

Division of Behavioral Health



Regulations Transition Applicability & Scope

Transition Issues . . .

Effective Date

- ✓ Regulations went into effect October 1, 2011
- ✓ Providers allowed a delay of implementation thru December 30, 2011
- ✓ Providers expected to be in full compliance January 1, 2012
- ✓ Medicaid behavioral health services provided prior to October 1 may still be billed utilizing existing procedural codes up to 1 Year from date of service

Transition Issues . . .

Program Approval

- ✓ All Providers received Program Approval to continue operations after Oct. 1
- ✓ Expiration Dates of Approval based on current status of Provider
- ✓ Providers with Provisional Approval OR that want to expand services must participate in formal program evaluation

Transition Issues . . .

Medicaid Behavioral Health Services

- ✓ Many Services have remained the SAME
- ✓ Some Services have CHANGED
- ✓ Several Services have been added that are NEW
- ✓ Some Services ENDED

Transition Issues . . .

AKAIMS

- ✓ AKAIMS converted to new functionality September 2011 to align with new Regulations requirements
- ✓ All functionality associated with previous regulations (Medicaid procedural codes, etc.) remains on-line for one year to accommodate delays in Medicaid billing.

Transition Issues . . .

NEW Clinical Record Documentation Requirements

- ✓ AST and CSR now required by Regulation
- ✓ Professional BH Assessments must include:
 - Assessment of functional impairment
 - Fact that AST was considered as clinical information
 - Criteria for RSS (if ordered)
- ✓ Treatment Plan signed by Directing Clinician AND Recipient
- ✓ Indication of Non-Attendance by Treatment Team Members

Applicability & Scope . . .

“What Do Chapters 70 and 135 Cover?”

7 AAC 70 Describes:

- Behavioral Health Service Providers
- Provider [Agency] Qualifications
- Provider Operational Requirements
- Eligible Recipients of Publicly Funded BH Services

7 AAC 135 Describes:

- Medicaid Regulations that govern Behavioral Health Services
- Service Authorizations & Limits
- Recipient Eligibility for Medicaid Funded BH Services

Applicability & Scope . . .

“To Whom Does Chapter 70 Apply?”

7 AAC 70:

1. Community Mental Health Treatment Providers Receiving Public Funds
2. Substance Use Treatment Providers Receiving Public Funds
3. Non-Publicly Funded Substance Use Providers
 - a. For Recipients Referred by ASAP
 - b. Programs Operated by or for Dept. of Corrections

Applicability & Scope . . .

“To Whom Does Chapter 135 Apply?”

7 AAC 135:

1. Community Behavioral Health Service Providers
(i.e. Publicly funded Mental Health and Substance Use Treatment Providers)
2. Mental Health Physician’s Clinics

***NOTE: “To be eligible for payment under [Ch. 135] for providing Medicaid BH services, a provider must be enrolled in Medicaid under 7 AAC 105.210”
[7 AAC 135.030]***

Applicability & Scope . . .

“What is the Scope of Chapter 70?”

- A. Establishes Criteria for Department Approval of Behavioral Health Service Providers
- B. Establishes Eligibility Requirements for Recipients of Publicly Funded BH Services
- C. Outlines Recipient Rights
- D. Establishes Provider Qualifications for:
 - i. Community Behavioral Health Services Provider
 - ii. Alcohol & Drug Detoxification Services
 - iii. Residential Substance Use Treatment Services
 - iv. Non-Publicly Funded Substance Use Treatment Provider

Scope of Chapter 70, con't. . .

- E. Establishes Requirement for “National Accreditation” of ALL Provider Organizations
- F. Outlines Procedures for Approval of *Alternative Accreditation*
- G. Lists the “Interim Standards for Operation” for a Behavioral Health Services Provider
- H. Reaffirms Dept. Authority to “Place a Condition on, Suspend, or Revoke an Approval” of a Behavioral Health Services Provider
(for Non-Compliance with 7 AAC 70)
- I. Lists Resources Adopted by Reference

Applicability & Scope . . .

“What is the Scope of Department Approval?”

- Establishes the General Operational Requirements for Community Behavioral Health Services Providers (CBHS)
- Confirms Department Responsibility to:
 - Identify CBHS Service Areas
 - Approve CBHS Physical Locations
 - Set the Types of Services to be Provided by CBHS
- Impose Conditions on Approvals

Applicability & Scope . . .

“What is the Scope of Chapter 135?”

- A. Defines the Criteria that Must Exist for the Department to Pay for BH Services Under Medicaid
- B. Establishes the Recipient Eligibility Requirements that Must Exist for a Person to Receive Medicaid Funded BH Services
- C. Establishes Requirements for Enrollment, and Organization Criteria for a Provider to Receive Payment for BH Services Under Chapter 135

Scope of Chapter 135, con't. . .

- D. Defines Covered, and *Non-Covered*, BH Services
- E. Explains Annual Service Limitations and Parameters for Service Authorization to exceed Service limits
- F. Describes in Detail ALL Covered Behavioral Health Services

Applicability & Scope . . .

“What Other Regulations Have Been Affected?”

- 7 AAC 29 and 7 AAC 71 Repealed; All Pertinent Material from Both Adopted into Chapter 70
- 7 AAC 43 Repealed; All Pertinent Material Adopted into Chapter 135
- 7 AAC 145.580 Repealed; Rewritten to Reflect New Payment Rates and to Match Payment Methodology in Chapter 135
- 7 AAC 160.990 includes more Behavioral Health related definitions

Other Affected Regulations, con't...

- Medicaid Regulations: 7 AAC 105 – 7 AAC 160
 - Updates & Cross-References to other Regulations
 - Conforming Amendments to Reflect New Terms & Definitions