STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

DIVISION OF BEHAVIORAL HEALTH
ANCHORAGE OFFICE

FRANK H. MURKOWSKI, GOVERNOR

P.O. BOX 240249
ANCHORAGE, ALASKA 99524-0249
PHONE: (907) 269-3600
FAX: (907) 269-3786 or 269-3623
TOLL FREE: 800-478-7677 or 800-770-3930

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Position Paper

"What Behavioral Health System providers may do under their current Medicaid regulations to treat clients with Co-Occurring Disorders (MH/SA)"

The Division of Behavioral Health (DBH) is in the early stages of implementing a system-wide infrastructure change process to "develop a behavioral health services system that is welcoming, accessible, integrated, comprehensive and continuous at a client/consumer, clinician, program and system level." Acknowledging the scope of this effort over time, interim strategies will be utilized in order to accommodate the needs of clients and assist agencies in the provision of service delivery. This position paper directs agency/providers to use the following strategies until the regulations for a behavioral health care service system has been implemented.[1]

Providers are expected to continue serving only the priority populations as defined by the former divisions of MH & DD and ADA (now the Division of Behavioral health).

When a "priority population" client has a co-occurring disorder a provider may; within the scope of the staff's training, experience, and credentials; provide medically necessary treatment of a co-occurring disorder using those Medicaid supported services (and associated billing codes) that are authorized for your provider type. Example: a community MH clinic with a MHxxxx provider number may bill mental health codes only and a SA provider with a DAxxxx provider number may bill SA codes only.

During the assessment process an existing co-occurring disorder may be diagnosed and documented. Staff conducting assessments must be qualified to render a DSM IV diagnosis for the co-occurring disorder.

During the assessment process problems (and associated treatment recommendations) related to the co-occurring disorder may be identified and documented.

The treatment plan may include written treatment goals/objectives for the co-occurring disorder. These goals/objectives must be measurable, achievable, and directly linked to the co-occurring disorder/problems documented in the assessment.

Progress notes may reflect that the problems and goals associated with the co-occurring disorder are the focus of treatment for that session. Document the active treatment that is provided even though it may be a co-occurring disorder that is the focus of treatment.

Provider agency staff may not begin a treatment regime for a co-occurring disorder that would likely interfere with ongoing treatment by another provider who is treating the same disorder. Provider agency staff are expected to collaborate with the other provider to ensure their respective services are in concert.

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[1] Staff Contact: Dan Weigman, M.S.
Division of Behavioral Health
Program Integrity Unit Manager
(907) 269-3608
email: Dan_Weigman@health.state.ak.us