

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

State of Alaska

Department of Health and Social Services

Division of Behavioral Health Services

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Preamble Language

Background. The goal of the Alaska Section 1115 SUD demonstration is for Alaska to maintain critical access to treatment services for opioid use disorder (OUD) and all other substance use disorder (SUD) treatment services and continue delivery system improvements for these services to provide a more coordinated and comprehensive OUD/SUD treatment for Alaska Medicaid beneficiaries.

Recipient Eligibility. Medicaid recipients aged 12-to-17 or adults 18 older who have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 or the most current version of the DSM) for substance-related and addictive disorders are eligible for waiver services.

The Division of Public Assistance (DPA) determines initial and ongoing eligibility for Medicaid in accordance with federal and state regulations as set forth in the Alaska Medicaid state plan. Medicaid recipient eligibility standards for the waiver are the same as standards set forth under the state plan.

All individuals who qualify for 1115 SUD waiver services derive their eligibility through the Alaska Medicaid state plan and are subject to all applicable Medicaid laws and regulations in accordance with the Alaska Medicaid state plan. All Medicaid eligibility standards and methodologies for these eligibility groups remain applicable.

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

Medicaid Billing: Several steps are required to meet requirements to bill Medicaid for 1115 SUD demonstration services:

- I. **Provider Enrollment.** Providers must be enrolled with the Alaska Medical Assistance program in order to receive reimbursement for services rendered to eligible recipients. Additionally, a service rendered based on a referral, order, or prescription is reimbursable only if the referring, ordering, or prescribing provider is enrolled as an Alaska Medical Assistance program provider.

Behavioral health service providers may enroll with Alaska Medical Assistance by submitting an application through [Alaska Medicaid Health Enterprise](#), a secure website that is accessible 24 hours a day, seven days a week. Health Enterprise includes links to numerous websites that can help you complete your provider enrollment.

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

If extenuating circumstances prevent a provider from enrolling online, please contact the [Provider Enrollment Department](#).

When your enrollment is approved you will receive a Medicaid Provider ID and a welcome packet.

- II. **Provider Agreement.** As part of the enrollment process, providers must sign and submit a [Provider Agreement](#) certifying that the provider agrees to comply with applicable federal and

state laws and regulations. The provider agreement remains in effect so long as the provider renders services to Alaska Medical Assistance recipients and applies to the provider and all of the provider's employees and contractors.

The provider agreement is available as part of the enrollment application process.

III. Changes in Provider Enrollment. Providers must report all changes to their enrollment information within 30 days of the change. Notifications of enrollment changes must be made in writing and an original signature is required; changes will not be made based on oral requests. Use the [Update Provider Information Request Form](#) to report any change in the following:

- Ownership
- Licensure, certification, or registration status
- Federal tax identification number
- Type of service or area of specialty
- Additions, deletions, or replacements in group membership
- Mailing address or phone number
- Medicare provider identification number

IV. Department Approval. Behavioral health service providers that are described in 7 AAC 70.010 must have Departmental Approval in order to operate in Alaska. The Departmental Approval types are:

- Behavioral health clinic services (7 AAC 70.030)
- Behavioral health rehabilitation services (7AAC
- Day treatment services for children (7AAC 135.250)
- Withdrawal management services (7 AAC 70.110)
- Residential substance use treatment services under (7 AAC 70.120)
- Opioid use disorder treatment services under 7 AAC 70.125
- Residential substance use treatment under (7 AAC 70.120)
- 1115 substance use disorder waiver services (7AAC 138)
- Behavioral health services to a recipient referred by the alcohol safety action program (7AAC 70.145)
- Children's residential services (7 AAC 136.020)
- Therapeutic treatment homes

To obtain Department Approval, submit an application to MPASS Unit.

V. Regulations. Providers must meet the requirements specific to their accrediting authority and those are not included in this document. Behavioral health service providers must also meet the requirements in the Behavioral Health Services Integrated Regulations 7 AAC 70 and 7 AAC 135.

The Department of Health and Social Services (DHSS) is granted statutory authority to allow the Division of Behavioral Health (DBH) on-site access to all documents related to Medicaid service delivery (including client files), per AS 47.05 for mental health treatment and AS 47.37 for substance use treatment.

All behavioral health service providers are required to have a written grievance policy and procedure that will be posted and made available to all individuals upon admission. The Department encourages individuals currently enrolled with a provider to follow that provider's

grievance policies and procedures. The Department may investigate complaints made by a patient or interested parties, per AS.47.30.660 (b) (12).

At the request of the Department, a provider must provide records in accordance with 7 AAC 105.240. The Department may review records of Medicaid providers without prior notice from Medicaid providers if the Department has cause that is based on reliable evidence to do so, per 7 AAC 160.110 (e).

Individual Qualified Behavioral Health Professional Enrollment

Each individual WITHIN an agency must be an approved Behavioral Health Professional with a designation of Qualified Addictions Professional (QAP) and/ or a Peer Support Specialist (PSS). In order for facilities to bill 1115 SUD services, the Qualified Behavioral Health Professional (QBHP) who is providing services must be enrolled in 1115 SUD Medicaid and is affiliated with said facility. The following bullet points are the steps for Individual Enrollment:

- A National Provider Identification Number (NPI) is required for all individuals rendering services. Applications that do not have an NPI number will not be processed
- An application is required for all individuals applying for approval as a QBHP
- Individuals can enroll as a Qualified Addictions Professional (QAP), a Peer Support Specialist (PSS),

Applications and requirements are as follows:

- A. **Provisional Approval for Individuals without Qualifying Credentials** – Under the 1115 SUD Waiver, individuals without qualifying credentials are required to submit an application for provisional approval as described below. *Note:* The provisional accommodation outlined in section A) is available on an ongoing basis. The three-year provisional period begins on the date of the applicant’s provisional application approval. Applicants who fail to meet the required credentialing during the three-year provisional period may apply for a one-year extension. Extension requests will be reviewed on a case by case basis. Applicants requesting a one-year extension must show proof they have participated in required trainings and supervision during the initial three-year provisional period.
1. **Qualified Addiction Professional:** Under the provisional, the **QAP** applicant (who does not have a master’s degree or above, medical license, RN license, LPN license or ONE certification(s) listed below) must obtain one of the following qualifying credentials within a three (3) year period:
 1. Alaska Behavioral Health Certification CDC II CDCS CDC Admin
 2. Behavioral Health Aide Certification BHA II BHA III BHA/P
 3. National Certification Commission for Addiction Professionals NCAC I NCAC II MAC
 2. **Peer Support Services:** Under the provisional, the **PSS** applicant and their supervisor must

attest to meeting at least (A) of the following

- a. Able to self-identify as someone who has lived experience of recovery from mental illness and/or addiction and/or is a family member of someone with lived experience of recovery from mental illness and/or addiction
 - b. Family members of people with SED, SMI, SUD, or Co-Occurring disorders are applicable to provide services to other individuals with similar experiences.
 - c. Has skills learned in formal training and/or supervised work experience, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.
 - d. Has training and/or experience in providing direct services reflective of, and consistent with the Alaska Core Competencies for Direct Service Providers and/or the SAMHSA Core Competencies for Peer Support Specialists, (<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers>)
- e. **Already Credentialed Individuals:** Applicants who have one or more of the required credentials (listed in A of this section) will be automatically approved and will not need to go through the three-year provisional process.
- a. The already credentialed individual will fill out an application and attach their required credential (s) to the application.
 - b. The individual's approval as a QBHP will have an expiration date that matches their credentialing expiration date.
 - c. The following are accepted credentials to avoid the provisional process:
 1. Alaska Behavioral Health Certification CDC II CDCS CDC Admin
 2. Behavioral Health Aide Certification BHA II BHA III BHA/P
 3. National Certification Commission for Addiction Professionals NCAC I NCAC II MAC
3. **Provisional Approval with a Qualifying Credential/Degree.** Individuals with a qualifying degree in a behavioral health field (Licensed, Unlicensed, Master's, PhD/PsyD,) will qualify to be a QAP and/or a PSS and/or H/ES to provide SUD services under the 1115 SUD Waiver as described below.
- a. **Additional education** is required under the 1115 SUD Waiver. Agency/ Clinical Supervisor must attest that the applicant has obtained or is working toward obtaining continuing education units that are necessary for the provision of 1115 SUD services. Each unit is approximately one hour of education. The CEU requirements are as follows:
 - a. Addiction (4 CEUs)
 - b. ASAM (2 CEUs)
 - c. Cultural Competency (2 CEUs)
 - d. Ethics (3 CEUs)
 - b. **Provisional Approval:** The professionals under this section will receive a provisional approval and have three (3) years to obtain the necessary CEUs for full approval.
 - a. These CEU requirements differ from the licensing boards for these professionals.

- This requirement is specific to the provision of 1115 SUD waiver services
- b. These professionals must also attach a copy of their diploma and/or license to the application.
 - c. If a professional under this section has completed the CEUs within the last two years, proof of these must be attached to the application and the three (3) year provisional will be waived.
 - d. If this individual has obtained all the required CEUs, check the appropriate boxes and attach proof of these CEUs with the individual provider application for a full approval.
4. **Provisional Approval for Nursing Professionals:** Nursing professionals must also apply to be a QAP and/or PSS to provide SUD services under the 1115 SUD Waiver. This section applies to Registered Nurses and Licensed Practical Nurses ONLY.
- a. **Additional Education:** Agency/ Clinical Supervisor must attest that the applicant has obtained or is working toward obtaining continuing education units (CEUs) that are necessary for the provision of 1115 SUD services. Each unit is approximately one hour of education. The CEU requirements are as follows:
 - a. Addiction (4 CEU)
 - b. ASAM (2 CEU)
 - c. Cultural Competency (2 CEU)
 - d. Ethics (3 CEU)
 - b. **Provisional Approval:** The professionals under this section will receive a provisional approval and have three (3) years to obtain the necessary CEUs for full approval.
 - a. These CEUs requirements differ from the licensing boards for these professionals. This requirement is specific to the provision of 1115 SUD waiver services
 - b. These professionals must also attach a copy of their diploma and/or license to the application.
 - c. If a professional under this section has completed the additional education requirements within the last two years, proof of these CEUs must be attached to the application and the three (3) year provisional will be waived.
 - d. If this individual has obtained all the required CEUs, check the appropriate boxes and attach proof of these CEUs with the individual provider application.
 - e. CMA's or CNA's must go through a credentialing process as described in A of this section.
5. **Approval for Licensed Medical Doctors:** Licensed Medical Doctors must complete a Qualified Behavioral Health Professional application in order to be reimbursed under 1115 Waiver rates for 1115 SUD Waiver services.
- a. **Attestation:** The professional in this section will only need to attest to the following as proof of their qualifications:
 - a. The professional in this section will work as a QBHP only within their education, scope of practice, experience, ethical guidelines and area of specialty.
 - b. The professional in this section attests to having a DATA waiver
 - c. Once this professional attests to section (a) above, the professional must sign the application.

- d. The signed application with the attached copy of the professional's medical license is then sent to the Division of Behavioral Health for processing.
- b. Approval:**
- a. Applications must be submitted to DBH with all required attachments.
 - b. Once DBH has approved an individual's application, a letter of approval delineating the types of services the individual can provide will be mailed to the facility under which the individual will be working. No certificate for individuals under this section will be provided.
 - c. The receiving facility will then submit the approval letter when they enroll the individual online through the Conduent Portal –Alaska Medicaid Health Enterprise.
 - d. The individual must be affiliated with EACH facility or provider location where they will be providing services.
- c. Exemptions:**
- a. Separately enrolled medical providers (Physicians, Pas, NPS and Tribal Clinics) furnishing and reimbursed for MAT through the traditional fee for service schedule and other medical services that are within their current scope of practice are exempt from these requirements.
 - b. Medical practitioner's not offering/rendering 1115 SUD waiver services will not be required to be separately approved and enrolled as SUD providers, or to render and document their services according to behavioral health standards rather they will continue to render and document for medical services.

In addition, Providers must meet standards to bill Medicaid for 1115 SUD demonstration services including:

I. General Standards

All behavioral health service providers will adhere to the 10 guiding principles of recovery as defined by SAMHSA and listed below:

- Recovery emerges from hope
- Recovery is person-driven
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect

- II. ASAM Standards of Care.** The demonstration will build on the state's existing efforts to improve models of care focused on supporting individuals in the community and home, outside of institutions and strengthen a continuum of SUD services based on the [American Society of Addiction Medicine \(ASAM\) criteria](#) or other nationally recognized assessment and placement tools that reflect evidence-based clinical treatment.

[ASAM criteria](#) uses six dimensions to provide a holistic assessment of the individual:

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

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

Medicaid-Covered Services for Section 1115 SUD Services

I. Outpatient Substance Use Disorder Treatment Services

Service Name Abbreviation	ASAM 1.0 Outpatient Services – Adolescents and Adult
Effective Date and Revision History	7 AAC 138.250 Eff. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Description	<p>Adolescents under the 1115 SUD waiver are identified as age 12- 17.</p> <p>Outpatient includes regularly scheduled services provided to beneficiaries with a maximum of 5 hours a week for adolescents.</p> <p>Adult outpatient includes regularly scheduled services provided to beneficiaries at a maximum of 8 hours a week.</p> <p>Level 1 services are designed to meet the individual’s needs and must address major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment or to impair the individuals ability to cope with major life tasks without the addictive use of substances.</p> <p>Components Services include:</p> <ul style="list-style-type: none"> • Individualized, biopsychosocial assessment and clinically directed treatment. • Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/ or family basis • Appropriate drug screening • Psychoeducation Services • Linkage to medication services—including medication administration • Crisis Intervention Services • Linkage to social support services, except for any contraindicated services

	<ul style="list-style-type: none"> • SUD Care Coordination
Contraindicated Services	<ul style="list-style-type: none"> • Partial Hospitalization Program • Children’s Residential Treatment Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Population Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 Adolescent
Service Requirements/ Expectations	<p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended IVDUs be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide clients with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to</p>

	<p>infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs should make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and should bill Medicaid for qualifying services.</p> <p>SUD Programs should offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents under the 1115 SUD waiver are identified as age 12- 17 and adults 18 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer Support Specialist.</p>

Service Location	<p>Services may be provided in outpatient. The following Place of Service codes are allowed for IOP services:</p> <p>05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic</p>
Service Frequency/Limits	<p>Group -28 units per week minimums; max 304 units per SFY-Adult Individual -4 units per week minimums; max 128 units per SFY-Adult Group -16 units per week minimums; max 304 units per SFY-Adolescent Individual- 4 units per week minimums; max 128 units per SFY-Adolescent</p> <p>Combine with Telehealth units at which point a service authorization is required.</p>
Service Authorization	No
Service Documentation	Delivery of intensive outpatient services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Providers may administer pharmacological treatment in conjunction with the outpatient substance use disorder treatment services in (a) of this section if the pharmacological treatment is provided by an individual listed in 7 AAC 135.010(b)(2).
Service Code	<p><u>Adult</u> H0007 V1-Individual H0007 V1 GT –Telehealth Individual H0007 V1 HQ HB-Group H0007 V1 GT HQ HB–Telehealth Group</p> <p><u>Adolescent</u> H0007 V1-Individual H0007 V1 GT –Telehealth Individual H0007 V1 HQ HA-Group H0007 V1 GT HQ HA–Telehealth Group</p>
Unit Value	per 15 minutes
Payment Rate	<p>\$25.64-Individual \$8.43-Group</p>

Additional Information	Programs may employ a multidisciplinary team of professionals to work in their outpatient programs; however, clinical services must be provided by a QAP. Peer certification/designation alone does not meet the minimum requirement.
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II. ASAM 2.1 Intensive Outpatient Services (IOP)

Service Name Abbreviation	ASAM 2.1 Intensive Outpatient Services – Adolescents and Adult
Effective Date and Revision History	7 AAC 138.250 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Description	IOP includes structured programming provided when individual is experiencing significant functional impairment that interferes with the individual's ability to participate in one or more life domains including home, work, school, and community. Treatment is focused on clinical issues which functionally impair the individual's ability to cope with major life tasks.
Service Components	<ul style="list-style-type: none"> • Individualized, person-centered assessment and clinically directed treatment • Cognitive, behavioral, and other mental health and substance use disorder • Treatment therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/ or family basis • Psychoeducational services • Linkage to medication services—including medication administration • Crisis Intervention Services • Linkage to social support services, except for any contraindicated services
Contraindicated Services	<ul style="list-style-type: none"> • Partial Hospitalization Program • Intensive Outpatient • Children's Residential Treatment Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 Adolescent
Service Requirements/ Expectations	<p>IOP must:</p> <ol style="list-style-type: none"> 1. Be provided as a therapeutic outpatient program that maintains daily scheduled treatment activities; and 2. Provide the range of service components identified for intensive outpatient services in this manual. <p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users

	<p>3. Other injecting drug users 4. Office of Children Services engaged families 5. All others</p> <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended IVDUs be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide clients with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs should have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients should receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs should make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and should bill Medicaid for qualifying services.</p> <p>SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family</p>
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	members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.
Target Population	<ol style="list-style-type: none"> 1. Adolescents under the 1115 SUD waiver are identified as age 12- 17 and adults 18 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan, and 2. Individuals experiencing a mental disorder, as defined under 139.010, and significant functional impairment that interferes with the individual's ability to participate in one or more life domains, including home, work, school, and community.
Staff Qualifications	<ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer Support Specialist.</p>
Service Location	<p>Services may be provided in outpatient. The following Place of Service codes are allowed for outpatient services:</p> <p>05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic</p>
Service Frequency/Limits	<p>Group IOP</p> <ul style="list-style-type: none"> • Youth must receive 16 units per week at a minimum with a maximum of 304 units per SFY. • Adults must receive 28 units per week at a minimum with a maximum of 304 units per SFY. <p>Individual IOP</p>

	<ul style="list-style-type: none"> Youth and adults must receive at a minimum of 4 units per week with a maximum of 128 units per SFY. <p>Services may be combined with telehealth units at which point a service authorization is required.</p>
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	IOP services may be provided concurrently with any service listed in standards manual not otherwise contraindicated. Providers may administer pharmacological treatment in conjunction with the outpatient substance use disorder treatment services in (a) of this section if the pharmacological treatment is provided by an individual listed in 7 AAC 135.010(b)(2).
Service Code	H0015 V1-Individual H0015 V1 GT –Telehealth Individual H0015 HQ V1-Group H001 HQ V1 GT–Telehealth Group
Unit Value	per 15 minutes
Payment Rate	\$29.61-Individual \$9.77-Group
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their intensive outpatient programs; however, clinical services must be provided by a QAP under 7 AAC 70.990. Peer certification/designation alone does not meet the minimum requirement.

III. ASAM Level 2.5 SUD Partial Hospitalization Program – Adolescents

Service Name Abbreviation	SUD Partial Hospitalization Program – Adolescents (PHP- Adolescents)
Effective Date and Revision History	7 AA 138.250 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Description	<p>Outpatient SUD PHP services for eligible youth are designed for the diagnosis or active and clinically intensive treatment of a SUD to maintain an eligible person’s functional level and prevent decrease risk for recurrence of or inpatient hospitalization.</p> <p>PHPs have the capacity to:</p> <ul style="list-style-type: none"> Address major lifestyle, attitudinal, & behavioral issues which impair the adolescent’s ability to cope with major life tasks without the addictive use of alcohol and/or other drugs Treat the adolescent with substantial medical and psychiatric problems.

	<p>PHP services are designed for the diagnosis or active treatment of a substance use disorder (SUD) for adolescents presenting with:</p> <ul style="list-style-type: none"> • Biomedical conditions and problems severe enough to distract from recovery efforts but not sufficient to interfere with treatment; and • Emotional, behavioral, or cognitive conditions and complications that affect the individual’s level of functioning, stability, and degree of impairment; and • A need for repeated, structured, clinically directed motivational interventions, or at high risk of relapse, or an unsupportive recovery environment. <p>Therapeutic environments for PHP should be highly structured and have the capacity to treat substantial mental health, behavioral, medical and/or substance use problems including:</p> <ul style="list-style-type: none"> • Major lifestyle, attitudinal, & behavioral issues which impair the individual’s ability to cope with major life tasks • Biomedical conditions and problems severe enough to distract from recovery efforts but insufficient to interfere with treatment • Emotional, behavioral, or cognitive conditions and complications that affect the individual’s level of functioning, stability, and degree of impairment • Need for repeated, structured, clinically directed motivational interventions, or at high risk of failure in an unsupportive recovery environment • Co-occurring psychiatric, behavioral, medical and SUD problems • Linkage to medication services—including medication prescription, review of medication, medication administration, and medication management • Linkage to social support services, except for any contraindicated services <p>Required weekly program schedule hours include a combination of:</p> <ul style="list-style-type: none"> • Individual therapy/week • Group therapy/week • Family therapy/week • Case management/week • Educational instruction/week (during regular school year) • Recreational therapy/week • Medication services • Random drug screening • Crisis intervention services as needed • Occupational therapy services as needed
Contraindicated Services	<ul style="list-style-type: none"> • Home Based Family Treatment Level I/II/III • Children’s Residential Treatment Level I/II • Intensive Outpatient Program • Outpatient- 1.0 • Intensive Outpatient Program • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7

	<ul style="list-style-type: none"> • Medically Managed Intensive Inpatient Services-4.0 • Community Recovery Support Services • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 (Adolescent)
Service Requirements/ Expectations	<p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said persons be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot is available, it is recommended SUD Programs provide clients with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to</p>

	<p>whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs should make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and may bill Medicaid for qualifying services. SUD Programs should offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	<p>Adolescents 12- 17 with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.</p> <p>SUD PHP services are specifically designed for individuals who do not meet an inpatient level of care, but still require intense monitoring to maintain the individual's level of functioning and prevent relapse or residential/inpatient services. Adolescents appropriate for this level of care:</p> <ul style="list-style-type: none"> • Have manageable biomedical conditions/problems, • Have mild to moderate emotional/behavioral/or cognitive conditions & complications, • Have poor engagement in treatment, • Are at high risk for relapse, and • Have an unsupportive recovery environment & therefore require repeated, structured, clinically directed motivational interventions. <p>PHP may be the initial level of care, a "step-up" from Level 1 outpatient, or a "step-down" from Level 3 residential services. Adolescents admitted to this level of care meet the requirements of IOP but warrant near-daily monitoring or management and more clinically intensive services.</p>
Staff Qualifications	<p>Staff should be knowledgeable about adolescent development and experienced in engaging and working with adolescents. PHPs must be staffed by an interdisciplinary team of qualified professionals, which may include any of the following:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>
Service Location	<p>Services may be provided in outpatient. The following Place of Service codes are allowed for outpatient services:</p>

	05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic Telehealth is not allowed for PHP.
Service Frequency/Limits	PHP services must be provided at least 20 hours of services per week. Medicaid reimburses PHP for a maximum of 35 hours per week per beneficiary for a maximum of twenty-one (21) days SFY at which point a service re-authorization is required. The minimum daily limit for PHP is four (4) hours. Medicaid will not reimburse for hospital-based PHPs.
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Providers may administer pharmacological treatment in conjunction with the outpatient substance use disorder treatment services in (a) of this section if the pharmacological treatment is provided by an individual listed in 7 AAC 135.010(b)(2).
Service Code	H0035 V1
Unit Value	1 day = 1 unit
Payment Rate	\$500.00
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their PHP programs; however, at least one clinical service per day must be provided by a mental health professional or above to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which met the minimum per day requirement even if a recipient discharges from treatment against medical advice.

IV. ASAM Level 2.5 SUD Partial Hospitalization Program - Adults

Service Name Abbreviation	ASAM Level 2.5 Partial hospitalization (PHP - Adult)
Effective Date and Revision History	7 AAC 138.250 Eff. 7/1/2019 Revision. 10/07/2020 Revision. 05/21/2020 Revision. 08/04/2020

<p>Service Description</p>	<p>Outpatient SUD PHP services for adults are designed for the diagnosis or active and clinically intensive treatment of a SUD to maintain the person’s functional level and prevent decrease risk for recurrence of or inpatient hospitalization.</p> <p>PHPs should have the capacity to:</p> <ul style="list-style-type: none"> • Address major lifestyle, attitudinal, & behavioral issues which impair the adult’s ability to cope with major life tasks without the addictive use of alcohol and/or other drugs, • Treat adults with substantial medical and psychiatric problems. <p>PHP services are designed for the diagnosis or active treatment of a substance use disorder (SUD) for eligible adults presenting with:</p> <ul style="list-style-type: none"> • Biomedical conditions and problems severe enough to distract from recovery efforts but not sufficient to interfere with treatment; and • Emotional, behavioral, or cognitive conditions and complications that affect the individual’s level of functioning, stability, and degree of impairment; and • A need for repeated, structured, clinically directed motivational interventions, or at imminent risk of relapse, or an unsupportive recovery environment. <p>Placement in a partial hospital program is a clinical decision that can be made only by a clinician thoroughly knowledgeable about the individual's illness, history, environment, and support system.</p>
<p>Contraindicated Services</p>	<ul style="list-style-type: none"> • Outpatient -1.0 • Home Based Family Treatment Level I/II/III • Intensive Outpatient Program • Intensive Outpatient Program • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Community Recovery Support Services • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 (Adolescent)
<p>Service Requirements/ Expectations</p>	<p>Required services are individual therapy, group therapy, family therapy, medication services, case management, and community and recovery support services. Random drug screening should also occur, and crisis intervention services are to be provided as needed.</p> <p>The weekly program schedule may include the following services:</p> <ul style="list-style-type: none"> • Individual therapy/week • Group therapy/week • Family therapy/week • Case management/week • Medication services/week • Community and recovery support services/week

	<ul style="list-style-type: none"> • Random drug screening • Crisis intervention services as needed. <p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services. SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency.</p> <p>Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers should have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p>
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	<p>SUD Programs should make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and may bill Medicaid for qualifying services.</p> <p>SUD Programs may offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	<p>Adults with a substance use disorder who do not meet an inpatient level of care, but still require intense monitoring to maintain the individual’s level of functioning and prevent relapse or residential/inpatient services.</p> <p>Adults appropriate for this level of care:</p> <ul style="list-style-type: none"> • Have manageable biomedical conditions/problems; • Have mild to moderate emotional, behavioral, or cognitive conditions and complications; • Have poor engagement in treatment; • Are at high risk for relapse; and • Have an unsupportive recovery environment & therefore require repeated, structured, clinically directed motivational interventions. <p>PHP may be the initial level of care, a “step-up” from Level 2.1 outpatient, or a “step-down” from Level 3 residential services. Adults admitted to this level of care meet the requirements of IOP but warrant near-daily monitoring or management and more clinically intensive services.</p>
Staff Qualifications	<p>PHPs must be staffed by an interdisciplinary team of qualified professionals, which may include any of the following:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 138.250 • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>
Service Location	<p>Services may be provided in PHP. The following Place of Service codes are allowed for PHP services:</p> <p>05-Indian Health Service Free-standing facility</p> <p>06-Indian Health Service Provider-based facility</p> <p>07-Tribal 638 Free-standing facility</p> <p>08-Tribal 638 Provider-based Facility</p>

	<p>11-Office. 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 57-Non-residential Substance Use Disorder Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic</p>
Service Frequency/Limits	Medicaid reimburses PHP for a maximum of 35 hours/week per beneficiary for a maximum of twenty-one (21) days/ per SFY, at which point a service re-authorization will be required. The minimum daily limit for PHP is five (5) hours. Medicaid will not reimburse for hospital-based PHPs.
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	PHP services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0035 V1
Unit Value	1 day = 1 unit
Payment Rate	\$500.00
Additional Information	<p>Programs may employ a multidisciplinary team of professionals to work in their PHP programs; however, at least one clinical service per day must be provided by a mental health professional or above to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which met the minimum per day requirement even if a recipient discharges from treatment against medical advice.</p> <p>The Department is finalizing evidence-based practices (EBPs) to be used for Adult PHP. The Department will establish an EBP monitoring mechanism to specify requirements for application, review, approval, and monitoring of implementation fidelity for all EBP used for Waiver services.</p>

V. Inpatient Substance Use Disorder Treatment Services

Service Name Abbreviation	ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services – Adolescents and Adults
Effective Date and Revision History	<p>7 AAC 138.300 7 AAC 70.120 (a-f) Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020</p>

<p>Service Description</p>	<p>The primary goal of Level 3.1 is to focus on a structured recovery environment that provides sufficient stability. Support while seeking education and/or employment is an essential feature of these SUD Programs. There is a heavy focus on ASAM Dimensions 5 and 6.</p> <p>Level 3.1 includes a minimum of five hours of treatment services per week.</p> <p>Level 3.1 may also apply to the final phase of a 3.5 residential program, where individuals in a residential or Intensive Therapeutic Community Program need reduced hours of clinical services and increased hours of employment seeking, exploring housing options and other community reintegration efforts.</p>
<p>Contraindicated Services</p>	<ul style="list-style-type: none"> • Outpatient 1.0 • Intensive Outpatient Program • Partial Hospitalization • Community Recovery Support Services • Adult Mental Health Residential Level I/II • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 (Adolescent)
<p>Service Requirements/ Expectations</p>	<p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services. SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>It is recommended if no slot is available SUD Programs provide clients with harm and risk reduction counseling. To this end, interim services should be provided to</p>

	<p>individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs should make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and may bill Medicaid for qualifying services.</p> <p>SUD Programs may offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents ages 12 – 17 and adults ages 18 or older with SUD diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant

	<ul style="list-style-type: none"> • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	<p>55-Residential Substance Abuse Treatment Facility</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of Social Security Act.</p>
Service Frequency/Limits	5 hours minimum, 30 Units per SFY with Service Authorization bypass at which point a service re-authorization is required.
Service Authorization	Yes, after 1 st 30 days
Service Documentation	Delivery of inpatient substance use disorder treatment must be documented in a progress note in accordance with 7 AAC 135.130.
Service Code	H2036 HA V1 -Adolescents H2036 HF V1-Adult
Unit Value	1 day = 1 unit
Payment Rate	\$400.83-Adult \$348.39-Adolescent
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their level 3.1 residential program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.

VI. ASAM Level 3.3 Clinically Managed High-Intensity Residential Services (Pop. Specific)

Service Name/Abbreviation	ASAM Level 3.3 Clinically Managed High -Intensity Residential Services (Population Specific)
Effective Date and Revision History	<p>7 AAC 138.300</p> <p>7 AAC 70.120 (a-f)</p> <p>Eff. 8/19/2019</p> <p>Revision. 10/07/2019</p> <p>Revision. 05/21/2020</p> <p>Revision. 08/04/2020</p>
Service Description	<p>The primary goal of Level 3.3 is to provide a structured recovery environment to meet needs for individuals with functional limitations, such as severe cognitive impairment and/or traumatic brain injury, and to support recovery from substance use disorder. Individuals presenting for this level of care must be medically stable but will require support to help manage their mental stability as well as their substance use. The presence of their cognitive impairment may be the result of substance induced impairment, or it may be more permanent impairment resulting from a neurological disorder like fetal alcohol spectrum disorders. This level of care moves at a slower rate allowing individuals experiencing not only SUD but also cognitive impairments to process information.</p> <p>Level 3.3 includes a minimum of 15 hours of clinical treatment services per week.</p>

<p>Contraindicated Services</p>	<ul style="list-style-type: none"> • Level 1.0 Outpatient • Intensive Outpatient Program • Adult Mental Health Residential Level I/II • Partial Hospitalization • Community Recovery Support Services • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential – 3.1 • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent) • Clinically Managed Medium Intensity Residential Treatment 3.5 (Adult)
<p>Service Requirements/ Expectations</p>	<p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling To this end, interim services should be provided to individuals on the waitlist, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these</p>

	<p>services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs should make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and may bill Medicaid for qualifying services.</p> <p>SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adults ages 18 or older with SUD diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	<p>55-Residential Substance Abuse Treatment Facility</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of Social Security Act.</p>
Service Frequency/Limits	30 Units per SFY with Service Authorization bypass at which point a service re-authorization is required.
Service Authorization	Yes, after the first 30 days of service.

Service Documentation	Delivery of inpatient substance use disorder treatment must be documented in a progress note in accordance with 7 AAC 135.130.
Unit Value	1 day = 1 unit
Service Code	H0047 HF V1
Payment Rate	\$615.94-Adult
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their Clinically Managed High Intensity Residential Program(s); however, at least one clinical service per day must be provided by a mental health professional to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.

VII. ASAM Level 3.5 Clinically Managed High-Intensity Residential Services (Adult)

Service Name Abbreviation	ASAM Level 3.5 Clinically Managed High-Intensity Residential Services (Adult)
Effective Date and Revision History	7 AAC 138.300 7 AAC 70.120 (a-f) Eff. 8/19/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Description	<p>The primary goal of Level 3.5 is to focus on a structured recovery environment that provides sufficient stability. Support while seeking education and/or employment is an essential feature of these SUD Programs. There is a heavy focus on ASAM Dimensions 5 and 6.</p> <ul style="list-style-type: none"> • Level 3.5 includes a minimum of twenty hours of clinical treatment services per week. • Level 3.1 may also apply to the final phase of a 3.5 residential program, where individuals in a residential or Intensive Therapeutic Community Program need reduced hours of clinical services and increased hours of employment seeking, exploring housing options and other community reintegration efforts.
Contraindicated Services	<ul style="list-style-type: none"> • Level 1.0 Outpatient • Intensive Outpatient Program • Adult Mental Health Residential Level I/II • Partial Hospitalization • Community Recovery Support Services • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)
Service Requirements/	All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this

Expectations	<p>section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and may use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling To this end, interim services should be provided to individuals on the waitlist, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p>
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	<p>SUD Programs should make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and may bill Medicaid for qualifying services.</p> <p>SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adults ages 18 or older with SUD diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses supervised • Mental health professional clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	<p>55-Residential Substance Abuse Treatment Facility</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of Social Security Act.</p>
Service Frequency/Limits	30 Units per SFY with Service Authorization bypass at which point a service re-authorization is required.
Service Authorization	Yes, after the first 30 days of service.
Service Documentation	Delivery of inpatient substance use disorder treatment must be documented in a progress note in accordance with 7 AAC 135.130.
Service Code	H0047 TG- V1-Adult
Unit Value	1 day = 1 unit
Payment Rate	\$455.29-Adult
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their Clinically Managed High Intensity Residential Program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.

VIII. ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services Adolescents

Service Name/ Abbreviation	ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services Adolescents
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Effective Date and Revision History	7 AAC 138.300 7 AAC 70.120 (a-f) Eff. 8/19/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Description	<p>Adolescents under the 1115 SUD waiver are identified as age 12- 17. The primary goal of Level 3.5 is to focus on a structured recovery environment that provides sufficient stability. Support while seeking education and/or employment is an essential feature of these SUD Programs. There is a heavy focus on ASAM Dimensions 5 and 6.</p> <p>Level 3.5 includes a minimum of 15 hours of treatment services per week, 10 of which must be clinical and 5 may include therapeutic community activities such as morning business, peer activity, social activity.</p> <p>Level 3.1 may also apply to the final phase of a 3.5 residential program, where individuals in a residential or Intensive Therapeutic Community Program need reduced hours of clinical services and increased hours of employment seeking, exploring housing options and other community reintegration efforts.</p>
Contraindicated Services	<ul style="list-style-type: none"> • Level 1.0 Outpatient • Intensive Outpatient Program • Children’s Residential Treatment Level I/II • Adult Mental Health Residential Level I/II • Partial Hospitalization • Community Recovery Support Services • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential Treatment-3.5 Adult
Service Requirements/ Expectations	<p>All inpatient residential substance use disorder treatment services must be delivered during regular business hours according to the requirements of this section. Additionally, appropriate inpatient residential SUD treatment services must also be delivered during evening hours and on weekends and holidays.</p> <p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p>

	<p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents ages 12-17 with SUD diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners

	<ul style="list-style-type: none"> • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>
Service Location	55-Residential Substance Abuse Treatment Facility Providers are exempt from requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion, Section 1905(a) (B) of Social Security Act.
Service Frequency/Limits	30 Units per SFY with service authorization bypass at which point a service re-authorization is required.
Service Authorization	Yes, after the first 30 days of service.
Service Documentation	Delivery of residential substance use disorder treatment must be documented in a progress note in accordance with 7 AAC 135.130.
Service Code	H0047 HA V1 TF-Adolescents
Unit Value	1 day = 1 unit
Payment Rate	\$498.62-Adolescent
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their Clinically Managed Medium Intensity Residential Program(s); however, at least one clinical service per day must be provided by a QAP or above to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.

X. ASAM Level 3.7 Medically Monitored Intensive Inpatient Services for Adults and Medically Monitored High Intensity Inpatient for Adolescents

Service Name/Abbreviation	ASAM Level 3.7 Medically Monitored Intensive Inpatient Services for Adults and Medically Monitored High Intensity Inpatient for Adolescents
Effective Date and Revision History	7 AAC 138.300 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020

Service Description	<p>This level of care is appropriate for patients with biomedical, emotional, behavioral, and/or cognitive conditions that require highly structured 24-hour services including direct evaluation, observation, and medically monitored addiction treatment.</p> <p>Medically monitored treatment is provided through a combination of direct patient contact, record review, team meetings and quality assurance programming.</p> <p>These services are differentiated from Level 4.0 in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.</p> <p>Level 3.7 is appropriate for adolescents with co-occurring psychiatric disorders or symptoms that hinder their ability to successfully engage in SUD treatment in other settings.</p> <p>Services in this program are meant to orient or re-orient patients to daily life structures outside of substance use.</p>
Service Components	<ul style="list-style-type: none"> • Individualized, person-centered assessment and medically monitored treatment • Addiction pharmacotherapy and medication services • Appropriate drug screening • Cognitive behavioral and other substance-use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis • Daily medical and nursing services • Counseling and clinical/medical monitoring • Daily treatment services focused on managing the individual's acute symptoms • Psychoeducation services
Contraindicated Services:	<ul style="list-style-type: none"> • Outpatient -1.0 • Intensive Outpatient Program • Children's Residential Treatment Level I/II • Adult Mental Health Residential Level I/II • Partial Hospitalization • Community Recovery Supports Services • Clinically Managed Residential Withdrawal Management-3.2 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential Treatment-3.5 • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)

<p>Service Requirements/ Expectations</p>	<p>All inpatient residential substance use disorder treatment services in addition to being delivered during regular business hours must also be delivered according to the requirements of this section during evening hours and on weekends and holidays. SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services. SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to</p>
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	<p>whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents 12 – 17 and adults ages 18 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan. Adolescents under the 1115 SUD waiver are identified as age 12- 17.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>
Service Location	<p>Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility:</p> <p>05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 99-Other</p> <ul style="list-style-type: none"> • General acute care hospitals • Specialized psychiatric hospitals • Critical Access Hospitals • Freestanding withdrawal management center <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of Social Security Act.</p>
Service Frequency/Limits	7 units per SFY with service authorization bypass; service authorization to extend limit required.
Service Authorization	No

Service Documentation	Delivery of medically monitored high intensity inpatient services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.7 Medically Monitored High-Intensity Inpatient Services – Adolescent and Adult services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0009 TF V1
Unit Value	1 day = 1 unit
Payment Rate	\$900
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their Medically Monitored High-Intensity Program(s); however, at least one clinical service per day must be provided by a mental health professional or above to be eligible to draw down the daily rate.

XI. ASAM Level 4.0 Medically Managed Intensive Inpatient Services – Adolescents and Adults

Service Name/ Abbreviation	ASAM Level 4.0 Medically Managed Intensive Inpatient Services – Adolescents and Adults
Effective Date and Revision History	7 AAC 138.300 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Definition/ Description	<p>Adolescents under the 1115 SUD waiver are identified as age 12- 17. This level of care is appropriate for patients with biomedical, emotional, behavioral, and/or cognitive conditions severe enough to warrant primary medical care and nursing care. Services offered at this level differ from Level 3.7 services in that patients receive daily direct care from a licensed physician who is responsible for making shared treatment decisions with the patient (i.e. medically managed care). These services are provided in a hospital-based setting and include medically directed evaluation and treatment.</p> <p>Component Services include:</p> <ul style="list-style-type: none"> • Individualized, person-centered assessment and medically directed & managed treatment • Addiction pharmacotherapy and medication services • Appropriate drug screening • Cognitive behavioral and other substance-use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis • Daily medical and nursing services • Counseling and clinical/medical monitoring • Daily treatment services focused on managing the individual’s acute symptoms • Psychoeducation services
Contraindicated Service	<ul style="list-style-type: none"> • Outpatient • Intensive Outpatient Program • Children’s Residential Treatment Level I/II • Adult Mental Health Residential Level I/II

	<ul style="list-style-type: none"> • Community Recovery Support Services • Partial Hospitalization • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)
Service Requirements/ Expectations	<p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment</p>

	<p>protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SSUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents ages 12 – 17 and adults ages 18 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>
Service Location	<p>Services may be provided in an acute care general hospital, an acute psychiatric hospital, or a psychiatric unit within an acute care general hospital, or through a licensed addiction treatment specialty hospital.</p> <p>Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of Social Security Act.</p>
Service Frequency/Limits	7 units per SFY with service authorization bypass; service authorization required to extend limit.
Service Authorization	No
Service Documentation	Delivery of ASAM Level 4.0 Medically Managed Intensive Inpatient services must be documented in a progress note in accordance with 7 AAC 135.130.

Relationship to Other Services	ASAM Level 4.0 Medically Managed Intensive Inpatient Services – Adolescent and Adult services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0009 TG V1
Unit Value	1 day = 1 unit
Payment Rate	\$1,500
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their Medically Managed Intensive Inpatient Program(s); however, at least one clinical service per day must be provided by a mental health professional or above to be eligible to draw down the daily rate.

XII. Alcohol and Drug Withdrawal Management Services

Service Name/ Abbreviation	ASAM Level WM 1: Ambulatory Withdrawal Management Without Extended On-site Monitoring – Adolescents and Adults
Effective Date and Revision History	7 AAC 138.350 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Definition/ Description	Mild withdrawal Adolescents under the 1115 SUD waiver are identified as age 12- 17.
Contraindicated Service	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)
Service Requirements/ Expectations	<p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment should be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim</p>

	<p>services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs may offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors

	<ul style="list-style-type: none"> • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	99-Other; Outpatient (e.g., treatment provider location, private practitioner location). No IP or residential settings allowed.
Service Frequency/Limits	320 units per SFY with service authorization bypass, service authorization required to extend limit. Combine with extended onsite.
Service Authorization	No
Service Documentation	Delivery of ASAM Level WM 1: Ambulatory Withdrawal Management Without Extended On-site Monitoring services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level WM 1: Ambulatory Withdrawal Management Without Extended On-site Monitoring – Adolescent and Adult services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0014 V1
Unit Value	Per 15 minutes
Payment Rate	\$30.00
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their Ambulatory Withdrawal Management Program(s); however, at least one clinical service per day must be provided by a medical professional with prescribing privileges or a nursing professional to be eligible to draw down the per 15 minute unit rate.

XIII. ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring – Adolescents and Adults

Service Name/Abbreviation	ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring – Adolescents and Adults
Effective Date and Revision History	7 AAC 138.350 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Definition/Description	Moderate withdrawal with all-day withdrawal management, support, and supervision; has supportive family or living situation at night. Adolescents under the 1115 SUD waiver are identified as age 12- 17.
Contraindicated Service	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0

	<ul style="list-style-type: none"> • Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)
Service Requirements/ Expectations	<p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment be admitted no later than 14 days after the request. If there is no slot available, it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to</p>

	<p>whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	Outpatient (e.g., treatment provider location, private practitioner location). No IP or residential settings allowed.
Service Frequency/Limits	320 units per SFY with service authorization bypass, service authorization required to extend limit. Combined with without extended onsite.
Service Authorization	No
Service Documentation	Delivery of ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0014 V1
Unit Value	Per 15 minutes
Payment Rate	\$30.00
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their Ambulatory Withdrawal Management with Extended On-Site Monitoring Program(s); however, at least one clinical service per day must be provided by a medical professional with prescribing privileges or nursing professional to be eligible to draw down the hourly rate.

XIV. ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management

Service Name/ Abbreviation	ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management
Effective Date and Revision History	7 AAC 138.350 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Description	Moderate withdrawal but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.
Contraindicated Service	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Children's Residential Treatment Level I/II • Adult Mental Health Residential Level I/II • Community Recovery Supports Services • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Population Specific) • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent) • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)
Service Requirements/ Expectations	<p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment should be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to</p>

	<p>individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs may offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents ages 12 -17 and adults ages 18 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, , 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist

	All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.
Service Location	55-Residential Substance Abuse Treatment Facility Residential Withdrawal Management Facilities Free standing Appropriately Licensed ASAM 3.2 Withdrawal Management Facilities Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion, Section 1905(a) (B) of Social Security Act.
Service Frequency/Limits	1 billable service per day, 7 units per SFY with service authorization bypass, service authorization required to extend limit.
Service Authorization	No
Service Documentation	Delivery of ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0010 V1
Unit Value	Daily
Payment Rate	\$302.25
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their Clinically Managed Residential Withdrawal Management Program(s); however, at least one clinical service per day must be provided by a QAP to draw down the daily rate.

XV. ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management

Service Name/Abbreviation	ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management
Effective Date and Revision History	7 AAC 138.350 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Description	Severe withdrawal needing 24-hour nursing care and physician visits; unlikely to complete withdrawal management without medical monitoring.
Contraindicated Service	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Children's Residential Treatment Level I/II • Adult Mental Health Residential Level I/II • Community Recovery Supports Services • Clinically Managed Residential Withdrawal Management-3.2 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Ambulatory Withdrawal Management

	<ul style="list-style-type: none"> • Clinically Managed Low Intensity Residential Treatment-3.1(Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential Treatment-3.5 Adult • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)
Service Requirements/ Expectations	<p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment should be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to</p> <p>HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p>

	<p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>
Service Location	<p>Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility:</p> <p><u>99-Other</u></p> <p>AK licensed general acute care hospitals Specialized psychiatric hospitals Critical Access Hospitals</p> <p><u>Alaska Native tribal facilities</u></p> <p>07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility</p> <p>Providers are exempt from the Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of the Social Security Act.</p>
Service Frequency/Limits	1 billable service per day, 7 units per SFY with service authorization bypass, service authorization required to extend limit.
Service Authorization	No

Service Documentation	Delivery of ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0010 TG V1
Unit Value	1 day = 1 unit
Payment Rate	\$900
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their Medically Monitored Inpatient Withdrawal Management program(s); however, at least one clinical service per day must be provided by a medical professional with prescribing privileges to be eligible to draw down the daily rate.

XVI. ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management

Service Name/ Abbreviation	ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management
Effective Date and Revision History	7 AAC 138.350 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/22020
Service Description	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.
Contraindicated Service	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Children's Residential Treatment Level I/II • Adult Mental Health Residential Level I/II • Community Recovery Supports Services • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential Treatment-3.5 Adult • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)
Service Requirements/ Expectations	SUD Programs should give priority preference to treatment as follows: <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others

	<p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment should be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.

Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	<p>Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility:</p> <p>07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 99 - Other</p> <ul style="list-style-type: none"> • AK licensed general acute care hospitals • Specialized psychiatric hospitals • Critical Access Hospitals <p>Providers are exempt from the Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of the Social Security Act.</p>
Service Frequency/Limits	1 billable service per day, 7 units per SFY with service authorization bypass, service authorization required to extend limit.
Service Authorization	No
Service Documentation	Delivery of ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management support services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0011 V1
Unit Value	1 day = 1 unit
Payment Rate	\$1,500
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their Medically Managed Intensive Inpatient Withdrawal Management program(s); however, at least one service per day must be provided by a medical professional with prescribing privileges to be eligible to draw down daily rate.

XVII. Community Recovery Support Services (CRSS)

Service Name/ Abbreviation	Community Recovery Support Services (CRSS)
Effective Date and Revision History	7 AAC 138.400 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Description	CRSS includes skill building, counseling, coaching, and support services to help prevent relapse, improve self-sufficiency and promote recovery from behavioral health disorders (i.e. mental health disorders and/or substance use disorders).
Service Components	<ul style="list-style-type: none"> • Recovery coaching by a qualified professional, including guidance, support and encouragement with strength-based supports during recovery. • Skill building services, including coaching and referrals, to build social, cognitive, and daily living skills and help identify resources for these skills. • Facilitation of level-of-care transitions. • Peer-to-peer services <ul style="list-style-type: none"> ○ Family members of people experiencing SED, SMI, SUD or Co-occurring disorders may provide services to these family members • Family education, training and supports, like psychoeducational services with self-help concepts/skills that promote wellness, stability, self-sufficiency/recovery, and education for individuals and family members about mental health and substance use disorders using factual data about signs/symptoms, prognosis of recovery, therapies/drugs, family relationships, and other issues impacting recovery and functioning. • Relapse prevention services. • Child therapeutic support services, including linking child and/or parents with supports, services, and resources for healthy child development, and identifying development milestones, and educating parents about healthy cognitive, emotional, and social child development.
Contraindicated Service	<ul style="list-style-type: none"> • Home Based Family Treatment Level I • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Clinically Managed Low Intensity Residential-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 Adult • Clinically Managed Medium Intensity Residential Treatment-3.5 (Adolescent)
Service Requirements/ Expectations	CRSS must be provided according to the criteria listed in 7 AAC 138.400(a) (1). Providers of CRSS for individuals with substance use disorders must meet the following requirements:

	<p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment should be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to</p> <p>HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether they would like to use medications to treat their substance use disorder.</p>
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	SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.
Target Population	Children, adolescents and adults with a behavioral health disorder (mental health disorders and/or substance use disorder) when determined to be medically necessary, and in accordance with an individualized treatment plan.
Staff Qualifications	<ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community Health Aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist
Service Location	<p>Services may be provided in outpatient settings. The following Place of Service codes are allowed for CRSS services:</p> <p>04-Homless Shelter 05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic 99-Other; Any other Appropriate Setting in the Community</p>
Service Frequency/Limits	<p>Individual-15 minutes/280 units per beneficiary SFY; requires service authorization required to extend limit; combine with telehealth.</p> <p>Group-15 minutes/600 units per beneficiary per SFY; requires services authorization to extend limit; combine with telehealth.</p>
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other	CRSS may be provided concurrently with any service listed in standards manual not otherwise contraindicated.

Services	
Service Code	H2021 V1-Individual H2021 HQ V1 GT-Telehealth Group H2021 V1 GT-Telehealth-Individual H2021 HQ- V1 Group
Unit Value	15 minutes
Payment Rate	\$21.46-Individual \$5.63-Group
Additional Information	Programs may employ a multidisciplinary team of professionals to perform community recovery support services(s); however, each unit of services must be provided by a peer support specialist or above to be eligible to draw down the per unit rate.

XIII. SUD Care Coordination

Service Name/ Abbreviation	SUD Care Coordination Services (also known as MAT Care Coordination in the 1115 SUD Implementation Plan)
Effective Date and Revision History	7 AAC 138.400 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Definition/ Description	Substance use disorder care coordination services, which must be provided at least a minimum of once per month to a recipient who is receiving medication assisted treatment, and are provided to: <ul style="list-style-type: none"> • Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, behavioral health, educational, social, or other services; • Coordinate the integrated delivery of behavioral health and medical services; • Assist the recipient with level of care transitions; and • Assist the recipient to develop skills necessary for the self-management of treatment needs and the maintenance of long-term social supports. • Monitoring and follow up activities
Contraindicated Service	N/A
Service Requirements/ Expectations	This service is required for individuals receiving any pharmacotherapy for the treatment of their substance use disorder. The expectation is that this service is provided at minimum 1 time per month SUD Programs should give priority preference to treatment as follows: <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others

	<p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment should be admitted no later than 14 days after the request. If there is no slot available, then it is recommended said person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to</p> <p>HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs may offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with

	an individualized treatment plan. Individuals receiving Medication Assisted Treatment are required to receive this service for the first 12 months.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer support Specialist</p>
Service Location	<p>Services may be provided in outpatient or residential settings. The following Place of Service codes are allowed for SUD Care coordination services:</p> <p>05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic Emergency Department Other Primary Care Outpatient Setting</p>
Service Frequency/Limits	6 units per SFY combine with telehealth code; at which point a service re-authorization is required to extend limit.
Service Authorization	No
Service Documentation	Delivery of SUD Care Coordination services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	SUD Care Coordination services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0047 V1 H0047 V1 GT -Telehealth

Unit Value	Monthly
Payment Rate	\$300
Additional Information	Programs may employ a multidisciplinary team of professionals to perform SUD care coordination services(s); however, each unit of monthly services must be provided by a QAP to be eligible to draw down the per month rate.

XIV. Intensive Case Management Services

Service Name/ Abbreviation	Intensive Case Management Services (ICM)
Effective Date and Revision History	7 AAC 138.400 Eff. 7/1/2019 Revision. 10/07/2019 Revision. 05/21/2020 Revision. 08/04/2020
Service Definition/ Description	ICM services include evaluation, outreach, support services, advocacy with community agencies, arranging services and supports, teaching community living and problem-solving skills, modeling productive behaviors, and teaching individuals to become self-sufficient.
Service components	<ul style="list-style-type: none"> • Case manager serves as the central point of contact for an individual brokering and/or linking individual with mental health, SUD, medical, social, educational, vocational, legal, and financial resources in the community, including: <ul style="list-style-type: none"> ○ Intensive outreach services outside of clinic, including street outreach, visiting the client’s home, work, and other community settings ○ Referring for individual, group or family therapy, medical, or other specialized services; and ○ Engaging natural supports (natural supports are family members/close kinship relationships and community members (e.g. friends, co-workers, etc.) that enhance the quality of life • Assessment and treatment plan with quarterly update assessments; • Regular (biweekly, at a minimum) monitoring of behavioral health services, delivery, safety, and stability; • Triaging for crisis intervention purposes (e.g., determining need for intervention and referral to appropriate service or authority); and • Assisting individuals in being able to better perform activities of daily living—problem-solving skills, self-sufficiency, productive behaviors, conflict resolution.
Contraindicated Services	<ul style="list-style-type: none"> • Home Based Family Treatment Level I • Assertive Community Treatment Services (ACT)
Service Requirements/ Expectations	ICM providers must have the capacity to furnish the following: <ul style="list-style-type: none"> • Multiple contacts with client per week with a frequency of at least 2-to-3 times a day based on recipient need • At least one face-to-face contact every two weeks for all recipients • Community engagement as often needed

	<p>Providers of ICM for individuals with substance use disorders must meet the following requirements:</p> <p>SUD Programs should give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs should establish and maintain a waiting list of persons seeking treatment who cannot be admitted and should use a unique identifier for Persons who inject drugs/intravenous drug users (IVDU). Persons actively or experiencing drug use where injection is the method of use requesting treatment should be admitted no later than 14 days after the request. If there is no slot available, then it is recommended person(s) be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>If no slot available, it is recommended SUD Programs provide client with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the waitlist and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients may receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to</p> <p>HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs should have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to</p>
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	<p>whether they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs may offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Adolescents and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialist <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>
Service Location	<p>Services may be provided in outpatient or residential settings. The following Place of Service codes are allowed for ICM services:</p> <p>05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic 99-Other; Any Appropriate Setting in the Community</p>
Service Frequency/Limits	960 units per beneficiary per SFY, at which point a service re-authorization is required.
Service Authorization	No
Service Documentation	Intensive Case Management services must be documented in a progress note in accordance with 7 AAC 135.130.

Relationship to Other Services	Intensive Case Management Services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0023 V1 H0023 V1 GT
Unit Value	15 minutes
Payment Rate	\$28.07
Additional Information	Programs may employ a multidisciplinary team of professionals to perform Intensive Case Management services(s); however, each unit of service must be provided by a QAP to be eligible to draw down the per unit rate.

XV. Peer-Based Crisis Services

Service Name	Peer-Based Crisis Services
Abbreviation	
Authority	7 AAC 139.350
Effective Date	Eff. 05/21/2020
Revision History	Revision. 08/04/2020
Service Description	Peer-based crisis services are provided by a peer support specialist under 7 AAC 138.400 to help an individual avoid the need for hospital emergency department services or the need for psychiatric hospitalization through: <ul style="list-style-type: none"> • triage of crisis intervention needs; • facilitation of transition to other community-based resources or natural supports; and • advocacy for client needs with other service providers.
Service Components	<ul style="list-style-type: none"> • Triaging for crisis intervention purposes to determine need for intervention and referral to appropriate service or authority • Crisis support services • Crisis diversion services • Facilitation of the transition to community resources and natural supports • Participate in planning for care needs if requested by the individual receiving the support • Activation of resiliency strength services • Advocacy services (e.g., services include acting as an advocate for a client regarding preferred treatment, engagement to access services and supports, navigation to bridge services or to access necessary supports)
Contraindicated Services	<ul style="list-style-type: none"> • Community Recovery Support Services • Intensive Outpatient Program • Partial Hospitalization Program • Clinically Managed Residential Withdrawal Management-3.2

	<ul style="list-style-type: none"> • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 Adolescent • 23-hour Crisis Observation and Stabilization • Mobile Crisis Services <p>*Peer based crisis services may be billed on the same day as the services below when the client is admitted from one service to the other service on the same day.</p>
Service Requirements/ Expectations	<p>Peer-based crisis services should be provided by a peer support specialist and include the following activities:</p> <ul style="list-style-type: none"> • triage of crisis intervention needs; • facilitation of transition to other community-based resources or natural supports; and • advocacy for client needs with other service providers. <p>Qualified providers of peer-based crisis services are expected to follow the SAMHSA Essential Expectations for Crisis Services. See Attachment B.</p>
Target Population	<p>Individuals eligible under 7 AAC 139.010 where peer-based crisis services can help such individuals avoid hospital emergency department services or the need for psychiatric hospitalization.</p>
Staff Qualifications	<p>Peer based crisis service may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following;</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community Health Aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance use disorder counselors • Behavioral health clinical associates or behavioral health aides • Peer support specialists

Service Location	<p>04-Homeless Shelter</p> <p>05-Indian Health Service Free-standing Facility</p> <p>06-Indian Health Service Provider-based Facility</p> <p>07-Tribal 638 Free-standing Facility</p> <p>08-Tribal 638 Provider-based Facility</p> <p>11-Office</p> <p>26-Military Treatment Center</p> <p>49-Independent Clinic</p> <p>50-Federally Qualified Health Center</p> <p>52-Partial Hospitalization Program</p> <p>53-Community Mental Health Center</p> <p>57-Non-residential Substance Abuse Treatment Center</p> <p>71-State or local Public Health Clinic</p> <p>72-Rural Health Clinic</p> <p>99-Other; any other appropriate setting in the community (e.g. work, school, or home)</p>
Service Frequency Limits	N/A
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Peer Based Crisis services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	H0038 V1
Unit Value	15 minutes
Payment Rate	\$20.46

Additional Information	Programs may employ a multidisciplinary team of professionals to perform peer-based crisis services(s).
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XVI. 23-Hour Crisis Observation and Stabilization (COS)

Service Name Abbreviation	23-Hour Crisis Observation and Stabilization (COS)
Authority Effective Date Revision History	7 AAC 139.350 Eff. 05/21/2020 Revision. 08/04/2020
Service Definition/ Description	COS services are intended to provide prompt observation and stabilization services to individuals presenting with acute symptoms of mental or emotional distress for up to 23 hours and 59 minutes in a secure environment.
Service Components	<ul style="list-style-type: none"> • Individual assessment • Treatment plan development • Psychiatric evaluation services • Nursing services • Medication Services—including medication prescription, review of medication, medication administration, and medication management • Crisis intervention services • Crisis stabilization services designed to stabilize and restore the individual to a level of functioning that does not require inpatient hospitalization <ul style="list-style-type: none"> ○ Stabilization of withdrawal symptoms • Referral to the appropriate level of treatment services and follow-up to support connection
Contraindicated Services	<ul style="list-style-type: none"> • Community Recovery Support Services • Crisis Stabilization Services • Mobile Outreach and Crisis Response Services • Intensive Outpatient Program • Children’s Residential Treatment Level I/I • Adult Mental Health Residential Level I/II • Partial Hospitalization Program • Ambulatory Withdrawal Management • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0

<p>Service Requirements/ Expectations</p>	<ul style="list-style-type: none"> • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 Adolescent <p>*COS services may be billed on the same day as the services above when the client is admitted from one service to the other service on the same day.</p> <p>COS services can only be provided up to 23 hours and 59 minutes in a secure and protected environment that must –</p> <ul style="list-style-type: none"> • Be provided by physician or a physician assistant or advanced practice registered nurse staff supervised by a physician; • Result in prompt evaluation and stabilization of individual’s condition; and • Ensure the individual is safe from self-harm, including suicidal behavior. <p>“A secure and protected environment” is an unlocked facility designed to allow staff to stay in close contact with clients.</p> <p>Other COS program parameters:</p> <ul style="list-style-type: none"> • May vary in the number of observation chairs • Must be available 24/7 (i.e. 24 hours for each day of the week) • Must coordinate with law enforcement; this includes securing written agreements with local and service area law enforcement regarding coordination and having the capacity to receive direct referrals from law enforcement • Must, if available, coordinate services with a crisis stabilization services center • Must provide either co-occurring capable or enhanced evaluation or services • May share staffing with a crisis stabilization services center, if co-located, when necessary provided that adequate staffing remains (i.e. an LPN) in both units <p>Qualified COS providers are expected to follow the SAMHSA Essential Expectations for Crisis Services. See Attachment B.</p>
<p>Target Population</p>	<p>All ages of individuals who are presenting with acute symptoms or distress that cannot be managed safely or effectively in a less restrictive environment.</p>
<p>Staff Qualifications</p>	<p>COS may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following;</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses

	<ul style="list-style-type: none"> • Community Health Aide • Psychologist • Mental Health Professional Counselor • Bachelors Behavioral Health Clinical Associate • Substance Use Disorder Counselor • Behavioral Health Aides • Peer Support Specialist
Service Location	<p>05-Indian Health Service Free-standing Facility</p> <p>06-Indian Health Service Provider-based Facility</p> <p>07-Tribal 638 Free-standing Facility</p> <p>08-Tribal 638 Provider-based Facility</p> <p>53-Community mental health center</p> <p>99-Other; General acute care hospitals, Psychiatric hospitals, Licensed critical access hospitals, mental health physician clinics, Crisis stabilization units</p> <p>These facilities are not IMDs.</p>
Service	N/A
Frequency/Limits	
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	COS services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	S9484 V1
Unit Value	60 minutes = 1 unit
Payment Rate	\$116.20
Additional Information	COS programs may employ a multidisciplinary team of professionals; however, a licensed physician, nurse, physician assistant, or community health aide or at the direction of a licensed physician, nurse, physician assistant, or community health aide must provide each unit of service to draw down the hourly rate.

XVII. Mobile Outreach and Crisis Response Services (MOCR)

Service Name Abbreviation	Mobile Outreach and Crisis Response Services (MOCR)
Authority Effective Date and Revision History	7 AAC 139.350 Eff. 05/21/2020 Revision: 08/04/2020
Service Definition/ Description	MOCR services are provided to (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect to other appropriate services that may be needed to resolve the crisis.
Service Components	<ul style="list-style-type: none"> • Triage and assessment services <ul style="list-style-type: none"> ○ Crisis assessment including causes leading to the crisis, safety and risk considerations, recent behavioral health treatment, medications, and medical issues ○ Assessment also Includes specific screening for suicide • Crisis intervention and stabilization services <ul style="list-style-type: none"> ○ De-escalation ○ Crisis planning included, such as the creation of a safety plan • Referral and linkage with appropriate community services and resources • Linkage to medication services as needed through collaboration with qualified providers • Mediation services as appropriate • Skills training designed to minimize future crisis situations
Contraindicated Services	N/A
Service Requirements/ Expectations	<p>MOCR programs must be available 24/7 (i.e. 24 hours a day, 7 days of the week), make available psychiatric consultation, and provide rapid face-to-face response as follows:</p> <ul style="list-style-type: none"> • Urban teams on average must respond to client within an hour. • Rural and frontier teams are not required to respond within an hour but must document efforts taken with respect to a rapid face-to-face response. <p>For an initial client crisis request, a MOCR program must ensure at least two staff respond, face-to-face, including a mental health professional clinician and a qualified behavioral health provider, such as a behavioral health associate.</p>

	<ul style="list-style-type: none"> Rural and frontier programs may have only one staff person onsite to respond and may use telehealth to meet the requirement and/or need for additional qualified staff. <p>MOCR programs must document attempt to follow-up with a client after a response within 48 hours to ensure support, safety, and confirm linkage with any referrals. This requirement may be satisfied through a phone call with a client.</p> <p>MOCR programs must coordinate with law enforcement and a 23-hour crisis observation and stabilization (COS) services and crisis stabilization services, when available.</p> <p>When appropriate, MOCR services may be provided to the family or support system in support of an individual who is experiencing a behavioral health crisis. MOCR programs are expected to follow the SAMHSA Essential Expectations for Crisis Services. See Attachment B.</p>
Target Population	Individuals eligible under 7 AAC 139.010 who are in need of MOCR services to (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect to other appropriate services that may be needed to resolve the crisis.
Staff Qualifications	<p>MOCR service may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following;</p> <ul style="list-style-type: none"> Licensed physicians Licensed physician assistants Advanced registered nurse practitioners Licensed registered nurses Licensed practical nurses Community Health Aide Licensed psychologists Mental health professional clinicians, 7 AAC 70.990 (28) Substance use disorder counselors Behavioral health clinical associates Behavioral health aide Peer support specialist
Service Location	<p>MOCR services may be provided in any location where the provider and the individual can maintain safety.</p> <p>99-Other (any appropriate safe location)</p>
Service Frequency/Limits	N/A

Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	MOCR services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	T2034 V1
Unit Value	Per Call Out
Payment Rate	\$175.64
Additional Information	Programs may employ a multidisciplinary team of professionals to perform MOCR; however, each unit of service must be provided by a mental health professional clinician or other qualified professional listed above to be eligible to draw down the per unit rate.

XVIII. Crisis Residential and Stabilization Services (CSS)

Service Name Abbreviation	Crisis Residential and Stabilization Services (CSS)
Authority	7 AAC 139.350
Effective Date	Eff. 05/21/2020
Revision	Revision: 08/04/2020
Service Description	A medically monitored, short-term, residential program in an approved facility that provides 24/7 psychiatric stabilization.
Service Components	<ul style="list-style-type: none"> • Individual assessment • Crisis intervention services • Crisis stabilization services designed to stabilize and restore the individual to a level of functioning that does not require inpatient hospitalization <ul style="list-style-type: none"> ○ Stabilization of withdrawal symptoms • Psychiatric evaluation services • Nursing services • Medication services—including medication prescription, review of medication, medication administration, and medication management

	<ul style="list-style-type: none"> • Treatment plan development services; and • Referral to the appropriate level of treatment services
Contraindicated Services	<ul style="list-style-type: none"> • Community Recovery Support Services • 23-Hour Crisis Observation and Stabilization Services • Mobile Outreach and Crisis Response Services • Intensive Outpatient Program • Children’s Residential Treatment Level I/II • Adult Mental Health Residential Level I/II • Partial Hospitalization Program • Clinically Managed Residential Withdrawal Management-3.2 • Medically Monitored Inpatient Withdrawal Management-3.7 • Medically Managed Intensive Inpatient Withdrawal Management-4.0 • Medically Monitored Intensive Inpatient Services-3.7 • Medically Managed Intensive Inpatient Services-4.0 • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific) • Clinically Managed High Intensity Residential-3.5 • Clinically Managed Medium Intensity Residential-3.5 Adolescent
Service Requirements Expectations	<p>Crisis stabilization services must be provided -</p> <ul style="list-style-type: none"> • as a short-term residential program with 16 or fewer beds; • as a medically monitored stabilization service designed to restore the individual to a level of functioning that does not require inpatient hospitalization; and • to assess the need for medication services and other post-discharge treatment and support services. <p>For purposes of crisis stabilization services, “short term” means no more than seven days, with an opportunity to extend through a service authorization.</p> <p>Other service parameters include the following:</p> <ul style="list-style-type: none"> • Services must be available 24/7 (24 hours, 7 days a week) • Clients must be seen by a physician, physician assistant, psychiatrist, or advanced nurse practitioner within 24 hours of admission to conduct an assessment, address issues of care, and write orders as required. <p>Qualified providers of crisis stabilization services are expected to follow the SAMHSA Essential Expectations for Crisis Services. See Attachment B.</p>
Target Population	<p>Individuals eligible under 7 AAC 139.010 presenting with acute mental or emotional disorders requiring psychiatric stabilization and care.</p>

Staff Qualifications	<p>CSS service may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following;</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Community health aide • Licensed psychologists • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance use disorder counselors • Behavioral health clinical associates • Behavioral health aide • Peer support specialist
Service Location	<p>05-Indian Health Service Free-standing Facility</p> <p>06-Indian Health Service Provider-based Facility</p> <p>07-Tribal 638 Free-standing Facility</p> <p>08-Tribal 638 Provider-based Facility</p> <p>53-Community mental health center</p> <p>99-Other; General acute care hospitals, Psychiatric hospitals, Licensed critical access hospitals, mental health physician clinics, Crisis stabilization units</p>
Service Frequency/Limits	Length of stay: maximum of 7 days. An extension of stay requires medical necessity and a service authorization.
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Crisis stabilization services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	S9485 V1
Unit Value	1 day

Payment Rate	\$900.00
Additional Information	Programs may employ a multidisciplinary team of professionals to perform community recovery support services(s); however, each unit of services must be provided by a physician, physician assistant, psychiatrist, or advanced nurse practitioner or at the direction of a physician, physician assistant, psychiatrist, or advanced nurse practitioner to be eligible to draw down the per unit rate.

XIX. Treatment Plan Development Review

Service Name Abbreviation	Treatment Plan Review
Authority Effective Date Revision History	7 AAC 138.100 Eff. Date. 05/27/2020 Revision. 08/04/2020
Service Description	As a client moves through treatment in any level of behavioral health services, his or her progress should be formally assessed at regular intervals relevant to the client's severity of illness and level of function, and the intensity of service and level of care. This includes the development and review of the client's treatment plan that was developed in accordance with 7 AAC 135.120 to determine whether the level of care, services, and interventions remain appropriate or whether changes are needed to the client's treatment plan.
Service Components	See 7 AAC 135.120.
Contraindicated Service	<ul style="list-style-type: none"> • Mobile Outreach and Crisis Response Services (MOCR) • Peer-based crisis services
Service Requirements/ Expectations	<p>A treatment plan review and any necessary revisions must be completed at least every 90 days. This includes documenting the results of the treatment plan review in the clinical record and including the name, signature, and credentials of the individual who conducted the review.</p> <p>The parameters for a treatment plan review may include the following: A review may find that it is appropriate for a client to stay at the current level of care if at least of the following findings is articulated in the review:</p> <ul style="list-style-type: none"> • The client is making progress, but the goals articulated in the treatment plan have not been achieved and with continued treatment the client will be able to continue to work toward these goals. • The client is not making progress but has capacity to resolve problems and is actively working to achieve the goals articulated in the treatment plan. • New problems or goals for the client have been identified that can be appropriately treated at the client's current level of care or the client needs a higher level of care and a referral has been made to an appropriate setting.

Target Population	Individual's eligible under 7 AAC 139.010 receiving services determined to be medically necessary and in accordance with an individual treatment plan developed in accordance with 7 AAC. AAC 135.120.
Staff Qualifications	Providers qualified to be reimbursed for treatment plan review provided to client include the following as long as a directing clinician signs and monitors the treatment plan review: <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Advanced registered nurse practitioners • Licensed registered nurses • Licensed practical nurses • Community health aide • Mental health professional clinicians, 7 AAC 70.990 (28) • Substance use disorder counselors • Certified Medical Assistants/Certified Nursing Assistant • Behavioral health clinical associates • Behavioral health aides • Peer support specialist
Service Location	04-Homeless Shelter 05-Indian Health Service Free-standing Facility 06-Indian Health Service Provider-based Facility 07-Tribal 638 Free-standing Facility 08-Tribal 638 Provider-based Facility 11-Office 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center 55-Residential Substance Abuse Treatment Facility 57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic 99-Other (any appropriate setting in the community)
Service Frequency/Limits	No more than every 90 days per beneficiary; 4 maximum per beneficiary per SFY.
Service Authorization	No
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Treatment plan review may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code	T1007 V1 T1007 V1 GT
Unit Value	Per review
Payment Rate	\$135.43

Additional Information	Programs may employ a multidisciplinary team of professionals to facilitate Treatment plan review; however, each unit of service must be provided by a qualified professional to be eligible to draw down the per unit rate.
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Recommended Screening Tools for 1115 Waiver- SUD Services

The Division recommends that screening tools used under the waiver for screening cover both mental health, substance use disorder and trauma. The Division has not mandated the use of a particular tool exclusively and encourages providers to select an evidenced based screening tool that best meets the needs of the population served.

<https://www.integration.samhsa.gov/clinical-practice/screening-tools>

http://www.bhevolution.org/public/screening_tools.page

Stages of change readiness:

Socrates 8A

<https://casaa.unm.edu/inst/SOCRATESv8.pdf>

URICA

<https://habitslab.umbc.edu/urica/>