.488 is repealed:

**7 AAC 43.488. Extension of service limitations in exceptional circumstances.** Repealed. (Eff. 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

7 AAC 43.725 is repealed:

**7 AAC 43.725. Conditions for payment.** Repealed. (Eff. 8/18/79, Register 71; am 5/5/93, Register 126; am 12/31/94, Register 132; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; am 2/1/2010, Register 193; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.725 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.726 is repealed:

**7 AAC 43.726. Coverage for mental health clinic services.** Repealed. (Eff. 8/18/78, Register 71; **am** 5/5/93, Register 126; am 12/31/94, Register 132; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF

HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.726 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.727 is repealed:

**7 AAC 43.727. Service limitations.** Repealed. (Eff. 5/5/93, Register 126; am 12/31/94, Register 132; am 3/13/96, Register 137; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.727 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.728 is repealed:

**7 AAC 43.728. Clinical records, treatment plans, and assessments.** Repealed. (Eff. 5/5/93, Register 126; am 12/31/94, Register 132; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; am 9/23/2004, Register 171; am 2/1/2010, Register 193; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: THE AMERICAN PSYCHIATRIC ASSOCIATION'S *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS*, FOURTH EDITION, TEXT REVISION, DATED 2000 AND ADOPTED BY REFERENCE IN 7 AAC 43.728, MAY BE OBTAINED BY WRITING TO THE AMERICAN PSYCHIATRIC ASSOCIATION, 1400 K STREET N.W., WASHINGTON, DC 20005. THIS MANUAL IS ALSO AVAILABLE FOR INSPECTION AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH, 3601 C STREET, SUITE 878, ANCHORAGE, ALASKA.

EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.728 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.729 is repealed:

**7 AAC 43.729. Rates.** Repealed. (Eff. 5/5/93, Register 126; am 12/31/94, Register 132; am 3/13/96, Register 137; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; am 7/1/2004, Register 170; am 12/16/2005, Register 176; am 12/26/2008, Register 188; am 3/7/2010, Register 193; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: INFORMATION ABOUT HOW TO OBTAIN A COPY OF THE HANDBOOK REFERRED TO IN 7 AAC 43.729 IS AVAILABLE IN THE EDITOR'S NOTE TO 7 AAC 43.481.

EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.729 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.734 is repealed:

**7 AAC 43.734. Mental health rehabilitation services.** Repealed. (Eff. 8/6/92, Register 123; am 12/31/92, Register 124; am 12/31/94, Register 132; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.734 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.735 is repealed:

**7 AAC 43.735. Functional assessment.** Repealed. (Eff. 12/31/94, Register 132; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.735 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.736 is repealed:

**7 AAC 43.736. Individual skill development services.** Repealed. (Eff. 12/31/94, Register 132; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.736 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.737 is repealed:

**7 AAC 43.737. Case management.** Repealed. (Eff. 12/31/94, Register 132; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.737 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.738 is repealed:

**7 AAC 43.738. Crisis intervention.** Repealed. (Eff. 12/31/94, Register 132; am 3/13/96, Register 137; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.738 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.739 is repealed:

**7 AAC 43.739. Medication administration services.** Repealed. (Eff. 12/31/94, Register 132; readopt 8/7/96, Register 139; am 11/1/2000, Register 156; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.739 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.]

7 AAC 43.740 is repealed:

**7 AAC 43.740. Substance abuse rehabilitative services.** Repealed. (Eff. 2/23/94, Register 129; am 9/23/2004, Register 171; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: BEFORE REGISTER 129, APRIL 1994, THE SUBSTANCE OF 7 AAC 43.740 WAS GENERALLY CONTAINED IN 7 AAC 43.928, WHICH WAS ADOPTED BY EMERGENCY REGULATION AND ALLOWED TO LAPSE ON 12/3/92. THE HISTORY NOTE FOR 7 AAC 43.740 DOES NOT REFLECT THE HISTORY NOTE FOR 7 AAC 43.928.]

7 AAC 43.741 is repealed:

**7 AAC 43.741. Assessment and diagnosis services.** Repealed. (Eff. 2/23/94, Register 129; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: BEFORE REGISTER 129, APRIL 1994, THE SUBSTANCE OF 7 AAC 43.741 WAS GENERALLY CONTAINED IN 7 AAC 43.929, WHICH WAS ADOPTED BY EMERGENCY REGULATION AND ALLOWED TO LAPSE ON 12/3/92. THE HISTORY NOTE FOR 7 AAC 43.741 DOES NOT REFLECT THE HISTORY NOTE FOR 7 AAC 43.929.]

7 AAC 43.742 is repealed:

**7 AAC 43.742. Outpatient services.** Repealed. (Eff. 2/23/94, Register 129; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: BEFORE REGISTER 129, APRIL 1994, THE SUBSTANCE OF 7 AAC 43.742 WAS GENERALLY CONTAINED IN 7 AAC 43.930, WHICH WAS ADOPTED BY EMERGENCY REGULATION AND ALLOWED TO LAPSE ON 12/3/92. THE HISTORY NOTE FOR 7 AAC 43.742 DOES NOT REFLECT THE HISTORY NOTE FOR 7 AAC 43.930.]

7 AAC 43.743 is repealed:

**7 AAC 43.743. Intensive outpatient services.** Repealed. (Eff. 2/23/94, Register 129; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: BEFORE REGISTER 129, APRIL 1994, THE SUBSTANCE OF 7 AAC 43.743 WAS GENERALLY CONTAINED IN 7 AAC 43.931, WHICH WAS



ADOPTED BY EMERGENCY REGULATION AND ALLOWED TO LAPSE ON 12/3/92. THE HISTORY NOTE FOR 7 AAC 43.743 DOES NOT REFLECT THE HISTORY NOTE FOR 7 AAC 43.931.]

7 AAC 43.744 is repealed:

**7 AAC 43.744. Intermediate services.** Repealed. (Eff. 2/23/94, Register 129; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: BEFORE REGISTER 129, APRIL 1994, THE SUBSTANCE OF 7 AAC 43.744 WAS GENERALLY CONTAINED IN 7 AAC 43.934, WHICH WAS ADOPTED BY EMERGENCY REGULATION AND ALLOWED TO LAPSE ON 12/3/92. THE HISTORY NOTE FOR 7 AAC 43.744 DOES NOT REFLECT THE HISTORY NOTE FOR 7 AAC 43.934.]

7 AAC 43.745 is repealed:

**7 AAC 43.745. Medical services.** Repealed. (Eff. 2/23/94, Register 129; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: BEFORE REGISTER 129, APRIL 1994, THE SUBSTANCE OF 7 AAC 43.745 WAS GENERALLY CONTAINED IN 7 AAC 43.936, WHICH WAS ADOPTED BY EMERGENCY REGULATION AND ALLOWED TO LAPSE ON 12/3/92. THE HISTORY NOTE FOR 7 AAC 43.745 DOES NOT REFLECT THE HISTORY NOTE FOR 7 AAC 43.936.]

7 AAC 43.746 is repealed:

**7 AAC 43.746. Limitations and payments for services.** Repealed. (Eff. 2/23/94, Register 129; am 12/26/2008, Register 188; am 2/1/2010, Register 193; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: BEFORE REGISTER 129, APRIL 1994, PART OF THE SUBSTANCE OF 7 AAC 43.746 WAS CONTAINED IN 7 AAC 43.928 - 7 AAC 43.937 WHICH WERE ADOPTED BY EMERGENCY REGULATION AND ALLOWED TO LAPSE ON 12/3/92. THE HISTORY NOTE FOR 7 AAC 43.746 DOES NOT REFLECT THE HISTORY NOTE FOR THOSE SECTIONS.]

7 AAC 43.1990 is repealed:

**7 AAC 43.1990. Definitions.** (Eff. 12/31/92, Register 124; am 5/5/93, Register 126; am 6/5/93, Register 126; am 12/19/93, Register 128; am 2/23/94, Register 129; am 12/24/94, Register 132; am 8/13/95, Register 135; am 1/1/96, Register 136; readopt 8/7/96, Register 139; am 2/1/97, Register 141; am 11/29/97, Register 144; am 6/26/98, Register 146; am 5/5/99, Register 150; am 11/1/2000, Register 156; am 7/11/2002, Register 163; am 3/26/2003, Register 165; am 5/15/2004, Register 170; am 8/19/2004, Register 171; am 4/28/2005, Register 174; am 12/30/2006, Register 180; am 5/23/2008, Register 186; am 2/1/2010, Register 193; repealed 10/1/2011, Register 199)

**Editor's note:** This section was [IS] substantially similar to the emergency regulation 7 AAC 43.730 that took effect August 6, 1992, Register 123 (October 1992). That section,

however, was not made permanent and the substantive provisions of it were moved to this section. As of Register 126 (July 1993), the contents of 7 AAC 43.990 were combined with former 7 AAC 43.090. The history line of former 7 AAC 43.090 was not incorporated into the 7 AAC 43.990 history line. Effective March 26, 1993, amendments to the definition of "psychiatric facility" and a new definition of "residential psychiatric treatment center" were adopted as emergency amendments to former 7 AAC 43.090. Those regulations were amended and made permanent on 6/5/93, as shown in 7 AAC 43.990 as of Register 126 (July 1993).

As of Register 126 (July 1993), definitions of "inpatient psychiatric hospital facility," "inpatient psychiatric services," "inpatient interdisciplinary team," and "professional review organization," originally adopted in 7 AAC 43.580 as emergency regulations on January 1, 1993 and amended March 26, 1993, were moved to 7 AAC 43.990 and renumbered.

**As of Register 128 (January 1994), the text of 7 AAC 43.990 was relocated by the regulations attorney to 7 AAC 43.1990.**

[AS OF REGISTER 132 (JANUARY 1995), THE DEFINITIONS IN THIS SECTION HAVE BEEN REORGANIZED TO PUT THEM IN ALPHABETICAL ORDER, REGARDLESS OF WHEN EACH OF THEM WAS ADOPTED.

EFFECTIVE 8/7/96, REGISTER 139, THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES READOPTED 7 AAC 43.1990 IN ITS ENTIRETY, WITHOUT CHANGE, UNDER AS 47.05 AND AS 47.07. EXECUTIVE ORDER NO. 72 TRANSFERRED CERTAIN RATE-SETTING AUTHORITY TO THE DEPARTMENT.

AS OF REGISTER 184 (JANUARY 2008), THE REGULATIONS ATTORNEY MADE A TECHNICAL REVISION UNDER AS 44.62.125(b)(6), TO 7 AAC 43.1990, RENUMBERING PARAGRAPHS TO CLOSE A BREAK IN THE NUMERICAL SEQUENCE BETWEEN 7 AAC 43.1990(97) AND (99).

AS OF REGISTER 193 (APRIL 2010), THE DEFINITIONS IN 7 AAC 43.1990 HAVE BEEN REORGANIZED TO PUT THEM IN ALPHABETICAL ORDER, REGARDLESS OF WHEN EACH OF THEM WAS ADOPTED.] For definitions formerly in 7 AAC 43.1990 [AND RELATING TO ELEMENTS OF THE MEDICAID PROGRAM OTHER THAN THOSE ADDRESSED IN 7 AAC 43.470 - 7 AAC 43.488 OR 7 AAC 43.725 - 7 AAC 43.746], see 7 AAC 100, with respect to eligibility, and 7 AAC 105 - 7 AAC 160 with respect to coverage and payment.

7 AAC 49.900(15) is amended to read:

(15) "Medicaid" means the program administered under AS 47.07 and **7 AAC 105 - 7 AAC 160** [7 AAC 43];  
(Eff. 3/23/78, Register 65; am 6/26/99, Register 150; am 11/1/2002, Register 164; am 3/31/2005, Register 173; am 10/1/2011, Register 199)

**Authority:** AS 25.23.230 AS 47.05.010

The part heading for 7 AAC, Part 5 is changed to read:

**Part 5. Services for Behavioral Health Recipients [MENTAL HEALTH CLIENTS],  
Seniors, and Persons with a Disability.**

The chapter heading for 7 AAC 70 is changed to read:

**Chapter 70. Behavioral Health Services [MENTAL HYGIENE].  
[(NO REGULATIONS FILED)]**

7 AAC 70 is amended by adding new sections to read:

**Article**

1. Applicability and Scope (7 AAC 70.010 - 7 AAC 70.060)
2. Behavioral Health Services Provider Qualifications (7 AAC 70.100 - 7 AAC 70.160)
3. Interim Behavioral Health Services Provider Standards for Operation (7 AAC 70.200 - 7 AAC 70.260)
4. General Provisions (7 AAC 70.900 - 7 AAC 70.990)

**Article 1. Applicability and Scope.**

**Section**

10. Applicability
30. Department approval of a provider of behavioral health services
50. Recipient eligibility for state-financed behavioral health services
60. Recipient rights

**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;

(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 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.

(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).

(Eff. 10/1/2011, Register 199)

<b>Authority:</b>	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140
	AS 47.30.475	AS 47.30.540	

**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; 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 a fixed period of two years from the date the department issued the provisional approval.

(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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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; 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, falls within the definition of 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; or

(5) is an adult experiencing a serious mental illness. (Eff. 10/1/2011, Register

199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

<b>Authority:</b>	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.30.590
	AS 47.30.475	AS 47.30.540	AS 47.37.140

## Article 2. Behavioral Health Services Provider Qualifications.

### Section

- 100. Qualifications of a community behavioral health services provider receiving money from the department
- 110. Additional requirements for providing detoxification services
- 120. Additional requirements for providing residential substance use treatment services
- 130. Qualifications of a substance use treatment provider not receiving money from the department
- 140. Qualifications of a Department of Corrections substance use treatment program
- 150. Behavioral health services provider accreditation
- 160. Alternative accreditation approval

**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; and

(12) if providing residential substance use treatment services, must meet the additional requirements of 7 AAC 70.120.

(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. (Eff. 10/1/2011, Register 199)

<b>Authority:</b>	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140
	AS 47.30.475	AS 47.30.540	

**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; and

(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 the
  - (1) *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders*, adopted by reference in 7 AAC 70.910;
  - (2) *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 70.910;
  - (3) *Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar)*, adopted by reference in 7 AAC 70.910; and
  - (4) *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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.130  
AS 47.30.475 AS 47.30.540 AS 47.37.140

**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 the

(1) *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders*, adopted by reference in 7 AAC 70.910; and

(2) *Diagnostic and Statistical Manual of Mental Disorders*, 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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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; and
  - (C) 7 AAC 70.120, if providing residential substance use 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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.530 AS 47.37.140

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.37.140

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140



AS 47.30.475

AS 47.30.540

**Article 3. Interim Behavioral Health Services Provider Standards for Operation.**

**Section**

- 200. Interim standards for operation
- 205. Provider ethics
- 220. Standards of service
- 225. Internal service structure
- 230. Medication management
- 235. Infection control
- 240. Performance measures and quality improvement
- 245. Leadership
- 250. Physical environment
- 255. Human resources
- 260. Information system management

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010                      AS 47.30.477                      AS 47.30.570  
AS 47.30.470                      AS 47.30.530                      AS 47.37.140  
AS 47.30.475                      AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010                      AS 47.30.477                      AS 47.30.570  
AS 47.30.470                      AS 47.30.530                      AS 47.37.140  
AS 47.30.475                      AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140

AS 47.30.475 AS 47.30.540

**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.

(Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570  
AS 47.30.470 AS 47.30.530 AS 47.37.140  
AS 47.30.475 AS 47.30.540

**Article 4. General Provisions.**

**Section**

900. Voluntary surrender; disciplinary actions
910. Requirements adopted by reference
990. Definitions

**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. (Eff. 10/1/2011, Register 199)

<b>Authority:</b>	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140
	AS 47.30.475	AS 47.30.540	

**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*, Fourth Edition, Text Revision, 2000 (*DSM-IV-TR*), as amended from time to time;

(2) American Society of Addiction Medicine, *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders*, Second Edition-Revised, 2001 (*ASAM PPC-2R*);

(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. (Eff. 10/1/2011, Register 199)

<b>Authority:</b>	AS 47.05.010	AS 47.30.475	AS 47.30.540
	AS 47.05.012	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140

**Editor's note:** The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, adopted by reference in 7 AAC 70.910, may be obtained by contacting the Order Department, American Medical Association, P.O. Box 930876, Atlanta, Georgia 31193-0876, or by visiting the AMA Bookstore at Internet address: <https://catalog.ama-assn.org/Catalog/home.jsp>. The publication may also be obtained from American Psychiatric Publishing, Inc., 1000 Wilson Boulevard, Suite 1825, Arlington, Virginia 22209-3901, telephone (703) 907-7322 or (800) 368-5777; or from the American Psychiatric Association at the following electronic mail address: [apa@psych.org](mailto:apa@psych.org). The publication may also be available at other retail book sellers. A copy of the publication is available for examination at the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167; Division of Behavioral Health, 3601 C Street, Suite 878, Anchorage, Alaska 99503-7167; or the Office of the Commissioner, 350 Main Street, Juneau, Alaska 99801.

The *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders*, adopted by reference in 7 AAC 70.910, may be obtained from the American Society of Addiction Medicine, 4601 N. Park Avenue, Upper Arcade #101, Chevy Chase, Maryland 20815; telephone (301) 656-3920, or ordered from the publisher at the following Internet address: [http://198.65.155.172/Publication\\_home.html](http://198.65.155.172/Publication_home.html). A copy of the publication is available

for examination at the Department of Health and Social Services, Division of Behavioral Health, 3601 C Street, Suite 878, Anchorage, Alaska 99503-7167.

The *Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar)*, adopted by reference in 7 AAC 70.910, is in the public domain and may be obtained from many different sources. A copy may be obtained by contacting the Department of Health and Social Services, Division of Behavioral Health, 3601 C Street, Suite 878, Anchorage, Alaska 99503-7167.

The *Clinical Opiate Withdrawal Scale (COWS)*, adopted by reference in 7 AAC 70.910, is in the public domain and may be obtained from many different sources. A copy may be obtained by contacting the Department of Health and Social Services, Division of Behavioral Health, 3601 C Street, Suite 878, Anchorage, Alaska 99503-7167.

**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 21 years of age or older who has or at any time during the past year had a diagnosable mental, emotional, or behavioral disorder of sufficient duration to meet diagnostic criteria specified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 70.910, that has resulted in a functional impairment that substantially interferes with or limits one or more major life activities, including

(A) basic daily living skills, including personal safety, eating, and personal hygiene;

(B) instrumental living skills, including managing money and negotiating transportation;

(C) functioning in one or more of the following contexts:

(i) social;

(ii) family;

(iii) vocational or educational;

(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 under 21 years of age who
  - (A) has or at any time during the past year had a diagnosable mental, emotional, or behavioral disorder of sufficient duration to meet diagnostic criteria specified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 70.910, that has resulted in a functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities as indicated by a global assessment of functioning score of 50 or less; in this subparagraph, "role or functioning" includes achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills; or
  - (B) exhibits specific mental, emotional, or behavioral disorders that
    - (i) place the individual at imminent risk for out-of-home placement;
    - (ii) place the individual at imminent risk for being placed in the custody of the department under AS 47.14; or
    - (iii) have resulted in the individual being placed in the protective custody of the department under AS 47.10;
- (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 7 AAC 135.030 and in accordance with the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, 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 American Psychiatric Association's *Diagnostic and Statistical Manual of*

*Mental Disorders*, adopted by reference under 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;
- (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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010            AS 47.30.540            AS 47.37.130  
AS 47.30.477            AS 47.30.570            AS 47.37.140  
AS 47.30.530

7 AAC 71.010 is repealed:

**7 AAC 71.010. Applicability.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.020 is repealed:

**7 AAC 71.020. Application process.** Repealed. (Eff. 9/1/82, Register 83; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 71.025 is repealed:

**7 AAC 71.025. Geographic planning areas.** Repealed. (Eff. 9/1/82, Register 83; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 71.030 is repealed:

**7 AAC 71.030. Governing boards and advisory boards.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.035 is repealed:

**7 AAC 71.035. Execution of contract.** Repealed. (Eff. 9/1/82, Register 83; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 71.040 is repealed:

**7 AAC 71.040. Coordination and non-duplication of services.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.045 is repealed:

**7 AAC 71.045. Capital expenditures.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.100 is repealed:

**7 AAC 71.100. Organization and administration.** Repealed. (Eff. 9/1/82, Register 83; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 71.105 is repealed:

**7 AAC 71.105. Policy and procedures manual.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: WITH REGISTER 179, OCTOBER 2006 AND UNDER THE AUTHORITY OF AS 44.62.125, THE REGULATIONS ATTORNEY CHANGED OBSOLETE TERMINOLOGY CONCERNING PERSONS WITH DISABILITIES IN CONFORMITY WITH CH. 25, SLA 2006.]

7 AAC 71.110 is repealed:

**7 AAC 71.110. Fiscal administration.** Repealed. (Eff. 9/1/82, Register 83; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 71.115 is repealed:

**7 AAC 71.115. Personnel administration.** Repealed. (Eff. 9/1/82, Register 83; am

6/24/2004, Register 170; repealed 10/1/2011, Register 199)

7 AAC 71.120 is repealed:

**7 AAC 71.120. Program evaluation.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.125 is repealed:

**7 AAC 71.125. Quality assurance.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.130 is repealed:

**7 AAC 71.130. Plan of services.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.135 is repealed:

**7 AAC 71.135. Types of services and populations to be served.** Repealed. (Eff. 9/1/82, Register 83; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: A COPY OF BOTH PUBLICATIONS ADOPTED BY REFERENCE IN 7 AAC 71.135(b)(1)(A), *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS*, 4TH EDITION, 2000 (DSM-IV-TR), AND *INTERNATIONAL CLASSIFICATION OF DISEASES*, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM), MAY BE REVIEWED AT THE DEPARTMENT'S DIVISION OF BEHAVIORAL HEALTH. *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS*, 4TH EDITION, 2000 (DSM-IV-TR), MAY BE OBTAINED FROM THE AMERICAN MEDICAL ASSOCIATION AT 800-621-8355. *INTERNATIONAL CLASSIFICATION OF DISEASES*, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM), MAY BE OBTAINED FROM THE AMERICAN PSYCHIATRIC ASSOCIATION AT 1400 K STREET N.W., WASHINGTON, D.C. 20015.

ON NOVEMBER 2, 2004, AS REQUIRED BY AS 44.62.245 AND AS 47.05.012, THE DEPARTMENT GAVE NOTICE THAT THE FOLLOWING AMENDED VERSION OF MATERIAL, PREVIOUSLY ADOPTED BY REFERENCE IN 7 AAC 71.135, WOULD BE IN EFFECT ON OCTOBER 1, 2004: THE 2005 VERSION OF THE AMERICAN MEDICAL ASSOCIATION'S *INTERNATIONAL CLASSIFICATION OF DISEASES - 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)*. THE AMENDED VERSION MAY BE REVIEWED AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH.

ON SEPTEMBER 8, 2005, AS REQUIRED BY AS 44.62.245 AND AS 47.05.012, THE DEPARTMENT GAVE NOTICE THAT THE FOLLOWING AMENDED VERSION OF MATERIAL, PREVIOUSLY ADOPTED BY REFERENCE IN 7 AAC 71.135, WOULD BE IN EFFECT ON OCTOBER 1, 2005: THE 2006 VERSION OF THE AMERICAN MEDICAL ASSOCIATION'S *INTERNATIONAL CLASSIFICATION OF DISEASES - 9TH REVISION, CLINICAL MODIFICATION, (ICD-9-CM)*. THE AMENDED VERSION MAY BE REVIEWED AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH.

ON OCTOBER 10, 2006 AS REQUIRED BY AS 44.62.245 AND AS 47.05.012, THE DEPARTMENT GAVE NOTICE THAT THE FOLLOWING AMENDED VERSION OF

MATERIAL, PREVIOUSLY ADOPTED BY REFERENCE IN 7 AAC 71.135, WOULD BE IN EFFECT ON OCTOBER 1, 2006: THE 2007 VERSION OF THE AMERICAN MEDICAL ASSOCIATION'S *INTERNATIONAL CLASSIFICATION OF DISEASES - 9TH REVISION, CLINICAL MODIFICATION, (ICD-9-CM)*. THE AMENDED VERSION MAY BE REVIEWED AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH.

ON OCTOBER 2, 2007, AS REQUIRED BY AS 44.62.245 AND AS 47.05.012, THE DEPARTMENT GAVE NOTICE THAT THE FOLLOWING AMENDED VERSION OF MATERIAL, PREVIOUSLY ADOPTED BY REFERENCE IN 7 AAC 71.135, WOULD BE IN EFFECT ON OCTOBER 1, 2007: THE 2008 VERSION OF THE AMERICAN MEDICAL ASSOCIATION'S *INTERNATIONAL CLASSIFICATION OF DISEASES - 9TH REVISION, CLINICAL MODIFICATION, (ICD-9-CM)*. THE AMENDED VERSION MAY BE REVIEWED AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH.

ON OCTOBER 10, 2008, AS REQUIRED BY AS 44.62.245 AND AS 47.05.012, THE DEPARTMENT GAVE NOTICE THAT THE FOLLOWING AMENDED VERSION OF MATERIAL, PREVIOUSLY ADOPTED BY REFERENCE IN 7 AAC 71.135, WOULD BE IN EFFECT ON OCTOBER 1, 2008: THE 2009 VERSION OF THE AMERICAN MEDICAL ASSOCIATION'S *INTERNATIONAL CLASSIFICATION OF DISEASES - 9TH REVISION, CLINICAL MODIFICATION, (ICD-9-CM)*. THE AMENDED VERSION MAY BE REVIEWED AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH.

ON OCTOBER 3, 2009, AS REQUIRED BY AS 44.62.245 AND AS 47.05.012, THE DEPARTMENT GAVE NOTICE THAT THE FOLLOWING AMENDED VERSION OF MATERIAL, PREVIOUSLY ADOPTED BY REFERENCE IN 7 AAC 71.135, WOULD BE IN EFFECT ON OCTOBER 1, 2009: THE 2010 VERSION OF THE AMERICAN MEDICAL ASSOCIATION'S *INTERNATIONAL CLASSIFICATION OF DISEASES - 9TH REVISION, CLINICAL MODIFICATION, (ICD-9-CM)*. THE AMENDED VERSION MAY BE REVIEWED AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH.

ON OCTOBER 5, 2010, AS REQUIRED BY AS 44.62.245 AND AS 47.05.012, THE DEPARTMENT GAVE NOTICE THAT THE FOLLOWING AMENDED VERSION OF MATERIAL, PREVIOUSLY ADOPTED BY REFERENCE IN 7 AAC 71.135, WOULD BE IN EFFECT ON OCTOBER 1, 2010: THE 2011 VERSION OF THE AMERICAN MEDICAL ASSOCIATION'S *INTERNATIONAL CLASSIFICATION OF DISEASES - 9TH REVISION, CLINICAL MODIFICATION, (ICD-9-CM)*. THE AMENDED VERSION MAY BE REVIEWED AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF BEHAVIORAL HEALTH.]

7 AAC 71.140 is repealed:

**7 AAC 71.140. Availability and accessibility of services.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: WITH REGISTER 179, OCTOBER 2006 AND UNDER THE AUTHORITY OF AS 44.62.125, THE REGULATIONS ATTORNEY CHANGED OBSOLETE TERMINOLOGY CONCERNING PERSONS WITH DISABILITIES IN CONFORMITY

WITH CH. 25, SLA 2006.]

7 AAC 71.145 is repealed:

**7 AAC 71.145. Coordination and continuity of services.** Repealed. (Eff. 9/1/82, Register 83; am 3/16/2001, Register 157; repealed 10/1/2011, Register 199)

7 AAC 71.150 is repealed:

**7 AAC 71.150. Center facility.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.155 is repealed:

**7 AAC 71.155. Client records.** Repealed. (Eff. 9/1/82, Register 83; am 11/29/97, Register 144; am 6/24/2004, Register 170; am 9/23/2004, Register 171; repealed 10/1/2011, Register 199)

7 AAC 71.160 is repealed:

**7 AAC 71.160. Records retention.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.162 is repealed:

**7 AAC 71.162. Closure of center; records.** Repealed. (Eff. 9/23/2004, Register 171; repealed 10/1/2011, Register 199)

7 AAC 71.165 is repealed:

**7 AAC 71.165. Waiver of requirements.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.200 is repealed:

**7 AAC 71.200. Legal rights.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.205 is repealed:

**7 AAC 71.205. Informed consent.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.210 is repealed:

**7 AAC 71.210. Bill of client rights.** Repealed. (Eff. 9/1/82, Register 83; repealed 10/1/2011, Register 199)

7 AAC 71.215 is repealed:

**7 AAC 71.215. Confidentiality.** Repealed. (Eff. 9/1/82, Register 83; am 11/29/97, Register 144; am 6/24/2004, Register 170; am 9/23/2004, Register 171; repealed 10/1/2011, Register 199)

7 AAC 71.220 is repealed:

**7 AAC 71.220. Grievance procedures.** Repealed. (Eff. 9/1/82, Register 83; repealed

10/1/2011, Register 199)

7 AAC 71.990 is repealed:

**7 AAC 71.990. Definitions.** Repealed. (Eff. 11/29/97, Register 144; am 6/24/2004, Register 170; repealed 10/1/2011, Register 199)

[EDITOR'S NOTE: A COPY OF A *SHARED VISION II, A STRATEGIC PLAN FOR MENTAL HEALTH SERVICES IN ALASKA, 1999-2003*, ADOPTED BY REFERENCE IN 7 AAC 71.990(4), MAY BE REVIEWED AT THE ALASKA STATE LIBRARY OR THE DEPARTMENT'S DIVISION OF BEHAVIORAL HEALTH.]

7 AAC 100.064(b) is amended to read:

(b) Nothing in this section alters the requirements under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160 for prior authorization and provider enrollment for a service provided out of state to be paid by the department. (Eff. 7/20/2007, Register 183; am 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.020 AS 47.07.040

7 AAC 100.312(f)(4) is amended to read:

(4) left home to enter an out-of-state medical institution or treatment facility that involves a residential living arrangement and the department gives prior authorization under **7 AAC 105.130** [7 AAC 43] to a continuous 30-day placement in that facility. (Eff. 7/20/2007, Register 183; am 1/1/2011, Register 196; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.020 AS 47.07.040

7 AAC 100.710(c) is amended to read:

(c) A woman who is eligible under this section is eligible for all Medicaid covered services as determined under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160. (Eff. 7/20/2007, Register 183; am 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.020 AS 47.07.040

7 AAC 100.750(a) is amended to read:

(a) The Medicaid coverage available under the eligibility categories listed in 7 AAC 100.002(e) is limited to assistance with the cost of Medicare premiums, deductibles, and coinsurance as provided under each category. Medicaid covered services described in [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160 are not provided under this section. (Eff. 7/20/2007, Register 183; am 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.020 AS 47.07.040

7 AAC 105.100(1) is amended to read:

(1) is identified as a covered service in accordance with AS 47.07 [, 7 AAC 43,] and 7 AAC 105 - 7 AAC 160;

7 AAC 105.100(4) is amended to read:

(4) is provided by a person who is enrolled as a Medicaid provider or rendering provider under 7 AAC 105.210, or otherwise eligible to receive payment for services under

[7 AAC 43 AND] 7 AAC 105 - 7 AAC 160;

7 AAC 105.100(5) is amended to read:

(5) is medically necessary as determined by criteria established under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160 or by the standards of practice applicable to the provider;

7 AAC 105.100(6) is amended to read:

(6) has received prior authorization from the department, if prior authorization is required under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160; and

7 AAC 105.100(7) is amended to read:

(7) is not specifically excluded as a noncovered service under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

The lead-in language of 7 AAC 105.110 is amended to read:

**7 AAC 105.110. Noncovered services.** Unless otherwise provided in [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160, the department will not pay for a service that is

...

7 AAC 105.110(2) is amended to read:

(2) not properly prescribed or medically necessary in accordance with criteria established under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160 or by standards of practice applicable to the prescribing provider;

7 AAC 105.110(7)(D)(ii) is amended to read:

(ii) prior authorization was obtained from the department if required under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160; or (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

The lead-in language of 7 AAC 105.120(a) is amended to read:

(a) Unless otherwise provided in [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160, the department will cover a service provided out of state to the same extent it would cover the service provided in this state if

...

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.032 AS 47.07.040  
AS 47.07.030

The lead-in language of 7 AAC 105.130(a) is amended to read:

(a) Except as otherwise provided in [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160, the department will not pay for the following services unless the department has given prior authorization for the service:

...

7 AAC 105.130(a)(2) is amended to read:

(2) a specific health care service for which prior authorization is specifically



required under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160;

7 AAC 105.130(a)(3) is amended to read:

(3) a service that exceeds an annual or periodic service limitation established in [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160;

7 AAC 105.130(a)(4) is amended to read:

(4) an item of durable medical equipment, supplies, or hearing items identified in [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160 as requiring prior authorization;

7 AAC 105.130(a) is amended by adding a new paragraph to read:

(20) behavioral health services identified in 7 AAC 135 as requiring prior authorization.

The lead-in language of 7 AAC 105.130(c) is amended to read:

(c) For prior authorization, factors that the department will consider include the service's medical necessity, clinical effectiveness, cost-effectiveness, and likelihood of adverse effects, as well as service-specific requirements in [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160. The department may place minimum or maximum quantities allowed of a specific service, may require other services before the recipient receives the requested service, or may require prior authorization for other services, as necessary

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(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

The lead-in language of 7 AAC 105.200(a) is amended to read:

**7 AAC 105.200. Eligible Medicaid providers.** (a) Subject to all other requirements of [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160, the following types of providers are eligible to enroll with the department and bill directly for services rendered:

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7 AAC 105.200(a)(13) is amended to read:

(13) a provider of behavioral **health** rehabilitation services **under 7 AAC 135.010(c)** for **a child experiencing a severe emotional disturbance** [SEVERELY EMOTIONALLY DISTURBED CHILDREN];

7 AAC 105.200(a)(20) is amended to read:

(20) a community **behavioral health services provider** [MENTAL HEALTH CLINIC];

7 AAC 105.200(a)(21) is amended to read:

(21) a mental health physician clinic [, AS DEFINED IN 7 AAC 43.1990];

7 AAC 105.200(a)(22) is repealed:

(22) repealed 10/1/2011.

7 AAC 105.200(c) is amended to read:

(c) Notwithstanding any other provision of [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160, and if the employee has an active license from a jurisdiction in the United States, a health care provider who is an employee of the federal government assigned to a tribal health program is exempt from any requirement in [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160 that the provider be licensed, certified, or registered by this state to be eligible under this section.

7 AAC 105.200(d) is amended to read:

(d) Notwithstanding any other provision of [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160, a hospital, clinic, or other type of health care facility that is operated by a tribal health program is exempt from a requirement in [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160 that the provider be licensed or certified by this state to be eligible under this section.

7 AAC 105.200(e) is amended to read:

(e) If a rendering provider identified in (b) of this section is an employee of or under contract with an enrolled tribal health program, that tribal health program is the supervising health care provider of that rendering provider for the purposes of receiving payment under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

7 AAC 105.210(a) is amended to read:

(a) An eligible provider shall enroll with the department before billing the department for payment of services covered under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160 that are provided to recipients.

7 AAC 105.210(b)(2) is amended to read:

(2) must verify that the provider meets all other applicable requirements of [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160 and all applicable federal and state licensing and certification requirements;

7 AAC 105.210(e)(2) is amended to read:

(2) provided services covered under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160 to a Medicaid recipient during the immediately preceding year for which the provider has not been paid. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040  
AS 47.05.300

7 AAC 105.220(f) is amended to read:

(f) In accordance with 7 AAC 105.400, a provider must refund to the department any paid claim that the department finds, after post-payment review under 7 AAC 160.100 - 7 AAC 160.140, does not meet the requirements of [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

7 AAC 105.260(a)(1) is amended to read:

(1) for a service without prior authorization when prior authorization is required

under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160;

7 AAC 105.260(a)(2) is amended to read:

(2) an amount that exceeds the maximum dollars or units allowed under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160;

7 AAC 105.260(a)(3) is amended to read:

(3) for a service not covered under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160; (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040  
AS 47.05.200

The lead-in language of 7 AAC 105.270(b)(1) is amended to read:

(1) approve the appeal and pay the maximum amount allowed under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160 if the department's designee determines that

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The lead-in language of 7 AAC 105.270(c) is amended to read:

(c) A provider may request a first-level appeal of a noncertification of hospital admission or length of stay that, under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160, requires prior approval by a quality improvement organization, if no later than 180 days after the date of the noncertification of the hospital admission or length of stay notice, a provider submits to the quality improvement organization

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The lead-in language of 7 AAC 105.270(d) is amended to read:

(d) A provider may request a first-level appeal of a decision that denied or reduced prior authorization under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160 if, no later than 180 days after the date of that decision, the provider submits a written request for a first-level appeal to the department's designee. This subsection does not include prior authorizations for services that require certification by a quality improvement organization. The appeal must

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The lead-in language of 7 AAC 105.270(e) is amended to read:

(e) A provider may request a first-level appeal of a noncertification decision regarding a service that, under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160, requires certification by a quality improvement organization in order to obtain prior authorization. The provider must submit the appeal to the quality improvement organization no later than 180 days after the date of the noncertification decision. The request for a first-level appeal must be in writing and include

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(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.040 AS 47.07.074

The lead-in language of 7 AAC 105.280(d)(1) is amended to read:

(1) approve the appeal and pay the maximum amount allowed under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160 if the department determines that

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(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 44.77.015 AS 47.05.010 AS 47.07.040

7 AAC 105.460(a) is amended to read:

(a) No more than 30 days after the date on the notice of sanction, the provider receiving the notice may request an appeal and a formal hearing. The request for appeal must be in writing and contain a statement and supporting documents that describe the alleged grounds for sanction, specify the basis upon which the sanction is challenged, and explain the reasons that the provider is in compliance with [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160. A provider may request an expedited appeal of a notice of immediate suspension issued under 7 AAC 160.140. A provider requesting an appeal or expedited appeal under this section must submit the request to the Commissioner's Office, Department of Health and Social Services, P.O. Box 110601, Juneau, Alaska, 99811-0601.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.040

7 AAC 105.470(a)(1) is amended to read:

(1) the department has reason to believe, based on reliable information, that the provider has violated its provider agreement or an applicable statute or regulation, and the department is reviewing, auditing, or investigating the provider's compliance with the requirements of [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160; or

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.05.210 AS 47.07.040  
AS 47.05.200 AS 47.05.220 AS 47.07.074

7 AAC 110.445(a)(3) is amended to read:

(3) specified in a treatment plan that meets the requirements of **7 AAC 135.120(a)(2) - (6) and (b)** [7 AAC 43.728].

7 AAC 110.445(e) is amended to read:

(e) Mental health services rendered by someone other than a physician, an advanced nurse practitioner, a rural health clinic, or a federally qualified health center must be provided in accordance with [7 AAC 43 OR] 7 AAC 110.550, or must be provided by a tribal health program. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

7 AAC 110.525(b)(4) is amended to read:

(4) except as provided in (e) **of** [IF] this section, the department has determined that, when combined with the costs of all other services provided to the recipient under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160, the cost of providing private-duty nursing services does not exceed the cost of institutional care for which the recipient would qualify if private-duty nursing services were not provided; and

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

The lead-in language of 7 AAC 110.620(b) is amended to read:

(b) For a provider to receive payment under 7 AAC 110.620 - 7 AAC 110.639, the provider's use of telemedicine applications must comply with the standards set out in AS 47.07 [, 7 AAC 43,] and 7 AAC 105 - 7 AAC 160 for the medical service provided by the type of provider, including

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(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

The lead-in language of 7 AAC 120.100(a) is amended to read:

(a) A provider seeking payment for providing pharmacy services under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160 must be

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The lead-in language of 7 AAC 120.100(b) is amended to read:

(b) An out-of-state provider seeking payment for providing pharmacy services under [7 AAC 43 OR] 7 AAC 105 - 7 AAC 160 must

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7 AAC 120.100(c) is amended to read:

(c) A physician, a podiatrist, a physician assistant, an advanced nurse practitioner, a tribal health program, a federally qualified health center, or a rural health clinic that is authorized to prescribe drugs, who dispenses or plans to dispense drugs, and who seeks payment under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160 for dispensing drugs, must be enrolled as a dispensing provider. To enroll as a dispensing provider, the physician, podiatrist, physician assistant, advanced nurse practitioner, tribal health program, federally qualified health center, or rural health clinic must

(1) be enrolled in accordance with 7 AAC 105.210 and the applicable provisions of [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160; and

(2) submit a copy of the provider's United States Drug Enforcement Administration (DEA) certification of prescriptive authority. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

7 AAC 125.090(a)(5) is amended to read:

(5) may not have been denied a health care provider license or certification for a reason related to patient services described in [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160, or ever had a license or certification revoked; and

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.05.310 AS 47.05.340  
AS 47.05.017 AS 47.05.320 AS 47.07.030  
AS 47.05.300

7 AAC 130.105(b)(6) is amended to read:

(6) be determined by the department to require a minimum of one FASD/SED waiver service identified in 7 AAC 130.130 - [ / ] 7 AAC 130.199 at least one time per month for a fetal alcohol spectrum disorder, in addition to **behavioral health clinic services or behavioral health rehabilitation services under 7 AAC 135** [MENTAL HEALTH CLINIC OR

REHABILITATION SERVICES PROVIDED UNDER 7 AAC 43.470].

7 AAC 130.105(e)(3) is amended to read:

(3) whose need for home and community-based waiver services, supports, devices, or supplies may be provided for entirely by Medicaid services under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160 without the need for services under 7 AAC 130.100 - 7 AAC 130.199; or

7 AAC 130.105(f) is amended to read:

(f) FASD/SED waiver services under 7 AAC 130.100 - 7 AAC 130.199 are provided in addition to Medicaid services under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160, excluding services under 7 AAC 130.200 - 7 AAC 130.319.  
(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.045

7 AAC 130.120(b)(2) is amended to read:

(2) must be developed in conjunction with a treatment plan developed for other **behavioral** [COMMUNITY MENTAL] health services under **7 AAC 135** [7 AAC 43.728];

The lead-in language of 7 AAC 130.120(c) is amended to read:

(c) An FASD/SED waiver plan of care must be prepared in writing by an endorsed FASD/SED waiver services provider in accordance with **7 AAC 135.120** [7 AAC 43.470] and must include

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7 AAC 130.120(e) is amended to read:

(e) The department will approve an FASD/SED waiver plan of care if the department determines that each service listed in the plan of care, when combined with the recipient's **behavioral** [MENTAL] health services provided under **7 AAC 135** [7 AAC 43.470], is of sufficient amount, duration, and scope to prevent, with reasonable certainty, the recipient from requiring admission to a residential psychiatric treatment center.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.045

The lead-in language of 7 AAC 130.125(b)(1) is amended to read:

(1) a community **behavioral health services provider** [MENTAL HEALTH CLINIC] under **7 AAC 135.030** [7 AAC 43.725(a)(1)] that

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(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.045

7 AAC 130.140(a)(1) is amended to read:

(1) has achieved a level of education and experience that is equivalent to or greater than a **behavioral** [MENTAL] health clinical associate;

7 AAC 130.140(c)(7) is amended to read:

(7) **behavioral** [CHILDREN'S MENTAL] health services **for children** under [7 AAC 43,] 7 AAC 105 - 7 AAC 125, and **7 AAC 135 - 7 AAC 160** [7 AAC 140 - 7 AAC 160]. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.045

7 AAC 130.150(c) is amended to read:

(c) Residential habilitation services must be authorized by the department and included in the recipient's FASD/SED waiver plan of care. The FASD/SED waiver plan of care must describe the specific services to be provided and how those services supplement **behavioral** [MENTAL] health services for recipients provided under **7 AAC 135** [7 AAC 43.450 - 7 AAC 43.471].

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.045

7 AAC 130.199(12) is amended to read:

(12) "severely emotionally disturbed" and "severely emotionally disturbed child" have the meaning given **"child experiencing a severe emotional disturbance" in 7 AAC 160.990(b)** ["SEVERELY EMOTIONALLY DISTURBED CHILD" IN 7 AAC 43.1990];

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.045

7 AAC is amended by adding a new chapter to read:

**Chapter 135. Medicaid Coverage; Behavioral Health Services.**

**Article**

1. Scope; Eligibility; Enrollment; Authorization (7 AAC 135.010 - 7 AAC 135.040)
2. Medicaid Behavioral Health Services (7 AAC 135.100 - 7 AAC 135.290)
3. Residential Behavioral Rehabilitation Services (7 AAC 135.800)
4. General Provisions (7 AAC 135.900 - 7 AAC 135.990)

**Article 1. Scope; Eligibility; Enrollment; Authorization.**

**Section**

10. Scope of Medicaid behavioral health services
20. Recipient eligibility for Medicaid behavioral health services
30. Provider enrollment and organization
40. Service authorization and limitation

**7 AAC 135.010. Scope of Medicaid behavioral health services.** (a) The department will pay for a behavioral health service under 7 AAC 135.010 - 7 AAC 135.290 if

- (1) the recipient meets the criteria for services under 7 AAC 135.020;
- (2) the provider meets the criteria for payment under 7 AAC 135.030;
- (3) the service is identified as a treatment need in
  - (A) a professional behavioral health assessment under 7 AAC 135.110 or a reassessment conducted while the recipient is receiving behavioral health services; and
  - (B) a behavioral health treatment plan;
- (4) screening and brief intervention services are provided in accordance with 7 AAC 135.240;
- (5) the department has given prior authorization for the service under 7 AAC 105.130 and 7 AAC 135.040;
- (6) the service is medically necessary and clinically appropriate;
- (7) the service is provided as active treatment;
- (8) the service, if it is a behavioral health clinic service, is provided under the general direction of a physician;
- (9) the service is provided by a member of the provider's staff who is performing that service as a regular duty within the scope of that staff member's knowledge, experience, and education; and
- (10) the clinical record requirements of 7 AAC 105.230 and 7 AAC 135.130 are met.

(b) The department will pay for the following behavioral health clinic services provided in accordance with this chapter by

- (1) a mental health professional clinician, a physician licensed as required under 7 AAC 110.400, a physician assistant licensed as required under 7 AAC 110.455, or an advanced nurse practitioner licensed and certified as required under 7 AAC 110.100, if the provider is working within the scope of the provider's education, training, and experience:

- (A) the following professional behavioral health assessments conducted in accordance with 7 AAC 135.110:



- (i) a mental health intake assessment;
- (ii) an integrated mental health and substance use intake assessment;

- (iii) psychological testing and evaluation;

- (B) psychotherapy conducted in accordance with 7 AAC 135.150;

- (C) short-term crisis intervention services conducted in accordance with 7 AAC 135.160;

(2) a physician licensed as required under 7 AAC 110.400, a physician assistant licensed as required under 7 AAC 110.455, or an advanced nurse practitioner licensed and certified as required under 7 AAC 110.100, if the provider is working within the scope of the provider's education, training, and experience, if the provider has prescriptive authority, and if the provider is enrolled under 7 AAC 120.100(c) as a dispensing provider:

- (A) the following professional behavioral health assessments conducted in accordance with 7 AAC 135.110:

- (i) a psychiatric assessment interview;

- (ii) an interactive psychiatric assessment using equipment and devices;

- (B) pharmacologic management services conducted in accordance with 7 AAC 135.140.

(c) The department will pay for the following behavioral health rehabilitation services in accordance with this chapter if the service is provided by a member of the provider's staff who is performing that service as a regular duty within the scope of that staff member's knowledge, experience, and education:

- (1) behavioral health screening under 7 AAC 135.100;

- (2) a substance use intake assessment under 7 AAC 135.110(c);

- (3) case management under 7 AAC 135.180;

- (4) detoxification services under 7 AAC 135.190;

- (5) comprehensive community support services for adults under 7 AAC 135.200;

- (6) therapeutic behavioral health services for children under 7 AAC 135.220;

- (7) recipient support services under 7 AAC 135.230;

- (8) medication administration services under 7 AAC 135.260;

- (9) behavioral health treatment plan review and development, including a client status review under 7 AAC 135.100;

- (10) medical evaluation;

- (11) methadone or antabuse administration;

- (12) behavioral health treatment plan review for a recipient in a methadone treatment program;

- (13) day treatment services for children under 7 AAC 135.250;

- (14) daily behavioral rehabilitation services under 7 AAC 135.270;

- (15) residential substance use treatment services under 7 AAC 135.280;

- (16) short-term crisis stabilization services under 7 AAC 135.170;

- (17) facilitation of a telemedicine session under 7 AAC 135.290.

(d) The department will not pay for any of the following services as a Medicaid covered service under this chapter:

- (1) outpatient mental health services provided by a hospital or psychiatric facility, unless the outpatient program is a mental health physician clinic that is enrolled in

accordance with 7 AAC 105.210;

- (2) experimental therapy;
- (3) telephone consultation or coordination with another service provider other than case management;
- (4) preparation of reports as a separate service;
- (5) narcosynthesis;
- (6) socializing;
- (7) recreation therapy;
- (8) primal therapy;
- (9) rage reduction or holding therapy;
- (10) marathon group therapy;
- (11) megavitamin therapy;
- (12) pastoral counseling;
- (13) explanation of an examination to a family member or other responsible individual that is provided outside of a family therapy session;
- (14) therapy or evaluation if the documentation required by 7 AAC 105.230, 7 AAC 135.120, and 7 AAC 135.130 is inadequate or is absent from the recipient's clinical record or behavioral health treatment plan;
- (15) room and board costs as a part of a behavioral health clinic service or rehabilitation service;
- (16) transportation or travel time as a part of a behavioral health clinic service or rehabilitation service, except as provided under 7 AAC 135.180. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.020. Recipient eligibility for Medicaid behavioral health services.** (a)

The department will pay for behavioral health clinic services for the following individuals only:

- (1) a child experiencing an emotional disturbance;
- (2) a child experiencing a severe emotional disturbance;
- (3) an adult experiencing an emotional disturbance;
- (4) an adult experiencing a serious mental illness.

(b) The department will pay for behavioral health rehabilitation services for the following individuals only:

- (1) an individual experiencing a substance use disorder characterized by
  - (A) a maladaptive pattern of substance use; or
  - (B) cognitive, behavioral, or physiological symptoms indicating that the individual will continue to use a substance despite significant substance-related problems associated with its use;
- (2) a child experiencing a severe emotional disturbance;
- (3) except as provided in (d) of this section, an adult experiencing a serious mental illness.

(c) If, during the assessment, evaluation, or treatment of a child experiencing an emotional disturbance, a provider determines that the recipient may have a severe behavioral health disorder and that the recipient is in need of behavioral health rehabilitation services, that provider shall refer the recipient to a provider that provides behavioral health rehabilitation services in the community.

(d) A child experiencing a severe emotional disturbance may be provided comprehensive

community support services under 7 AAC 135.200, in place of therapeutic behavioral health services for children under 7 AAC 135.220, if that recipient

(1) is at least 18 years of age and under 21 years of age; and

(2) except for age, falls within the definition of an adult experiencing a serious mental illness. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.030. Provider enrollment and organization.** (a) To be eligible for payment under 7 AAC 135.010 - 7 AAC 135.290 for providing Medicaid behavioral health services, a provider must be enrolled in Medicaid under 7 AAC 105.210 and must be either

(1) a community behavioral health services provider;

(2) a mental health physician clinic that meets the requirements of (d) and (e) of this section; or

(3) a psychologist who

(A) meets the requirements of 7 AAC 110.550; and

(B) provides psychological testing and evaluation under 7 AAC

135.110(g).

(b) If a community behavioral health services provider is administratively, organizationally, financially, or otherwise connected to a health facility, as defined in AS 47.07.900, the community behavioral health services provider must account for income and expenses separately from the health facility to verify that the cost used by the department to determine the health facility's prospective payment rate under 7 AAC 150 is excluded from the operating cost of the community behavioral health services provider.

(c) If a community behavioral health services provider is operated by a governmental or corporate entity that concurrently operates a health facility, the health facility may provide administrative and other support services to the community behavioral health services provider. However, the department will not include the cost of providing those behavioral health services in determining the health facility's prospective payment rate under 7 AAC 150. If a physician or other health professional is employed by the health facility and by the community behavioral health services provider, the physician or other health professional must be employed under a separate written agreement with the community behavioral health services provider that requires that the cost of services provided by the physician or other health care professional be

(1) separately accounted for by the community behavioral health services provider; and

(2) excluded from the costs considered by the department in determining the health facility's prospective payment rate under 7 AAC 150.

(d) The department will pay for behavioral health clinic services provided by a mental health physician clinic only if

(1) those services are for treatment of a diagnosable mental health disorder;

(2) those services are provided by a psychiatrist or by one of the following individuals who work under the direct supervision of that psychiatrist:

(A) a psychologist who is licensed as required under 7 AAC 110.550;

(B) a psychological associate who is licensed under AS 08.86 or in the jurisdiction where services are provided, and who renders the services in association with a licensed psychologist within the scope of practice identified in 12 AAC 60.185;

(C) a clinical social worker who is licensed under AS 08.95;

(D) a physician assistant who is licensed as required under 7 AAC 110.455;

(E) an advanced nurse practitioner who is licensed and certified as required under 7 AAC 110.100;

(F) a psychiatric nursing clinical specialist who is licensed under AS 08.68 or in the jurisdiction where services are provided;

(G) a marital and family therapist who is licensed under AS 08.63 or in a jurisdiction with requirements substantially similar to the requirements of AS 08.63 where services are provided, and who works in therapist's field of expertise under the direct supervision of a psychiatrist; or

(H) a professional counselor who is licensed under AS 08.29 or in a jurisdiction with requirements substantially similar to the requirements of AS 08.29 where services are provided, and who works in the counselor's field of expertise under the direct supervision of a psychiatrist;

(3) the psychiatrist operating the mental health physician clinic provides direct supervision to each individual provider in the mental health physician clinic and assumes responsibility for the treatment given;

(4) necessary adjunctive treatment is provided either directly or through a written agreement with a mental health professional clinician or other member of the mental health physician clinic staff; that individual must be licensed under AS 08 and work under the direct supervision of a psychiatrist; and

(5) those services are provided on the premises of the mental health physician clinic or through a telemedicine application under 7 AAC 110.620 - 7 AAC 110.639, unless

(A) the service

(i) could not otherwise be provided; or

(ii) is provided at a location that is clinically more appropriate than the premises of the mental health physician clinic; and

(B) the reason that the clinic service was provided in a location other than the premises of the mental health physician clinic or through a telemedicine application is clearly documented in the recipient's clinical record.

(e) In this section, "direct supervision" means that a psychiatrist is on the premises of the mental health physician clinic to deliver medical services at least 30 percent of the time the mental health physician clinic is open for providing medical services and those medical services include

(1) approving the behavioral health treatment plan in writing;

(2) at least every 90 - 135 days, reviewing each case to determine the need for continued care;

(3) providing direct clinical consultation and supervision to mental health physician clinic staff;

(4) assuring that the services provided are medically necessary and clinically appropriate; and

(5) assuming professional responsibility for the services provided. (Eff.

10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.040. Service authorization and limitation.** (a) Except as provided in (b) and (c) of this section and 7 AAC 105.130(d), the department will not pay for behavioral health

services unless the department has given prior authorization for those services.

(b) A community behavioral health services provider or mental health physician clinic may provide the following behavioral health clinic services without prior authorization from the department:

- (1) any combination of individual, group, and family psychotherapy, not to exceed 10 hours per recipient in a state fiscal year;
- (2) psychiatric assessments under 7 AAC 135.110(e) or (f), not to exceed four per recipient in a state fiscal year;
- (3) psychological testing and evaluation under 7 AAC 135.110(g), not to exceed six hours per recipient in a state fiscal year, except that neuropsychological testing and evaluation is limited to 12 hours per recipient in a state fiscal year if the provider has documentation validating the provider's qualifications to provide neuropsychological testing and evaluation services;
- (4) pharmacologic management services, not to exceed one visit per recipient per week during the first four weeks after the recipient begins receiving pharmacologic management services, and, thereafter, not to exceed one visit per recipient per month as long as the recipient is receiving a service under this chapter, unless more frequent monitoring is required because of
  - (A) the requirements of the specific medication; or
  - (B) a recipient's unusual clinical reaction to a medication;
- (5) if the individual is not already receiving services under this chapter at the time the assessment is provided under this paragraph, one integrated mental health and substance use intake assessment under 7 AAC 135.110, or a combination of one mental health intake assessment and one substance use intake assessment under 7 AAC 135.110; the assessment or combination of assessments must consist of
  - (A) one or more face-to-face sessions; and
  - (B) a review of collaterally connected information;
- (6) based on a current behavioral health treatment plan, one integrated mental health and substance use intake assessment under 7 AAC 135.110, or a combination of one mental health intake assessment and one substance use intake assessment under 7 AAC 135.110, every six months;
- (7) short-term crisis intervention services under 7 AAC 135.160 that do not exceed 22 hours of the total short-term crisis intervention services provided to a recipient during a state fiscal year.

(c) A community behavioral health services provider may provide the following behavioral health rehabilitation services without specific authorization by the department:

- (1) case management, not to exceed 180 hours per recipient per state fiscal year; no more than one hour per week per recipient may be used in monitoring by the directing clinician of the provision of services;
- (2) individual therapeutic behavioral health services for children under 7 AAC 135.220, or a combination of individual therapeutic behavioral health services for children and peer support services under 7 AAC 135.210 and 7 AAC 135.220; the services or combination of services may not exceed 100 hours per recipient per state fiscal year;
- (3) group therapeutic behavioral health services for children under 7 AAC 135.220, not to exceed 140 hours per recipient per state fiscal year;
- (4) family therapeutic behavioral health services for children under 7 AAC 135.220, or a combination of family therapeutic behavioral health services for children and peer

support services under 7 AAC 135.210 and 7 AAC 135.220; the services or combination of services may not exceed 180 hours per recipient per state fiscal year;

(5) individual comprehensive community support services under 7 AAC 135.200, or a combination of individual comprehensive community support services and peer support services under 7 AAC 135.200 and 7 AAC 135.210; the services or combination of services may not exceed 240 hours per recipient per state fiscal year;

(6) group comprehensive community support services under 7 AAC 135.200, not to exceed 140 hours per recipient per state fiscal year;

(7) recipient support services, not to exceed four hours per recipient per calendar day;

(8) medication administration services as provided in the recipient's behavioral health treatment plan;

(9) one medical evaluation of a recipient in a methadone treatment program per admission for that methadone treatment program, including

(A) consultation and referral;

(B) verification of addiction; and

(C) establishing methadone dosage;

(10) methadone or antabuse administration as prescribed by a physician;

(11) detoxification services, with no limit;

(12) behavioral health screening using the *Alaska Screening Tool*, adopted by reference under 7 AAC 160.900, to determine eligibility for admission to a treatment program, limited to one screening per program admission for new or returning recipients;

(13) medical evaluation for a recipient not receiving methadone, limited to one medical evaluation per recipient per admission to detoxification treatment;

(14) behavioral health treatment plan review for a recipient in a methadone treatment program, limited to one review per admission;

(15) day treatment services for children under 7 AAC 135.250, not to exceed 180 hours per state fiscal year; day treatment services may not be provided more than six hours per school day;

(16) screening and brief intervention services, with no limit;

(17) residential substance use treatment services under 7 AAC 135.280, with no limit;

(18) short-term crisis stabilization services under 7 AAC 135.170 that

(A) do not exceed 22 hours of the total short-term crisis stabilization services provided to a recipient during a state fiscal year; and

(B) are provided during a psychiatric emergency that is documented in the recipient's clinical record.

(d) A provider request for prior authorization of an extension of a service beyond service limitations or a provider request for a change in the level of the service that a recipient previously received must be made in writing on a form approved by the department. The request must

(1) be documented in the clinical record prepared under 7 AAC 105.230 and 7 AAC 135.130;

(2) include a listing of all Medicaid reimbursable services and the expected duration of these services as set out in the recipient's behavioral health treatment plan; and

(3) affirm that the recipient's treatment team for a recipient under 18 years of age,

in accordance with 7 AAC 135.120, has reviewed the behavioral health treatment plan and recommended the requested services as medically necessary and clinically appropriate.

(e) An extension made under (d) of this section is valid through the date set by the director of the division responsible within the department for behavioral health services, or the director's designee.

(f) The department will not pay for more than one service episode per day of a detoxification service. In this subsection, "service episode" means the completion of all services identified in this section for which a single payment is made in accordance with 7 AAC 145.580.

(g) After considering the area of the state where the service is provided, the provider's location, and whether other providers are available to a recipient, the director of the division responsible within the department for behavioral health services, or the director's designee, shall extend a behavioral health clinic service limitation under 7 AAC 135.010 - 7 AAC 135.290 if the director or director's designee determines that

(1) the recipient's circumstances are exceptional; and

(2) the extension is necessary to protect the recipient's health.

(h) In this section, "state fiscal year" has the meaning given "fiscal year" in AS 37.05.920 and 37.05.990. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

## **Article 2. Medicaid Behavioral Health Services.**

### **Section**

- 100. Behavioral health screening; client status review
- 110. Professional behavioral health assessments
- 120. Behavioral health treatment plan
- 130. Clinical record
- 140. Pharmacologic management services
- 150. Psychotherapy
- 160. Short-term crisis intervention services
- 170. Short-term crisis stabilization services
- 180. Case management
- 190. Detoxification services
- 200. Comprehensive community support services for adults
- 210. Peer support services
- 220. Therapeutic behavioral health services for children
- 230. Recipient support services
- 240. Screening and brief intervention services
- 250. Day treatment services for children
- 260. Medication administration services
- 270. Daily behavioral rehabilitation services
- 280. Residential substance use treatment services
- 290. Facilitation of a telemedicine session

**7 AAC 135.100. Behavioral health screening; client status review.** (a) The department will pay a community behavioral health services provider for conducting a behavioral health screening using the *Alaska Screening Tool*, adopted by reference under 7 AAC

160.900, provided by the department. A community behavioral services health provider must complete a behavioral health screening for each new or returning recipient of behavioral health services before a professional behavioral health assessment is conducted for that recipient under 7 AAC 135.110.

(b) The department will pay a community behavioral health services provider for completing, in accordance with (c) of this section, a client status review with the recipient present, if the client status review is completed and used as relevant clinical information concurrent with

(1) an initial professional behavioral health assessment under 7 AAC 135.110 for a new or returning recipient;

(2) a client status review under (c)(6) of this section;

(3) a client status review under 7 AAC 135.120(a)(6); or

(4) at discharge from treatment.

(c) A client status review completed with the recipient present must be

(1) administered using the department's *Client Status Review* form, adopted by reference under 7 AAC 160.900, or administered using the electronic version of that form, by means of the Alaska Automated Information Management System;

(2) used to assist in determining a recipient's functioning in the life areas identified on the form;

(3) used by the directing clinician to assist in measuring the outcomes of behavioral health treatment provided;

(4) used by the directing clinician in making treatment decisions;

(5) used by the directing clinician to revise the recipient's behavioral health treatment plan; and

(6) administered and reviewed every 90 to 135 days

(A) while the recipient is in treatment; or

(B) from the date the behavioral health treatment plan was last reviewed.

(d) Each time a client status review is completed, the community behavioral health services provider shall

(1) include a copy of the client status review in the recipient's clinical record; and

(2) report the client status review data to the department.

(e) In this section, "in treatment" means the recipient is receiving or is ready to begin receiving services from a community behavioral health services provider who is providing or ready to begin providing the services identified in a behavioral health treatment plan approved by the recipient and directing clinician. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**Editor's note:** The *Client Status Review* may be completed electronically through the Department of Health and Social Services, Division of Behavioral Health, Alaska Automated Information Management System, accessible at the following Internet address:

<http://hss.state.ak.us/dbh/AKAIMS/default.htm>. A paper copy of the *Client Status Review* may be obtained by writing to the Division of Behavioral Health, 3601 C Street, Suite 878,

Anchorage, AK 99503 or at either of the following Internet addresses:

<http://hss.state.ak.us/dbh/AKAIMS/pubs.htm> or

<http://hss.state.ak.us/dbh/resources/publications.htm>.

**7 AAC 135.110. Professional behavioral health assessments.** (a) If a behavioral



health screening conducted under 7 AAC 135.100, or a referral by a court or other agency, has identified an individual who is suspected of having a behavioral health disorder that could require behavioral health services, the department will pay

- (1) a community behavioral health services provider for the following services:
    - (A) one of the following behavioral health intake assessments:
      - (i) a mental health intake assessment under (b) of this section;
      - (ii) a substance use intake assessment under (c) of this section;
      - (iii) an integrated mental health and substance use intake assessment under (d) of this section;
    - (B) a psychiatric assessment under (e) or (f) of this section;
    - (C) psychological testing and evaluation under (g) of this section;
  - (2) a mental health physician clinic for
    - (A) a mental health intake assessment under (b) of this section;
    - (B) a psychiatric assessment under (e) or (f) of this section;
    - (C) psychological testing and evaluation under (g) of this section.
- (b) To qualify for payment, a mental health intake assessment must be
- (1) documented in the recipient's clinical record in accordance with 7 AAC 105.230 and 7 AAC 135.130;
  - (2) conducted in accordance with
    - (A) the requirements of 7 AAC 135.010(b)(1), if the provider is a community behavioral health services provider;
    - (B) the requirements of 7 AAC 135.030(d) and (e), if the provider is a mental health physician clinic;
  - (3) conducted upon admission to services and during the course of active treatment as necessary, for the purpose of determining and documenting
    - (A) the recipient's mental status and social and medical history;
    - (B) the nature and severity of any identified mental health disorder;
    - (C) a complete diagnosis consistent with the multi-axial classification system used in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900;
    - (D) treatment recommendations that form the basis of a subsequent behavioral health treatment plan; and
    - (E) functional impairment; and
  - (4) updated as new information becomes available.
- (c) To qualify for payment, a substance use intake assessment must be
- (1) documented in the recipient's clinical record in accordance with 7 AAC 105.230 and 7 AAC 135.130;
  - (2) conducted by a substance use disorder counselor, social worker, or other qualified program staff member performing duties regularly within the scope of the individual's authority, training, and job description; however, if the substance use intake assessment is conducted as part of detoxification services subject to 7 AAC 70.110 and 7 AAC 135.190, the assessment must be conducted by an individual identified in 7 AAC 70.110 for the type of detoxification service provided;
  - (3) conducted upon admission to services and during the course of active treatment as necessary, for the purpose of determining and documenting
    - (A) if the recipient has a substance use disorder;

- (B) the nature and severity of any identified substance use disorder;
  - (C) the correct diagnosis;
  - (D) treatment recommendations that form the basis of a subsequent behavioral health treatment plan; and
  - (E) functional impairment; and
- (4) updated as new information becomes available.
- (d) To qualify for payment, an integrated mental health and substance use intake assessment must
- (1) be documented in the recipient's clinical record in accordance with 7 AAC 105.230 and 7 AAC 135.130;
  - (2) be conducted in accordance with
    - (A) the requirements of 7 AAC 135.010(b)(1), if the provider is a community behavioral health services provider;
    - (B) the requirements of 7 AAC 135.030(d) and (e), if the provider is a mental health physician clinic;
  - (3) meet the requirements of (b)(3) and (c)(3) of this section; and
  - (4) be updated as new information becomes available.
- (e) The department will pay a community behavioral health services provider or mental health physician clinic for a psychiatric assessment interview, that is to serve as the professional behavioral health assessment under this section, if the recipient's condition indicates the need for a more intensive assessment, including an assessment to evaluate the need for medication. A psychiatric assessment interview must
- (1) be conducted by a professional described in 7 AAC 135.010(b)(2);
  - (2) include a review of any general medical and psychiatric history or problem the recipient is presenting;
  - (3) include a relevant recipient history;
  - (4) include a mental status examination;
  - (5) result in a complete diagnosis consistent with the multi-axial classification system used in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900; and
  - (6) include a listing of any identified psychiatric problems, including functional impairments, with treatment recommendations.
- (f) The department will pay a community behavioral health services provider or mental health physician clinic for an interactive psychiatric assessment using equipment and devices, that is to serve as the professional behavioral health assessment under this section, if the recipient's condition indicates the need for a more intensive assessment, including an assessment to evaluate the need for medication. An interactive psychiatric assessment using equipment and devices must
- (1) be conducted by a professional described in 7 AAC 135.010(b)(2);
  - (2) include a review of any general medical and psychiatric history or problem the recipient is presenting;
  - (3) include a relevant recipient history;
  - (4) include a mental status examination;
  - (5) result in a complete diagnosis consistent with the multi-axial classification system used in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900; and

(6) include a listing of any identified psychiatric problems, including functional impairments, with treatment recommendations.

(g) The department will pay a community behavioral health services provider, mental health physician clinic, or psychologist for psychological testing and evaluation to assist in the diagnosis and treatment of mental and emotional disorders. Psychological testing and evaluation includes the assessment of functional capabilities, the administration of standardized psychological tests, and the interpretation of findings, and must be conducted in accordance with

(1) the requirements of 7 AAC 135.010(b)(1), if the provider is a community behavioral health services provider;

(2) the requirements of 7 AAC 135.030(d) and (e), if the provider is a mental health physician clinic;

(3) the requirements of 7 AAC 135.030(a), if the provider is a psychologist.

(h) If the provider is a community behavioral health services provider, the individual who conducts a professional behavioral health assessment under this section shall document in the written assessment that the results of the behavioral health screening, conducted under 7 AAC 135.100 using the *Alaska Screening Tool*, adopted by reference under 7 AAC 160.900, were reviewed and considered during the assessment. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.120. Behavioral health treatment plan.** (a) The department will pay a community behavioral health services provider or a mental health physician clinic for services provided to a recipient only if

(1) those services are provided under an individualized behavioral health treatment plan that meets the requirements of 7 AAC 135.130;

(2) the plan is based on a professional behavioral health assessment under 7 AAC 135.110;

(3) the plan is signed and supervised by the directing clinician;

(4) if the recipient is 18 years of age or older, the plan is

(A) developed with the recipient or the recipient's representative; and

(B) signed by the recipient or the recipient's representative;

(5) if the recipient is under 18 years of age, the plan is

(A) based upon the input of a treatment team that meets the requirements of (c) of this section; and

(B) signed by the recipient or the recipient's representative; and

(6) the plan remains current based upon the periodic client status review conducted under 7 AAC 135.100(c).

(b) By signing a behavioral health treatment plan, a directing clinician attests that in the directing clinician's professional judgment the services called for in the behavioral health treatment plan are

(1) appropriate to the recipient's needs;

(2) delivered at an adequate skill level; and

(3) achieving the treatment goals.

(c) A behavioral health treatment team for a recipient under 18 years of age

(1) must include

(A) the recipient;

(B) the recipient's family members, including parents, guardians, and

others similarly involved in providing general oversight of the recipient;

(C) a staff member of the office in the department responsible for children's services, if the recipient is in the state's protective custody or supervision;

(D) a staff member of the division in the department responsible for juvenile justice, if the recipient is in that agency's custody or care;

(E) the directing clinician; and

(F) the case manager, if the recipient is a child experiencing a severe emotional disturbance; and

(2) may include

(A) if the recipient currently resides within an alternative living arrangement, including foster care, residential child care, or an institution, a representative of that facility;

(B) if the recipient is currently unable to succeed in a school, a representative from the recipient's public, private, or home educational system, including a teacher, special education consultant, speech therapist, or other representative involved in the recipient's education.

(d) All members of the behavioral health treatment team shall attend meetings of the team in person or by telephone and be involved in team decisions unless the clinical record documents that

(1) the other team members determine that participation by the recipient or other individual involved with the care of the recipient is detrimental to the recipient's well-being;

(2) family members, school district employees, or government agency employees refuse to or are unable to participate after the provider's responsible efforts to encourage participation; or

(3) weather, illness, or other circumstances beyond the member's control prohibits that member from participating.

(e) If a provision of this chapter requires the approval, concurrence, or recommendation of the treatment team, the treatment team may issue that approval, concurrence, or recommendation only upon the concurrence of

(1) the directing clinician; and

(2) the recipient or the recipient's representative. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.130. Clinical record.** (a) To be eligible for payment under this chapter, a community behavioral health services provider, mental health physician clinic, or psychologist enrolled under 7 AAC 135.030(a)(3), must maintain, for each recipient served, a clinical record that includes the following:

(1) if the provider is a community behavioral health services provider, a completed behavioral health screening that meets the requirements of 7 AAC 135.100 using the *Alaska Screening Tool*, adopted by reference under 7 AAC 160.900;

(2) if the provider is a community behavioral health services provider, a client status review that meets the requirements of 7 AAC 135.100, unless the services provided to the recipient are limited to

(A) detoxification services under 7 AAC 70.110 and 7 AAC 135.190;

(B) short-term crisis intervention services under 7 AAC 135.160; or

(C) short-term crisis stabilization services under 7 AAC 135.170;

(3) if a mental health intake assessment is provided under 7 AAC 135.110, a written report that documents

(A) a complete diagnosis consistent with the multi-axial classification system used in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900, if a diagnosis exists;

(B) the problems identified during the professional behavioral health assessment and client status review processes, including functional deficits that require mental health treatment; and

(C) treatment recommendations;

(4) if a substance use intake assessment is provided under 7 AAC 135.110, a written report that documents

(A) a diagnosis of the substance use disorder, if a diagnosis exists;

(B) the problems identified during the professional behavioral health assessment and client status review processes; and

(C) treatment recommendations;

(5) if an integrated mental health and substance use intake assessment is provided under 7 AAC 135.110, a written report with the information required under (3) and (4) of this subsection;

(6) if a psychiatric assessment interview or an interactive psychiatric assessment using equipment and devices is provided under 7 AAC 135.110,

(A) the recipient's identifying information;

(B) the date the assessment was conducted;

(C) a description of

(i) the symptoms that need medical care; and

(ii) how the symptoms established the medical necessity for, and clinical appropriateness of, treatment;

(D) if medication is prescribed, a description of the symptoms that the medication is intended to target;

(E) a complete diagnosis consistent with the multi-axial classification system used in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900; and

(F) the name, signature, and credentials of the medical professional conducting the assessment;

(7) a behavioral health treatment plan that meets the requirements of 7 AAC 135.120 and includes

(A) the recipient's identifying information;

(B) the date implementation of the behavioral health treatment plan will begin;

(C) treatment goals that are directly related to the findings of a professional behavioral health assessment provided under 7 AAC 135.110;

(D) the services and interventions that will be employed to address the written goals;

(E) the name, signature, and credentials of the directing clinician; and

(F) the signature of the recipient or the recipient's representative;

(8) a progress note for each service for each day the service is provided, that is

signed by the individual provider, and that includes

- (A) a description or listing of the active treatment provided;
  - (B) the date the service was provided;
  - (C) the duration of the service expressed in the service unit or clock time used to determine the payment rate under 7 AAC 145.580;
  - (D) the treatment goals that the service targeted;
  - (E) a description of the recipient's progress toward those treatment goals;
- and
- (F) the name, signature, and credentials of the individual who rendered the service.

(b) A provider of Medicaid behavioral health services shall retain a record of any service provided to the recipient in accordance with 7 AAC 105.230 even if the recipient is not currently receiving services.

(c) To document active treatment, the provider must set out a description or a listing of the active interventions that the provider provides to, or on behalf of, the recipient.

(d) The clinical record must reflect all changes made to a recipient's behavioral health treatment plan and professional behavioral health assessment. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.140. Pharmacologic management services.** (a) The department will pay a community behavioral health services provider or mental health physician clinic for a pharmacologic management service if that service is provided directly by a professional described in 7 AAC 135.010(b)(2).

(b) To qualify for payment under this section, a provider must monitor a recipient for the purposes of

- (1) assessing a recipient's need for pharmacotherapy;
- (2) prescribing appropriate medications to meet the recipient's need; and
- (3) monitoring the recipient's response to medication, including
  - (A) documenting medication compliance;
  - (B) assessing and documenting side effects; and
  - (C) evaluating and documenting the effectiveness of the medication. (Eff.

10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.150. Psychotherapy.** (a) The department will pay a community behavioral health services provider or mental health physician clinic for one or more of the following forms of psychotherapy, as coded in *Current Procedural Terminology (CPT)*, adopted by reference in 7 AAC 160.900:

- (1) insight-oriented individual psychotherapy;
- (2) interactive individual psychotherapy;
- (3) group psychotherapy;
- (4) family psychotherapy - without recipient;
- (5) family psychotherapy - with recipient;
- (6) multi-family group psychotherapy.

(b) Biofeedback or relaxation therapy may be provided as an element of insight-oriented individual psychotherapy and interactive individual psychotherapy if that biofeedback or

relaxation therapy is

- (1) prescribed by a psychiatrist, if provided in a mental health physician clinic;
- (2) prescribed by a physician or ordered by a mental health professional clinician, if provided at a community behavioral health services provider; and
- (3) included in the behavioral health treatment plan as a recognized treatment or adjunct to a treatment only for the following conditions or substantially similar conditions:
  - (A) chronic pain syndrome;
  - (B) panic disorders;
  - (C) phobias.

(c) Family psychotherapy, with or without recipient involvement, may be provided telephonically if

- (1) the service could not otherwise be provided; and
- (2) the provider documents, in the recipient's treatment note for each session, the reason that family psychotherapy was provided telephonically. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.160. Short-term crisis intervention services.** (a) The department will pay a community behavioral health services provider or mental health physician clinic for short-term crisis intervention services, provided by a mental health professional clinician to a recipient, if that mental health professional clinician provides an initial assessment of the

- (1) nature of the short-term crisis;
- (2) recipient's mental, emotional, and behavioral status; and
- (3) recipient's overall functioning in relation to the short-term crisis.

(b) The mental health professional clinician may order and deliver, as a crisis intervention service, any medically necessary and clinically appropriate behavioral health clinic or rehabilitation service or intervention in accordance with 7 AAC 135.010 that is included in the crisis plan to

- (1) reduce the symptoms of the acute mental, emotional, or behavioral disorder;
- (2) prevent harm to the recipient or others;
- (3) prevent further relapse or deterioration of the recipient's condition; or
- (4) stabilize the recipient within the family system, if one exists.

(c) Short-term crisis intervention includes the following treatment and supports:

- (1) individual or family psychotherapy needed in response to the short-term crisis;
- (2) individual or family training and education related to resolving the existing short-term crisis and preventing a future crisis;
- (3) monitoring the recipient for safety purposes.

(d) The mental health professional clinician is responsible for

- (1) planning all behavioral health services needed to respond to the short-term crisis;
- (2) writing the short-term crisis intervention plan that contains

(A) treatment goals derived from the assessment performed under (a) of this section of the crisis; and

(B) a description of the medically necessary and clinically appropriate services provided under this chapter that the recipient requires to resolve the existing short-term crisis; and

(3) directing all services that are ordered in the short-term crisis intervention plan except for pharmacologic management services.

(e) The department will separately pay a community behavioral health services provider for pharmacologic management services provided in accordance with 7 AAC 135.010(b)(2) and for the behavioral health clinic and rehabilitation services and interventions ordered and delivered under a short-term crisis intervention plan developed under (b) of this section if the bill for each service is separately submitted to the department.

(f) Notwithstanding any behavioral health treatment plan in effect for the recipient at the onset of a short-term crisis, if a recipient is receiving short-term crisis intervention services, the department will only pay for the behavioral health services identified in the short-term crisis intervention plan for the duration of the short-term crisis intervention service.

(g) Except as provided in (i) of this section, short-term crisis intervention must be documented on a contact form provided by the department. 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 provides the service. All documentation under this subsection must be filed in the recipient's clinical record.

(h) Short-term crisis intervention may be provided in any appropriate outpatient or community setting, including

(1) a hospital emergency room, if the recipient has not been admitted to the hospital;

(2) a facility designated for crisis respite purposes; and

(3) the recipient's place of residence, workplace, or school.

(i) A mental health physician clinic is not required under (g) of this section to use the form provided by the department to document short-term crisis intervention provided by a licensed mental health professional clinician. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.170. Short-term crisis stabilization services.** (a) The department will pay a community behavioral health services provider for short-term crisis stabilization services, provided by a substance use disorder counselor or a behavioral health clinical associate to a recipient, if that substance use disorder counselor or behavioral health clinical associate

(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, on a form provided by the department, the assessment, a short-term crisis stabilization plan, and the services that are provided.

(b) The substance use disorder counselor or behavioral health clinical associate may provide, as part of the short-term crisis stabilization plan, any medically necessary and clinically appropriate behavioral health rehabilitation services necessary to return the recipient to the recipient's mental, emotional, and behavioral level of functioning before the short-term crisis occurred.

(c) Short-term crisis stabilization includes the following treatment and supports:

(1) individual or family counseling needed in response to the short-term crisis;

(2) individual or family training and education related to resolving the existing short-term crisis and preventing a future crisis;

(3) monitoring the recipient for safety purposes;



(4) any behavioral health rehabilitation services.

(d) Notwithstanding any behavioral health treatment plan in effect for the recipient at the onset of a short-term crisis, if a recipient is receiving short-term crisis stabilization services, the department will only pay for the behavioral health services identified in the short-term crisis stabilization plan for the duration of the short-term crisis stabilization.

(e) Short-term crisis stabilization must be documented on a contact form provided by the department. Documentation under this section must be filed in the recipient's clinical record.

(f) If the substance use disorder counselor or behavioral health clinical associate is unable to resolve the short-term crisis, a mental health professional clinician may assume responsibility for the case and begin providing short-term crisis intervention services under 7 AAC 135.160.

(g) Short-term crisis stabilization services may be provided in any appropriate outpatient or community setting, including

- (1) the premises of the community behavioral health services provider;
- (2) a facility designated for crisis respite purposes; and
- (3) the recipient's place of residence, workplace, or school. (Eff. 10/1/2011,

Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.180. Case management.** (a) The department will pay a community behavioral health services provider for case management provided to a recipient or recipient's family for one or more of the following purposes only:

- (1) coordinating assessments, treatment planning, and service delivery;
- (2) providing linkage between the recipient and other needed services;
- (3) monitoring, by direct observation by the directing clinician, the delivery of behavioral health services other than case management as those services are provided to the recipient to ensure that interventions and techniques are
  - (A) appropriate to the recipient's needs;
  - (B) delivered at an adequate skill level; and
  - (C) achieving the treatment goals;
- (4) providing advocacy and support to the parents and the foster parents of a child in foster care to preserve the placement;
- (5) providing overall advocacy and support for the recipient's social, educational, legal, and treatment needs.

(b) The department will pay only one case manager of a child experiencing a severe emotional disturbance for time setting up, traveling to or from, and attending a treatment team meeting conducted under 7 AAC 135.120 for that recipient.

(c) Except as provided in (b) of this section, the department will not pay a member of a treatment team for

- (1) travel to or from a meeting;
- (2) time spent in or preparing for a meeting;
- (3) serving as a member of a treatment team; or
- (4) writing or monitoring a behavioral health treatment plan.

(d) The department will not pay for case management if it is provided by a family member or foster parent of the recipient.

(e) Case management may be provided within the home, workplace, school, or any other

appropriate community setting.

(f) Case management does not require the recipient to be present and may be provided at the same time the recipient is being provided another service. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.190. Detoxification services.** (a) The department will pay a community behavioral health services provider for the following alcohol and drug detoxification services delivered face-to-face to the recipient:

(1) ambulatory detoxification with extended on-site monitoring provided in accordance with 7 AAC 70.110;

(2) clinically managed residential detoxification provided in accordance with 7 AAC 70.110;

(3) medically monitored residential detoxification provided in accordance with 7 AAC 70.110.

(b) The only behavioral health services that the department will pay for when provided on the same day as alcohol and drug detoxification services are

(1) behavioral health screening under 7 AAC 135.100;

(2) needed professional behavioral health assessments under 7 AAC 135.110;

(3) case management services under 7 AAC 135.180;

(4) needed behavioral health clinic services under 7 AAC 135.010;

(5) a medical evaluation. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.200. Comprehensive community support services for adults.** (a) Except as provided in (c) of this section, the department will pay a community behavioral health services provider for comprehensive community support services, for a recipient 21 years of age or older except as provided in 7 AAC 135.020(d), if those services

(1) promote wellness, recovery, and resiliency;

(2) improve the recipient's overall functioning;

(3) assist the recipient to be successful with illness self-management;

(4) restore the recipient's capacity for more effective daily functioning and reduce the likelihood of institutionalization or institution-based care;

(5) help the recipient develop, maintain, or improve specific self-care, self-direction, communication, and social behavior;

(6) restore the recipient's ability to engage in normal, age-appropriate daily activities that may include the use of stores, restaurants, churches, recreational facilities, public transportation, and workplaces; or

(7) restore the behavioral, emotional, or intellectual skills necessary to live, learn, or work productively in the recipient's environment, including the following activities of daily living:

(A) obtaining and remembering to take prescribed medication;

(B) making appointments for health care or other needs;

(C) arranging for transportation to and from appointments;

(D) budgeting, meal planning, and grocery shopping;

(E) choosing safe friends;

(F) developing appropriate social relationships;

(G) other daily living responsibilities associated with being a fully functioning adult.

(b) Comprehensive community support services may be provided

(1) on the premises of the community behavioral health services provider, the recipient's residence, the recipient's workplace, or any other appropriate community setting;

(2) to an individual or a group.

(c) Comprehensive community support services are limited to the following:

(1) teaching of life skills designed to restore the recipient's functioning;

(2) counseling focused on functional improvement, recovery, and relapse

prevention;

(3) encouraging and coaching. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.210. Peer support services.** (a) The department will pay a community behavioral health services provider for peer support services if those services

(1) include

(A) one-on-one or family activities designed to facilitate a smooth transition from an institutional setting to the community;

(B) assisting the recipient or recipient's family in regaining balance and control of their lives;

(C) enhancing the recipient's community living skills; and

(D) supporting a self-directed recovery and independence;

(2) are based on the unique therapeutic relationship between the provider, the recipient, and the recipient's family;

(3) are coordinated in the recipient's behavioral health treatment plan; and

(4) are focused on specific goals and objectives including identified benchmarks or other measurable outcomes.

(b) Peer support services must be provided by a behavioral health clinical associate who

(1) maintains frequent in-person or telephonic contact with the recipient in order to support the recipient and participate in group activities;

(2) is competent to provide peer support services by virtue of having experienced behavioral health issues in self or family; and

(3) is supervised by a mental health professional clinician who the community behavioral health services provider has determined is competent to supervise peer support services by a behavioral health clinical associate.

(c) Subject to the limitation in 7 AAC 135.040, peer support services may only be offered in combination with

(1) individual therapeutic behavioral health services for children under 7 AAC 135.220;

(2) family therapeutic behavioral health services for children under 7 AAC 135.220; or

(3) individual comprehensive community support services under 7 AAC 135.200. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.220. Therapeutic behavioral health services for children.** (a) The

department will pay a community behavioral health services provider for therapeutic behavioral health services, for a recipient under 21 years of age with a severe behavioral disorder, if those services

- (1) improve the recipient's overall functioning and reduce the likelihood of
    - (A) removal from a school setting;
    - (B) placement out of the family home; or
    - (C) referral to institutional care;
  - (2) help the recipient's family to develop or improve specific child behavior management skills;
  - (3) promote wellness, recovery, and resiliency;
  - (4) help the recipient
    - (A) develop or improve specific age-appropriate social behavior;
    - (B) develop or improve self-management skills that will support academic success; and
    - (C) make better behavioral choices within their family, school, and community overall; or
  - (5) assist the recipient in developing more functional coping strategies.
- (b) Therapeutic behavioral health services for children may be provided
- (1) on the premises of the community behavioral health services provider, the recipient's home, the recipient's school, or any other appropriate community setting;
  - (2) to an individual, family, or group.
- (c) Therapeutic behavioral health services for children are limited to the following:
- (1) teaching of life skills designed to restore the recipient's functioning;
  - (2) counseling focused on functional improvement, recovery, and relapse prevention;
  - (3) encouraging and coaching.

(d) Except as provided in (e) of this section, the department will not pay for therapeutic behavioral health services delivered in a classroom setting if those services are delivered by the teacher providing the academic program.

(e) The department will pay for therapeutic behavioral health services for children, when provided in a classroom setting, as a group session only if

- (1) all group participants have similar treatment needs; and
- (2) the individual rendering the services facilitates a group session outside the regular academic class at least twice per week for the purpose of
  - (A) creating a clear awareness among recipients of the specific in-class behaviors that are the focus of treatment;
  - (B) reviewing by means of the group process each recipient's strategies for success;
  - (C) facilitating the group's assessment of individual progress; and
  - (D) preparing each recipient in the group for the classroom. (Eff.

10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.230. Recipient support services.** (a) The department will pay a community behavioral health services provider for a recipient support service if that service

- (1) is medically necessary under (b) of this section;

- (2) if provided during sleep hours, meets the requirements of (c) of this section;
- and
- (3) if provided during waking hours, meets the requirements of (d) of this section.
- (b) The department will consider a recipient support service to be medically necessary only if
- (1) the current need for that service is identified through a professional behavioral health assessment under 7 AAC 135.110 that
    - (A) documents the recipient's history of high-risk behavior or the rationale for heightened vigilance; and
    - (B) recommends the frequency and location where the service should be provided; and
  - (2) the recipient's behavioral health treatment plan clearly identifies
    - (A) the recipient's target symptoms; and
    - (B) how the staff of the community behavioral health services provider is expected to respond to and resolve a recipient's high-risk behavior.
  - (c) When recipient support services are provided to a recipient during the recipient's sleep hours, the individual rendering the service must be awake and able to hear or observe the recipient's behavior and, if that behavior puts the recipient or others at risk, respond to prevent harm to the recipient or others.
  - (d) If recipient support services are provided to a recipient during the recipient's waking hours, the individual rendering the service must be present and able to observe the recipient's behavior and, if that behavior puts the recipient or others at risk, respond to prevent harm to the recipient or others.
  - (e) The following elements of recipient support services are considered active treatment:
    - (1) structure;
    - (2) support;
    - (3) sight or sound supervision.
  - (f) Recipient support services may be provided at
    - (1) the recipient's residence;
    - (2) the recipient's workplace;
    - (3) the recipient's school; or
    - (4) any other appropriate community setting specified in the behavioral health treatment plan.
  - (g) The department will pay a community behavioral health services provider for recipient support services provided to more than one recipient by the same staff during the same session if
    - (1) each recipient lives in the same household; and
    - (2) the service is provided to each recipient in accordance with this section.
  - (h) Recipient support services do not include the daily supervisory activities that
    - (1) a parent or foster parent would normally carry out to assure protection, emotional support, and care of a child who is not a child experiencing a severe emotional disturbance; or
    - (2) are normally provided by or within an assisted living facility, congregate housing facility, or group home for an adult who is not
      - (A) an adult experiencing an emotional disturbance; or
      - (B) an adult experiencing a serious mental illness.

(i) The department may pay for recipient support services while the recipient is concurrently receiving other behavioral health services if a recipient is at high risk of committing violence to self or others. For purposes of this subsection, a recipient is considered at high risk of committing violence to self or others if the recipient

(1) has received a diagnosis with Axis I or Axis II disorders, according to the standards of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900; the diagnosis may include a substance use disorder;

(2) has a history of violence; the department will consider the frequency and circumstances in which the violence occurred; and

(3) currently presents

(A) assaultive or threatening behavior; or

(B) delusions or command hallucinations of violent content.

(j) With prior authorization from the department, a recipient identified in (i) of this section may receive recipient support services provided concurrently from more than one individual during the same period. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.240. Screening and brief intervention services.** (a) The department will pay a community behavioral health services provider for screening and brief intervention services if that provider conducts the screening component and, if needed, the brief intervention component in accordance with this section.

(b) A community behavioral health services provider shall provide a screening through self-report questionnaires, structured interviews, or similar screening techniques to detect substance use problems and to identify the appropriate level of intervention. If the screening is positive for substance use problems, the provider may provide brief intervention services that involve motivational discussion focused on raising the recipient's awareness of their substance use, the potential harmful effects of that substance use, and encouraging positive change. Brief intervention services may include

(1) feedback;

(2) goal setting;

(3) coping strategies;

(4) identification of risk factors;

(5) information; and

(6) advice.

(c) A community behavioral health services provider shall refer the recipient to a behavioral health treatment program that provides services that will meet the recipient's need if

(1) the screening reveals that the recipient is at severe risk of substance use problems;

(2) the recipient is already substance dependent; or

(3) the recipient has already received brief intervention or treatment for substance use and was non-responsive.

(d) A community behavioral health services provider shall document screening and brief intervention services in a progress note in accordance with 7 AAC 135.130(a)(8).

(e) Delivery of screening and brief intervention services does not require an intake assessment or behavioral health treatment plan. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.250. Day treatment services for children.** (a) The department will pay a community behavioral health services provider for day treatment services for children provided in the school setting if those services

(1) are provided to a recipient who is a child experiencing a severe emotional disturbance;

(2) promote the recipient's ability to be successful, independent of behavioral health services, in the community-based school environment; and

(3) assist the recipient in developing self-management skills consistent with academic progress.

(b) Day treatment services for children are provided

(1) on the school premises;

(2) on days that the recipient's school is in session;

(3) as group treatment; and

(4) by an individual who delivers rehabilitation services within the educational setting led by a teacher.

(c) Day treatment services for children are limited to the following forms of active treatment:

(1) teaching self-management skills designed to improve the recipient's academic and behavioral functioning;

(2) counseling focused on overall functional improvement in the school setting;

(3) encouraging and coaching to achieve academic and behavioral success in school.

(d) The community behavioral health services provider providing day treatment services must establish with the local school district a written agreement that specifies the overall goals of the collaborative effort, guidelines for meeting the criteria for services, roles and responsibilities of the parties to the agreement, and the resources, including personnel, contributed by each of the parties to the agreement.

(e) The department will not pay for day treatment services if those services are delivered by the teacher providing the academic program. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.260. Medication administration services.** (a) The department will pay a community behavioral health services provider for on-premises medication administration services provided to a recipient on the premises of the community behavioral health services provider.

(b) The department will pay a community behavioral health services provider for off-premises medication administration services provided to a recipient at home, school, or any other appropriate community setting. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.270. Daily behavioral rehabilitation services.** (a) The department will pay a community behavioral health services provider for daily behavioral rehabilitation services provided to a recipient who resides in a foster home or residential setting that is licensed under 7 AAC 50.005 - 7 AAC 50.790 or 7 AAC 56 if those services are provided in accordance with

7 AAC 135.020(b) to a recipient who is a child experiencing a severe emotional disturbance, and for the purpose of

- (1) improving the recipient's overall functioning and reducing the likelihood of
  - (A) the recipient's failure in a school setting;
  - (B) longer term separation from the recipient's family; or
  - (C) referral of the recipient to more restrictive institutional care;
- (2) promoting the recipient's wellness, recovery, and resiliency;
- (3) helping the recipient
  - (A) develop or improve specific age-appropriate social behavior;
  - (B) develop or improve self-management skills that will support overall success; and
  - (C) make better behavioral choices within the recipient's family, school, and community;
- (4) assisting the recipient in developing strategies for transitioning into adulthood, including planning for continued education or employment.

(b) To qualify as a daily behavioral rehabilitation service, the service must provide safety, structure, supervision, and at least two of the following types of active treatment each day:

- (1) teaching of life skills designed to restore the recipient's functioning;
- (2) counseling focused on functional improvement, recovery, and relapse prevention;
- (3) encouraging and coaching.

(c) The department will not pay for the daily supervisory activities provided in a licensed foster home or licensed residential setting that a parent or foster parent would normally carry out to assure protection, emotional support, and care of a child who is not a child experiencing a severe emotional disturbance.

(d) Except for FASD/SED waiver services provided under 7 AAC 130.100 - 7 AAC 130.199, the department will not pay a community behavioral health services provider for any other behavioral health service provided by the recipient's foster parent on the same day, including residential behavioral rehabilitation services under 7 AAC 135.800. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.280. Residential substance use treatment services.** (a) The department will pay a community behavioral health services provider for residential substance use treatment services if the provider is operating a structured residential program to treat substance use disorders in accordance with 7 AAC 70.120.

(b) To qualify for payment for providing residential substance use treatment services, a community behavioral health services provider must provide the following active treatment each day the recipient is in treatment:

- (1) teaching of life skills designed to restore or improve the recipient's overall functioning relative to their substance use disorder;
- (2) counseling focused on functional improvement, recovery, and relapse prevention;
- (3) encouraging and coaching.

(c) Residential substance use treatment services may be provided within the structured



residential program as individual, group, or family services.

(d) The only behavioral health services that the department will pay for on the same day as residential substance use treatment services are

- (1) behavioral health screening under 7 AAC 135.100;
- (2) completing a client status review under 7 AAC 135.100;
- (3) needed professional behavioral health assessments under 7 AAC 135.110;
- (4) case management services under 7 AAC 135.180;
- (5) needed behavioral health clinic services under 7 AAC 135.010;
- (6) a medical evaluation. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.290. Facilitation of a telemedicine session.** (a) The department will pay a community behavioral health services provider or a mental health physician clinic for facilitation of a telemedicine session if the facilitating provider

- (1) provides the telemedicine communication equipment;
- (2) establishes the electronic connection used by the treating provider and the recipient; and
- (3) remains available during the telemedicine session to reestablish the electronic connection if that connection fails before the intended end of the telemedicine session.

(b) The facilitating provider must make a note in the recipient's clinical record summarizing the facilitation of each telemedicine session. The facilitating provider is not required to document a clinical problem or treatment goal in the summarizing note under this subsection. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

### **Article 3. Residential Behavioral Rehabilitation Services.**

#### **Section**

800. Residential behavioral rehabilitation services

**7 AAC 135.800. Residential behavioral rehabilitation services.** (a) The department will pay for residential behavioral rehabilitation services under this section if

- (1) the provider receives a residential child care facility grant under 7 AAC 53.901 - 7 AAC 53.999;
- (2) the department has specifically approved, in accordance with the department's *Residential Behavioral Rehabilitation Services Handbook*, adopted by reference in 7 AAC 160.900, residential behavioral rehabilitation services for the recipient;
- (3) the recipient is a child experiencing a severe emotional disturbance; and
- (4) residential behavioral rehabilitation services are
  - (A) recommended by or provided under the direction of a
    - (i) physician licensed as required under 7 AAC 110.400; or
    - (ii) mental health professional clinician;
  - (B) designed to remediate problems associated with a mental health diagnosis that is documented in a clinical assessment; and
  - (C) specifically identified in a behavioral health treatment plan developed, reviewed, and updated in accordance with 7 AAC 135.120.

(b) If residential behavioral rehabilitation services include counseling, that counseling must be consistent with the behavioral health treatment plan under 7 AAC 135.120. Counseling must be documented and made available to a physician licensed as required under 7 AAC 110.400 or to a mental health professional clinician for review.

(c) Residential behavioral rehabilitation services may be provided in a residential care, therapeutic foster care, or therapeutic group home setting.

(d) A child experiencing a severe emotional disturbance who has been approved to receive residential behavioral rehabilitation services is not eligible to receive, on the same dates of service, behavioral health rehabilitation services described in 7 AAC 135.010(c). A child experiencing a severe emotional disturbance who is receiving residential behavioral rehabilitation services remains eligible to receive behavioral health clinic services described in 7 AAC 135.010(b).

(e) In this section,

(1) "crisis counseling" means counseling provided

(A) to a recipient who is experiencing a short-term crisis;

(B) in a residential behavioral rehabilitation facility on a 24-hour basis;

and

(C) by a member of the facility staff who is working within the scope of that staff member's job description, education, training, and experience;

(2) "milieu therapy" means activities performed with a recipient that are designed

to

(A) normalize the recipient's psychosocial development;

(B) promote the recipient's safety; and

(C) stabilize the recipient's environment;

(3) "residential behavioral rehabilitation services"

(A) means early intervention and stabilization services to help a child experiencing a severe emotional disturbance develop essential and appropriate coping skills;

(B) includes

(i) milieu therapy;

(ii) crisis counseling;

(iii) counseling in accordance with (b) of this section;

(iv) skills training; and

(v) case management;

(4) "skills training"

(A) means actively teaching a recipient to exhibit appropriate social and emotional behavior, develop healthy peer and family relationships, provide self-care, and engage in conflict resolution;

(B) includes skill instruction, skill practice, re-direction, feedback, positive praise, role modeling, promoting, encouraging, and coaching. (Eff. 10/1/2011, Register 199)

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

#### **Article 4. General Provisions.**

#### **Section**

- 900. Physicians providing behavioral health clinic services
- 990. Definitions

**7 AAC 135.900. Physicians providing behavioral health clinic services.** (a) If a physician provides behavioral health clinic services in a community behavioral health services provider organization, the physician may request payment for those services by submitting a claim for payment

(1) using the community behavioral health services provider's medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed on a community behavioral health services provider under this chapter; or

(2) using the physician's medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed upon a physician under this chapter; the department will pay a physician for medically necessary and clinically appropriate mental health services only if the physician renders those services directly.

(b) If a physician provides behavioral health clinic services in a mental health physician clinic, the physician may request payment for those services by submitting a claim for payment

(1) using the mental health physician clinic medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed on a mental health physician clinic under this chapter; or

(2) using the physician's medical assistance provider identification number; payment for services under this paragraph is subject to the same requirements and restrictions placed upon a physician under this chapter; the department will pay a physician for medically necessary and clinically appropriate mental health services only if the physician renders those services directly. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

**7 AAC 135.990. Definitions.** In this chapter, unless the context requires otherwise,

(1) "active treatment"

(A) 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;

(B) includes recipient support services;

(2) "adjunctive treatment" means a treatment that is associated with another treatment in a subordinate or auxiliary capacity;

(3) "adult experiencing an emotional disturbance" means an individual 21 years of age or older who is experiencing a non-persistent mental, emotional, or behavioral disorder that

(A) is identified and diagnosed during a professional behavioral health assessment under 7 AAC 135.110; and

(B) is not the result of intellectual, physical, or sensory deficits;

(4) "behavioral health clinic services" means services provided under 7 AAC 135.010(b);

(5) "behavioral health rehabilitation services" means services provided under

7 AAC 135.010(c);

(6) "behavioral health screening" means administering and interpreting the *Alaska Screening Tool*, adopted by reference in 7 AAC 160.990, at the point of entry to a behavioral health program to determine the appropriate assessments needed to identify the recipient's treatment needs;

(7) "behavioral health treatment plan" means

(A) a written individualized treatment plan that details

(i) the goals, objectives, services, and interventions selected to address a recipient's behavioral health needs identified by a professional behavioral health assessment under 7 AAC 135.110; and

(ii) with respect to selected services and interventions, their frequency and duration; or

(B) a short-term crisis intervention plan under 7 AAC 135.160, or short-term crisis stabilization plan under 7 AAC 135.170;

(8) "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;

(9) "child experiencing an emotional disturbance" means an individual under 21 years of age who is experiencing a non-persistent mental, emotional, or behavioral disorder that

(A) is identified and diagnosed during a professional behavioral health assessment under 7 AAC 135.110; and

(B) is not the result of intellectual, physical, or sensory deficits;

(10) "client status review" means an evaluation under 7 AAC 135.100 to measure a recipient's quality of life at the time of intake and at subsequent intervals during treatment or recovery;

(11) "co-occurring disorder" means a diagnosable substance use disorder and a diagnosable mental health disorder that the recipient experiences at the same time;

(12) "detoxification services" means those services under 7 AAC 135.190 provided by a community behavioral health services provider;

(13) "directing clinician" means a substance use disorder counselor or a mental health professional clinician who, by virtue of that individual's education, training, and experience, and with respect to the recipient's behavioral health treatment plan,

(A) develops or oversees the development of the plan;

(B) periodically reviews and revises the plan as needed;

(C) signs the plan each time a change is made to the plan; and

(D) monitors and directs the delivery of all services identified in the plan;

(14) "general direction" means, in a community behavioral health services provider, a physician provides general program and clinical consultative services when needed;

(15) "Medicaid behavioral health services" means the behavioral health clinic services identified in 7 AAC 135.010(b) and the behavioral health rehabilitation services identified in 7 AAC 135.010(c);

(16) "medical evaluation" means a physical examination that includes appropriate

testing, the ordering of other appropriate tests, a review of medical history and present problems, face-to-face consultation, and medical decision-making;

(17) "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; or

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

(18) "mental status examination" means the process of assessing an individual's thoughts, moods, self-identity, insight or judgment, memory, speech, intellectual functioning, time-and-place orientation, and reasoning or problem-solving ability to assist in establishing a diagnosis and case formulation;

(19) "recipient support services" means a face-to-face encounter to provide structure, supervision, and monitoring necessary to maintain a child experiencing a severe emotional disturbance or an adult experiencing a severe mental illness within the recipient's home, workplace, school, or community and to prevent harm to the recipient or others;

(20) "screening and brief intervention" means non-mandatory screening by a community behavioral health services provider for the purposes of

- (A) early identification of a developing substance use problem, or identification of a previously unknown substance use disorder; and
- (B) providing brief interventions or referral to a substance abuse treatment program;

(21) "short-term crisis" means an acute episode of a mental, emotional, behavioral, or psychiatric disorder;

(22) "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. (Eff. 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030

7 AAC 140.215(e)(4) is amended to read:

(4) group psychotherapy; [IN THIS PARAGRAPH, "GROUP PSYCHOTHERAPY" HAS THE MEANING GIVEN IN 7 AAC 43.1990;] (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

The lead-in language of 7 AAC 140.350(a) is amended to read:

(a) To be eligible for payment under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160 for providing inpatient psychiatric hospital services, a provider must

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(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

The lead-in language of 7 AAC 140.415(a) is amended to read:

(a) Subject to the requirements of admission and prior authorization requirements of 7 AAC 140.405 and plan-of-care requirements of 7 AAC 140.410, the department will pay for therapeutically appropriate, medically necessary diagnostic and treatment services for **a child experiencing a severe emotional disturbance** [SEVERELY EMOTIONALLY DISTURBED CHILDREN], including the following services:

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(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

7 AAC 145.580 is repealed and readopted to read:

**7 AAC 145.580. Behavioral health services payment rates.** (a) The department will pay a provider for screening and brief intervention services under 7 AAC 135.010(a) and 7 AAC 135.240, behavioral health clinic services listed in 7 AAC 135.010(b), and certain behavioral health rehabilitation services listed in 7 AAC 135.010(c), at the following rates:

(1) a behavioral health screening using the *Alaska Screening Tool* under 7 AAC 135.100, \$35 per screening;

(2) a mental health intake assessment under 7 AAC 135.110, \$175 per assessment;

(3) a substance use intake assessment under 7 AAC 135.110, or a substance use assessment under 7 AAC 135.010(c) and 7 AAC 135.110, \$100 per assessment;

(4) an integrated mental health and substance use intake assessment under 7 AAC 135.110, \$300 per assessment;

(5) a psychiatric assessment interview under 7 AAC 135.110, or an interactive psychiatric assessment using equipment and devices under 7 AAC 135.110, \$230 per assessment;

(6) psychological testing and evaluation under 7 AAC 135.110 or 7 AAC 145.620(b)(1), \$25 per 15-minute unit;

(7) neuropsychological testing and evaluation under 7 AAC 135.110, \$25 per 15-minute unit;

(8) pharmacologic management services under 7 AAC 135.140, \$75 per visit;

(9) individual psychotherapy under 7 AAC 135.150, \$50 per 30-minute unit;

(10) group psychotherapy under 7 AAC 135.150, \$28 per 30-minute unit;

(11) family psychotherapy under 7 AAC 135.150, \$55 per 30-minute unit;

(12) multi-family psychotherapy under 7 AAC 135.150, \$55 per 30-minute unit;

(13) short-term crisis intervention services under 7 AAC 135.160, \$23 per 15-minute unit;

(14) short-term crisis stabilization services under 7 AAC 135.170, \$17 per 15-minute unit;

- (15) case management under 7 AAC 135.180, \$16 per 15-minute unit;
  - (16) individual therapeutic behavioral health services for children under 7 AAC 135.220, \$17 per 15-minute unit;
  - (17) group therapeutic behavioral health services for children under 7 AAC 135.220, \$9 per 15-minute unit;
  - (18) family therapeutic behavioral health services for children under 7 AAC 135.220, \$17 per 15-minute unit;
  - (19) individual comprehensive community support services under 7 AAC 135.200, \$17 per 15-minute unit;
  - (20) group comprehensive community support services under 7 AAC 135.200, \$9 per 15-minute unit;
  - (21) group day treatment services for children under 7 AAC 135.250, \$25 per hour;
  - (22) recipient support services under 7 AAC 135.230, \$8.75 per 15-minute unit;
  - (23) a client status review under 7 AAC 135.100, \$40 per review;
  - (24) behavioral health treatment plan review for a recipient in a methadone treatment program, \$75 per review;
  - (25) medication administration services under 7 AAC 135.260, on premises, \$20 per day per recipient;
  - (26) medication administration services under 7 AAC 135.260, off premises, \$30 per day per recipient;
  - (27) methadone or antabuse administration, \$12.50 per episode;
  - (28) detoxification services under 7 AAC 135.190, as follows:
    - (A) ambulatory detoxification with extended on-site monitoring, \$23 per 15-minute unit;
    - (B) clinically managed residential detoxification, \$250 per day;
    - (C) medically monitored residential detoxification, \$300 per day;
  - (29) medical evaluation for a recipient not receiving methadone, \$300 per evaluation;
  - (30) medical evaluation of a recipient in a methadone treatment program, \$397.71 per evaluation;
  - (31) screening and brief intervention services under 7 AAC 135.240, \$43.80 per 15 - 30-minute episode;
  - (32) daily behavioral rehabilitation services under 7 AAC 135.270, \$171 per day;
  - (33) residential substance use treatment services under 7 AAC 135.280, as follows:
    - (A) clinically managed low-intensity services as described in 7 AAC 70.120, \$200 per day;
    - (B) clinically managed medium-intensity services as described in 7 AAC 70.120, \$225 per day;
    - (C) clinically managed high-intensity services as described in 7 AAC 70.120, \$250 per day;
  - (34) peer support services under 7 AAC 135.210, \$17 per 15-minute unit;
  - (35) facilitation of a telemedicine session under 7 AAC 135.290, \$62.43 per presentation.
- (b) The department will pay for residential behavioral rehabilitation services under

7 AAC 135.800 in accordance with the department's *Residential Behavioral Rehabilitation Services Handbook*, adopted by reference in 7 AAC 160.900. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

7 AAC 145.610(c) is amended to read:

(c) Except for costs related to a physical examination at the time of admission to the inpatient psychiatric hospital, the department will pay separately for the covered services provided in the hospital by a physician or an advanced nurse practitioner. The department will pay separately for other necessary covered medical or dental services not related to the inpatient psychiatric admission that are provided in accordance with [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160. The department will not pay separately for drugs provided in an inpatient psychiatric hospital, because drugs are included in determining the all-inclusive daily payment rate under 7 AAC 150.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

7 AAC 145.620(b)(1) is amended to read:

(1) psychological testing and evaluation services if those services are not available through the residential psychiatric treatment center; **in this paragraph, "psychological testing and evaluation" means the administration of standardized psychological tests and interpretation of findings by a psychologist, a psychological associate, or another mental health professional clinician with appropriate education and training, for the purpose of providing assistance in the psychiatric diagnosis of mental and emotional disorders or the assessment of functional capabilities;**

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

7 AAC 155.010 is amended to read:

**7 AAC 155.010. Tribal health program payment methodology.** Notwithstanding any other payment provisions of [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160, the department will pay a tribal health program using

(1) the Indian Health Service encounter rates, adopted by reference in 7 AAC 160.900; or

(2) the payment methodology applicable to a nontribal provider in 7 AAC 145, if the tribal health program has elected, under 25 U.S.C 1645, to use that payment methodology for a selected range of services covered under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

7 AAC 155.020 is amended to read:

**7 AAC 155.020. Community health aides and practitioners.** For the services of a community health aide III or IV or a community health practitioner certified by the Community Health Aide Program Certification Board, the department will pay,

(1) under 7 AAC 145.020, a physician enrolled under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160; or



(2) under 7 AAC 155.010, a tribal health program enrolled under [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160. (Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

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

7 AAC 160.110(b) is amended to read:

(b) For purposes of this section, a fiscal audit may include a desk audit, a field audit, or both, to determine the provider's compliance with the requirements of 42 U.S.C. 1396, AS 47.05, AS 47.07, 42 C.F.R. Part 430 - 42 C.F.R. Part 498, [7 AAC 43,] 7 AAC 105 - 7 AAC 160, and the provider's current provider agreement made under 7 AAC 105.220.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.074  
AS 47.05.200 AS 47.07.040

7 AAC 160.140(b) is amended to read:

(b) Under the quality assurance program, the department will conduct random program reviews of a sampling of providers on an annual basis. After each review, the department will issue a written report of findings as to whether the provider was in compliance with the provisions of AS 47.05, AS 47.07, [7 AAC 43,] and 7 AAC 105 - 7 AAC 160.

The lead-in language of 7 AAC 160.140(c) is amended to read:

(c) If the department finds in the written report under (b) of this section that the provider has not complied with AS 47.05, AS 47.07, [7 AAC 43,] or 7 AAC 105 - 7 AAC 160, the department may take one or more of the following actions:

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(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.040

7 AAC 160.900(d) is amended by adding new paragraphs to read:

(26) the *Residential Behavioral Rehabilitation Services Handbook*, 2010 Edition, revised as of October 29, 2010;

(27) the *Alaska Screening Tool*, revised as of June 21, 2010;

(28) the *Client Status Review* form, revised as of June 21, 2010.

(Eff. 2/1/2010, Register 193; am 8/25/2010, Register 195; am 12/1/2010, Register 196; am 1/1/2011, Register 196; am 1/15/2011, Register 197; am 2/9/2011, Register 197; am 3/1/2011, Register 197; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040  
AS 47.05.012

**Editor's note:** The department's *Handicapping Labiolingual Deviation (HLD) Index Report* adopted by reference in 7 AAC 160.900(d), may be obtained from the Affiliated Computer Services (ACS) web site at <http://www.medicaidalaska.com/providers/forms.shtml>, the department's Internet site at <http://www.hss.state.ak.us/dhcs/> or at the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167.

The American Medical Association's *Current Procedural Terminology (CPT), Professional Edition*; the United States Department of Health and Human Services, Centers for

Medicare and Medicaid Services's (CMS) *Healthcare Common Procedure Coding System (HCPCS)*, the *International Classification of Diseases - 9th Revision, Clinical Modification (ICD-9-CM)*, and the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, all adopted by reference in 7 AAC 160.900, may be obtained by contacting the Order Department, American Medical Association, P.O. Box 930876, Atlanta, Georgia 31193-0876, or by visiting the AMA Bookstore at Internet address: <https://catalog.ama-assn.org/Catalog/home.jsp>. These publications may also be available at other retail book sellers. A copy of each of these publications is available for examination at the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167 or the Office of the Commissioner, 350 Main Street, Juneau, Alaska 99801.

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900, may also be obtained from American Psychiatric Publishing, Inc., 1000 Wilson Boulevard, Suite 1825, Arlington, Virginia 22209-3901, telephone (703) 907-7322 or (800) 368-5777; or from the American Psychiatric Association at the following electronic mail address: [apa@psych.org](mailto:apa@psych.org).

The United States Department of Health and Human Services, National Institutes of Health's *Glossary of Terms for Human Subjects Protection and Inclusion Issues*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167 or at the National Institutes of Health Internet address: [http://grants.nih.gov/grants/peer/tree\\_glossary.pdf](http://grants.nih.gov/grants/peer/tree_glossary.pdf)

The Federal Register may be obtained through the nearest public library. If the Federal Register is not available at your nearest library, the material can be obtained by the library through the interlibrary loan system. It may also be obtained at <http://www.gpoaccess.gov>.

The American Society of Anesthesiologists' *Relative Value Guide*, adopted by reference in 7 AAC 160.900, may be obtained by contacting American Society of Anesthesiologists, 520 N. Northwest Highway, Park Ridge, Illinois 60068-2573, Internet address: <http://www2.asahq.org/publications/>.

The nonfacility individual relative value units (RVUs) for the Medicare program, and the geographic practice cost indices (GCPI) for this state, adopted by reference in 7 AAC 160.900, may be reviewed at the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

*Drug Facts and Comparisons*, adopted by reference in 7 AAC 160.900, may be obtained from the publisher, Wolters Kluwer Health, Inc., by telephone at 800-223-0554 or 314-216-2100. The book may also be ordered from the publisher at <http://www.drugfacts.com> or by writing to the following address: Wolters Kluwer Health, Inc., 111 West Port Plaza Drive, Suite 300, St. Louis, Missouri 63146-3098. A copy of this document is available for examination at the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

Alternative Link's *ABC Coding Manual for Integrative Healthcare*, adopted by reference in 7 AAC 160.900, may be obtained from Alternative Link, 6121 Indian School Road NE, Suite 131, Albuquerque, New Mexico 87110; telephone: (505) 875-0001, toll free: (877) 621-5465; fax: (505) 875-0002; or the following Internet address: [http://www.alternativelink.com/ali/contact\\_us/](http://www.alternativelink.com/ali/contact_us/). A copy of this document is available for examination at the Department of Health and Social Services, Division of Health Care Services,

4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

The *Inventory for Client and Agency Planning*, adopted by reference in 7 AAC 160.900, is available for inspection at the Department of Health and Social Services, Division of Senior and Disabilities Services, Court Plaza Building, 240 Main Street, Suite 602, Juneau, Alaska.

A copy of the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *DMEPOS Fee Schedule*, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

The United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Ambulatory Surgical Centers (ACS) Approved HCPCS Codes and Payment Rates* spreadsheet, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402. A copy of this spreadsheet is available for examination at the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167 or may be found at the following CMS Internet address: [http://www.cms.hhs.gov/ASCPayment/01\\_Overview.asp](http://www.cms.hhs.gov/ASCPayment/01_Overview.asp).

The United States Department of Health and Human Services, Public Health Service's *Quick Reference Guide for Clinicians: Treating Tobacco Use and Dependence*, adopted by reference in 7 AAC 160.900, may be obtained by contacting any of the following Public Health Service clearinghouse telephone numbers: Agency for Healthcare Research and Quality (AHRQ), (800) 358-9295; Centers for Disease Control and Prevention (CDC), (800) CDC-1311 ((800) 232-1311); National Cancer Institute (NCI), (800) 4-CANCER ((800) 422-6237). The publication may also be obtained at the following Internet address: [www.surgeongeneral.gov/tobacco/tobaqrg.pdf](http://www.surgeongeneral.gov/tobacco/tobaqrg.pdf).

The United States Internal Revenue Service optional standard mileage rate for medical purposes announcement IR-2008-82, published June 23, 2008, and adopted by reference in 7 AAC 160.900, may be obtained from the Internal Revenue Service at the following Internet address: <http://www.irs.gov/newsroom>.

The *Child and Adolescent Functional Assessment Scale*, adopted by reference in 7 AAC 160.900, may be obtained by writing to Functional Assessment Systems, 3600 Green Court, Suite 110, Ann Arbor, MI 48105, or may be inspected at the Department of Health and Social Services, Division of Behavioral Health, 3601 C Street, Suite 878, Anchorage, Alaska.

A copy of the *Wraparound Fidelity Index 4 (WFI-4)*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Wraparound Evaluation and Research Team, Division of Public Behavior Health and Justice Policy, University of Washington, 2815 Eastlake Avenue East, Suite 200, Seattle, WA 98102; e-mail: [debruns@u.washington.edu](mailto:debruns@u.washington.edu).

The department's *Alaska Medicaid Preferred Drug List*, *Alaska Medicaid Prior-Authorized Medications List*, and *Select Diagnoses and Procedures Pre-certification List*, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167; or may be obtained at the department's Internet site at <http://www.hss.state.ak.us/dhcs/>.

The *Durable Medical Equipment Prior Authorization List*, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-

7167.

The *Table of ICAP Scores by Age, Consumer Assessment Tool (CAT), and PCAT Authorized Services Plan*, adopted by reference in 7 AAC 160.900, are available for inspection at the Department of Health and Social Services, Division of Senior and Disabilities Services, Court Plaza Building, 240 Main Street, Suite 602, Juneau, Alaska.

The *Home and Community-Based Waiver Services Certification Application Packet*, adopted by reference in 7 AAC 160.900, may be obtained by writing to the Department of Health and Social Services, Division of Senior and Disabilities Services, P.O. Box 110680, Juneau, Alaska 99811-0680, or may be inspected at the Department of Health and Social Services, Division of Senior and Disabilities Services, Court Plaza Building, 240 Main Street, Suite 602, Juneau, Alaska.

The *Personal Care Assistant Agency Certification Application Packet*, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health and Social Services, Division of Senior and Disabilities Services, 3601 C Street, Suite 310, Anchorage, Alaska 99503.

The FY 2010 - 2011 New Funding Formula for Title III and Title V Programs table, page 106, of the Alaska Commission on Aging *Alaska State Plan for Senior Services, FY 2008 - FY 2011*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health and Social Services, Division of Senior and Disability Services, P.O. Box 110680, Juneau, Alaska 99811-0680. The Alaska Commission on Aging *Alaska State Plan for Senior Services, FY 2008 - FY 2011* is also posted on the Department of Health and Social Services, Alaska Commission on Aging's Internet site [at](http://www.alaskaaging.org/documents/statePlanFinalFY08_FY11.pdf) [A] [http://www.alaskaaging.org/documents/statePlanFinalFY08\\_FY11.pdf](http://www.alaskaaging.org/documents/statePlanFinalFY08_FY11.pdf).

A copy of the *Alaska Immunization Recommendations*, adopted by reference in 7 AAC 160.900 may be obtained by contacting the Department of Health and Social Services, Division of Public Health, Section of Epidemiology, P.O. Box 240249, Anchorage, Alaska 99524 or visiting its web site at <http://www.epi.hss.state.ak.us/id/immune.stm>.

The *Alaska Periodicity Schedule for Child and Adolescent Health Screening*, with reference notes, adopted by reference in 7 AAC 160.900, is available for examination at the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167.

The *Addresses for Second Level Provider Appeals* list, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

Sections of the *Alaska Provider Billing Manual*, adopted by reference in 7 AAC 160.900(d), may be obtained at the following Affiliated Computer Services, Inc. Internet site: <http://www.medicaidalaska.com/providers/Billing.shtml>, or may be obtained by contacting the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167.

The *Specialized Medical Equipment Fee Schedule*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health and Social Services, Division of Senior and Disabilities Services, 3601 C Street, Suite 310, Anchorage, Alaska 99503-5684.

The *State of Alaska, Department of Health and Social Services, Behavioral Health Inpatient Psychiatric Review Provider Manual*, adopted by reference in 7 AAC 160.900, may be obtained by contacting Qualis Health, PO Box 243609, Anchorage, AK 99524-3609, or may be obtained at the following Qualis Health Internet site: <http://www.qualishealth.org/cm/alaska->

medicaid/behavioral-health/. This manual is also available for inspection at the Department of Health and Social Services, Division of Behavioral Health, 3601 C Street, Suite 878, Anchorage, Alaska 99503.

The *Medicaid Hospital and Long-Term Care Facility Reporting Manual*, and the relevant pages from the Chart of Accounts for Hospitals, adopted by reference in 7 AAC 160.900, are available from the Office of Rate Review, Department of Health and Social Services, 3601 C Street, Ste 978, Anchorage, Alaska 99503.

The *Medicaid Log of Uninsured Care Reporting Form*, adopted by reference in 7 AAC 160.900, is available from the Department of Health and Social Services, DSH Program, P.O. Box 110660, Juneau, Alaska 99811-0660.

The department fee schedules, adopted by reference in 7 AAC 160.900(e), may be obtained by contacting the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska 99503-7167, or may be obtained at the following Affiliated Computer Services, Inc.'s Internet site:  
<http://www.medicaidalaska.com/providers/FeeSchedule.asp>

On October 5, 2010, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on October 1, 2010: the 2011 version of the American Medical Association's *International Classification of Diseases - 9th Revision, Clinical Modification, (ICD-9-CM)*. The amended version may be reviewed at the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, Alaska, 99503-7167.

The Magellan Medicaid Administration *Alaska Medicaid MAC Price Research Request Form* may be obtained from First Health Services, Magellan Medicaid Administration at:  
<http://www.medicaidalaska.com>

The department's *Orthodontia Services Statement of Coverage*, adopted by reference in 7 AAC 160.900, may be obtained from the department's Internet website at <http://www.hss.state.ak.us/dhcs/> or at the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Anchorage, AK 99503-7167.

On December 7, 2010, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended versions of material, previously adopted by reference in 7 AAC 160.900(a), would be in effect on January 1, 2011: the *Current Procedural Terminology, 4th edition as revised for 2011 ("CPT 2011")*, and the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) *Healthcare Common Procedure Coding System (HCPCS) 2011*. The amended versions may be reviewed at the Department of Health and Social Services, Division of Health Care Services, 4501 Business Park Boulevard, Suite 24, Building L, Anchorage, Alaska 99503-7167.

The *Chart of Personal Care Attendant and Waiver Services Rates*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health and Social Services, Division of Senior and Disabilities Services, P.O. Box 110680, Juneau, Alaska 99811-0680. The *Chart of Personal Care Attendant and Waiver Services Rates* is also posted on the Division of Senior and Disabilities Services' website at <http://www.hss.state.ak.us/dsds/grantservices/hcbproviderresources.htm>.

The *Cost Survey and Cost Survey 2011 Instructions*, adopted by reference in 7 AAC 160.900, may be obtained by contacting the Department of Health and Social Services, Division of Senior and Disabilities Services, P.O. Box 110680, Juneau, Alaska 99811-0680. The

materials are also posted on the Division of Senior and Disabilities Services' website at <http://www.hss.state.ak.us/dsds/grantservices/hcbproviderresources.htm>.

On January 26, 2011, as required by AS 44.62.245 and AS 47.05.012, the department gave notice that the following amended version of material, previously adopted by reference in 7 AAC 160.900, would be in effect on March 1, 2011: the United States Department of Health and Human Services poverty guidelines established in 76 Fed. Reg. 3637 - 3638 (January 20, 2011). The Federal Register with the amended version may be obtained through the nearest public library. If the Federal Register is not available at that library site, the material can be obtained by that library through the interlibrary loan system. It may also be obtained at <http://www.gpo.gov/fdsys>.

**The department's *Residential Behavioral Rehabilitation Services Handbook*, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health and Social Services, Office of Children's Services, P.O. Box 110630, Juneau, Alaska 99811-0630, or on the department's website at the following Internet address: <http://www.hss.state.ak.us/ocs/ResidentialCare/forms.htm>.**

**The department's *Alaska Screening Tool*, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health and Social Services, Division of Behavioral Health, Policy and Planning Section, 3601 C Street, Suite 878, Anchorage, AK 99503.**

**The department's *Client Status Review* form, adopted by reference in 7 AAC 160.900, may be obtained from the Department of Health and Social Services, Division of Behavioral Health, Policy and Planning Section, 3601 C Street, Suite 878, Anchorage, AK 99503.**

7 AAC 160.990(b)(22) is amended to read:

(22) "functional assessment" **means a systematic evaluation of a recipient to assess that recipient's functioning level in the areas of living skills, learning, education, work, interpersonal skills, and other life skills necessary for independent living, in order to develop an individualized written treatment plan** [HAS THE MEANING GIVEN IN 7 AAC 43.1990];

7 AAC 160.990(b)(48) is repealed:

(48) repealed 10/1/2011;

7 AAC 160.990(b)(49) is repealed and readopted to read:

(49) "mental health professional clinician" means

(A) an individual who

(i) is working for an enrolled community behavioral health services provider;

(ii) is performing community 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 issued by the jurisdiction in which the nurse provides services, or if services are provided in this state, holds an active license 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 issued by the jurisdiction in which the marital and family therapist provides services, or if services are provided in this state, holds an active license 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 issued by the jurisdiction in which the professional counselor provides services, or if services are provided in this state, holds an active license 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 issued by the jurisdiction in which the social worker provides services, or if services are provided in this state, holds an active license 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 issued by the jurisdiction in which the psychologist or psychological associate provides services, or if services are provided in this state, holds an active license under AS 08.86; and
  - (ii) is working in the individual's field of expertise;

7 AAC 160.990(b)(54) is repealed:

(54) repealed 10/1/2011;

7 AAC 160.990(b)(58) is amended to read:

(58) "prior authorization" means approval by the department, in accordance with 7 AAC 105.130 and service-specific requirements in [7 AAC 43 AND] 7 AAC 105 - 7 AAC 160, of a certain type and number of units of Medicaid-covered services before those services are provided;

7 AAC 160.990(b)(64) is repealed:

(64) repealed 10/1/2011;

7 AAC 160.990(b) is amended by adding new paragraphs to read:

(85) "adult experiencing a serious mental illness " means an individual 21 years of age or older who has or at any time during the past year had a diagnosable mental, emotional,

or behavioral disorder of sufficient duration to meet diagnostic criteria specified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference under 7 AAC 160.900, that has resulted in a functional impairment that substantially interferes with or limits one or more major life activities, including

- (A) basic daily living skills, including personal safety, eating, and personal hygiene;
- (B) instrumental living skills, including managing money and negotiating transportation;
- (C) functioning in one or more of the following contexts:
  - (i) social;
  - (ii) family;
  - (iii) vocational or educational;

(86) "behavioral health clinical associate" means an individual

- (A) who has 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;

(87) "behavioral health services" means the behavioral health clinic services identified in 7 AAC 135.010(b) and the behavioral health rehabilitation services identified in 7 AAC 135.010(c);

(88) "child experiencing a severe emotional disturbance" means an individual under 21 years of age who

- (A) has or at any time during the past year had a diagnosable mental, emotional, or behavioral disorder of sufficient duration to meet diagnostic criteria specified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900, that has resulted in a functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities as indicated by a global assessment of functioning score of 50 or less; in this subparagraph, "role or functioning" includes achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills; or

(B) exhibits specific mental, emotional, or behavioral disorders that

- (i) place the individual at imminent risk for out-of-home placement;
- (ii) place the individual at imminent risk for being placed in the custody of the department under AS 47.14; or
- (iii) have resulted in the individual being placed in the protective custody of the department under AS 47.10;

(89) "community behavioral health services provider" has the meaning given in 7 AAC 70.990;

(90) "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 purpose of helping the recipient make positive changes in the recipient's behavior;

(91) "detoxification" means the immediate physiological stabilization, diagnosis, and treatment of a recipient who is intoxicated, incapacitated, or experiencing withdrawal from using alcohol or drugs;

(92) "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;

(93) "group psychotherapy" means a form of psychotherapy in which two or more individuals participate together in the presence of one or more psychotherapists;

(94) "mental, emotional, or behavioral disorder" means a disorder identified by a provider listed in 7 AAC 135.030 and in accordance with the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900;

(95) "mental health physician clinic" means a clinic, operated by one or more psychiatrists, that exclusively or primarily provides mental health clinic services furnished by a psychiatrist or by one or more of the professionals identified in 7 AAC 135.030(d)(2);

(96) "methadone treatment program" means a treatment regimen in which a long-acting synthetic opiate medication is administered orally for a sustained period at a dosage sufficient to prevent opiate withdrawal, block the effect of illicit opiate use, and decrease opiate craving;

(97) "neuropsychological testing" means the administration of specific psychological tests that are designed to measure and identify cognitive impairments that may be the result of brain damage;

(98) "psychotherapy" means the treatment of a mental, emotional, or behavioral disorder through the use of psychological techniques;

(99) "recipient's residence"

(A) means the physical location where the recipient conducts the daily activities of sleeping and storage of personal possessions, whether temporary or permanent, regardless of recipient ownership;

(B) includes a dwelling maintained by a public or private support organization or an assisted living home;

(100) "severe behavioral health disorder" means an individual

(A) has a substance use disorder;

(B) is a child experiencing a severe emotional disturbance; or

(C) is an adult experiencing a serious mental illness;

(101) "substance abuse" means a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances;

(102) "substance use disorder" means a disorder that is identified by a diagnostic code found in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 160.900, 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;

(103) "urinalysis" means laboratory testing of a recipient's urine performed by a laboratory accredited under 42 C.F.R. Part 493. (Eff. 2/1/2010, Register 193; am 7/7/2010, Register 195; am 1/1/2011, Register 196; am 10/1/2011, Register 199)

**Authority:** AS 47.05.010 AS 47.07.040 AS 47.07.055

[end]