



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Health and Social Services

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December 28, 2020

Dear Tribal Health Leaders

On behalf of the Department of Health and Social Services (the department) and in keeping with the responsibility to conduct tribal consultation, I am writing to inform you of a proposed future Medicaid state plan amendment (SPA).

[Purpose and content of the proposed amendment:](#)

The State of Alaska received federal approval of a new section 1115 waiver that expands Medicaid coverage of behavioral health services to services not otherwise covered by Medicaid. As a condition of approval for this waiver, CMS has required that Alaska modify existing services for substance use and mental health disorders covered under the Alaska Medicaid State Plan (state plan). These changes are necessary to ensure federal compliance under Title XIX of the Social Security Act and reflect an integrated system of care for behavioral health disorders as required by the new waiver and will occur in two distinct phases. The proposed amendments in the attached document, many of which refine existing services and remove others that have become obsolete under the waiver, reflect the changes to the state plan in phase I of the transition.

[Anticipated impact on Medicaid-eligible Alaska Native/American Indian beneficiaries:](#)

The department anticipates the behavioral health system redesign reflected in the 1115 waiver, and the proposed amendments to the state plan will result in improved behavioral health services to which Alaska Native and American Indian Medicaid beneficiaries will experience increased access.

[Anticipated impact on tribal health programs and the Indian Health Service:](#)

The department anticipates the behavioral health system redesign reflected in the 1115 waiver, and the proposed amendments to the state plan will afford tribal and Indian Health Service providers the ability to receive reimbursement for a more extensive and significantly improved behavioral health service array resulting in better outcomes for beneficiaries.

[Mechanism and timeline for comment](#)

Written comments or questions regarding the proposed amendment are due no later than close of business, January 27, 2021. If seeking an in-person meeting regarding the proposed changes, please provide a written request as soon as possible, but no later than within 15-days of the date of this letter.

Please direct all written correspondence to Courtney O'Byrne King, Alaska Department of Health and Social Services, 3601 C Street, Suite 902, Anchorage, AK 99503, or courtney.king@alaska.gov.

Sincerely,

/s/

Courtney O'Byrne King, MS
Medicaid State Plan Coordinator

Attachments



Proposed Medicaid State Plan Amendments for Public Comment to Alaska Behavioral Health Services

The State of Alaska received federal approval of a new section 1115 waiver in 2018 that expands Medicaid coverage of substance use disorder services to services otherwise not covered by Medicaid when delivered in institutions for mental disease (IMDs). As a condition of approval for this waiver, CMS has required that Alaska modify existing services for both substance use and mental health disorders covered under the Alaska Medicaid State Plan (State Plan). These changes are necessary to ensure federal compliance under Title XIX of the Social Security Act and reflect an integrated system of care for behavioral health disorders as required by the new waiver. The proposed amendments in the table on the next page reflect these changes to the State Plan, many of which refine existing services and remove others that have become obsolete under the waiver.

In addition, CMS has required that Alaska establish new services under the waiver to support an integrated system for behavioral health care. These new Medicaid waiver services for behavioral health disorders, not reflected in the updates to the State Plan, include:

- Home-based Family Treatment
- Intensive Outpatient Services (IOP)
- Children's Residential Treatment Level 1 (CRT)
- Therapeutic Treatment Homes
- Assertive Community Treatment Services (ACT)
- Adult Mental Health Residential Services (AMHR)
- Peer-based Crisis Services
- Mobile Outreach & Crisis Response Services (MOCR)
- 23-Hour Crisis Observation & Stabilization Services (COS)
- Community Recovery Support Services (CRSS)
- Opioid Treatment Services (OTS)
- Intensive Outpatient Services
- Partial Hospitalization Program (PHP)
- Residential Treatment
- Medically Monitored Intensive Inpatient Services
- Medically Managed Intensive Inpatient Services
- Ambulatory Withdrawal Management
- Clinically Managed Residential Withdrawal Management
- Crisis Residential/Stabilization Services



State Plan Citation	Proposed State Plan Amendments (Mark-Up) (underline = new text; crossed through = deleted text)	Updated State Plan Provisions (No Mark-Up) (clean version as amended; language/formatting may change pre-submission)	Brief Explanation of Changes
<p>Page 3 Attached Sheet to Attachment 3.1 A</p>	<p>9. CLINIC SERVICES:</p> <p><u>Community Behavioral Health Services Provider Center</u>Center</p> <p>A. Definition of Services - The Medicaid agency or designee will reimburse a community behavioral health <u>services provider center</u> for the provision of approved services for the treatment of diagnosable <u>behavioral health disorders, including mental health and substance use disorders</u>, provided to Medicaid eligible beneficiaries <u>eligible for services under AS 47.07.030</u>.</p> <p>B. Prior authorization and limitations</p> <p>The following <u>state plan</u> services do not need prior authorization if provided within the following service limits:</p> <ul style="list-style-type: none"> ii. Any combination of individual, group, and family therapy not to exceed 10 hours per state fiscal year. iii. Psychiatric assessment not to exceed four per recipient per state fiscal year. iv. Psychological testing not to exceed six hours per recipient per state fiscal year. v. Pharmacologic management not to exceed one visit per week during the first four weeks of treatment and thereafter not to exceed one visit per month. vi. If an individual is not already receiving services, one integrated mental health and substance use intake assessment or a combination of one mental health intake assessment and one substance use intake assessment. vii. If an individual is subject to a current behavioral health treatment plan, one integrated mental health and substance use intake assessment or a 	<p>9. CLINIC SERVICES:</p> <p><u>Community Behavioral Health Services Provider</u>--</p> <p>A. Definition of Services - The Medicaid agency or designee will reimburse a community behavioral health services provider for the provision of approved services for the treatment of diagnosable behavioral health disorders, including mental health and substance use disorders, provided to Medicaid beneficiaries eligible for services under AS 47.07.030.</p> <p>C. Prior authorization and limitations</p> <p>The following state plan services do not need prior authorization if provided within the following service limits:</p> <ul style="list-style-type: none"> ii. Any combination of individual, group, and family therapy not to exceed 10 hours per state fiscal year. iii. Psychiatric assessment not to exceed four per recipient per state fiscal year. iv. Psychological testing not to exceed six hours per recipient per state fiscal year. v. Pharmacologic management not to exceed one visit per week during the first four weeks of treatment and thereafter not to exceed one visit per month. vi. If an individual is not already receiving services, one integrated mental health and substance use intake assessment or a combination of one mental health intake assessment and one substance use intake assessment. vii. If an individual is subject to a current behavioral health treatment plan, one integrated mental health 	<p>This amended page of the State Plan defines the types of services reimbursable by Alaska Medicaid when provided by a community behavioral health provider. The changes are mostly technical in nature and ensure that the terms used in the State Plan with respect to community behavioral health providers are consistent with state regulations. This includes noting that requirements are for State Plan services to assist in the delineation between State Plan and waiver services and requirements.</p> <p>Other changes provide the necessary clarification regarding the types of services that community behavioral health providers may provide without prior authorization by Alaska Medicaid, including screening and brief intervention services; medication administration services, medical evaluations in opioid use disorder treatment programs, methadone or Antabuse administration for medication assisted treatment, and the use of a behavioral health screening tool to determine eligibility for services. The changes remove short-term crisis from this list of services because services of this nature are covered by the state's section 1115 waiver authority—instead of the State Plan.</p>



	<p>combination of one mental health intake assessment and one substance use intake assessment every six months.</p> <p>viii. Short term crisis intervention services not to exceed 22 hours per state fiscal year.</p> <p>viii. <u>Screening and brief intervention services.</u></p> <p>ix. <u>Medication administration services as provided in the recipient's behavioral health treatment plan.</u></p> <p>x. <u>One medical evaluation of a recipient in an opioid use disorder treatment program per admission for that opioid use disorder treatment program, including (A) consultation and referral; (B) verification of one year of addiction; and (C) establishing dosage for methadone or another agonist or partial agonist.</u></p> <p>xi. <u>Methadone or Antabuse administration for medication-assisted treatment as prescribed by a physician for substance use disorder.</u></p> <p>xii. <u>Behavioral health screening using a tool recommended by the Medicaid agency or its designee to determine eligibility for admission to a treatment program, limited to one screening per program admission for new or returning recipients.</u></p> <p>If an organization anticipates exceeding the service limits, it is required to submit a prior authorization request to the State Medicaid Agency or its designee, documenting the medical necessity for the additional services.</p> <p><u>Mental Health Physician Clinic-</u></p> <p>A. Definition of services – The Medicaid agency or designee will reimburse a mental health physician’s clinic for the provision of approved <u>state plan</u> services for the treatment of diagnosable mental health disorders provided to Medicaid eligible beneficiaries.</p> <p>B. Prior authorization and limitations</p> <p>The following services do not need prior authorization if provided within the following service limits:</p> <p>i. Any combination of individual, group, and family therapy not to exceed 10 hours per state fiscal year.</p>	<p>and substance use intake assessment or a combination of one mental health intake assessment and one substance use intake assessment every six months.</p> <p>xiii. Screening and brief intervention services.</p> <p>xiv. Medication administration services as provided in the recipient's behavioral health treatment plan.</p> <p>xv. One medical evaluation of a recipient in an opioid use disorder treatment program per admission for that opioid use disorder treatment program, including (A) consultation and referral; (B) verification of one year of addiction; and (C) establishing dosage for methadone or another agonist or partial agonist.</p> <p>xvi. Methadone or Antabuse administration for medication-assisted treatment as prescribed by a physician for substance use disorder.</p> <p>xvii. Behavioral health screening using a tool approved by the Medicaid agency or its designee to determine eligibility for admission to a treatment program, limited to one screening per program admission for new or returning recipients.</p> <p>If an organization anticipates exceeding the service limits, it is required to submit a prior authorization request to the State Medicaid Agency or its designee, documenting the medical necessity for the additional services.</p> <p><u>Mental Health Physician Clinic-</u></p> <p>c. Definition of services – The Medicaid agency or designee will reimburse a mental health physician’s clinic for the provision of approved state plan services for the treatment of diagnosable mental health disorders provided to Medicaid eligible beneficiaries.</p> <p>d. Prior authorization and limitations</p> <p>The following services do not need prior authorization if provided within the following service limits:</p>	
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	<ul style="list-style-type: none"> ii. Psychiatric assessment not to exceed four per recipient per state fiscal year. iii. Psychological testing not to exceed six hours per recipient per state fiscal year. <p>Pharmacologic management not to exceed one visit per week during the first four weeks of treatment and thereafter not to exceed one visit per month.</p>	<ul style="list-style-type: none"> i. Any combination of individual, group, and family therapy not to exceed 10 hours per state fiscal year. ii. Psychiatric assessment not to exceed four per recipient per state fiscal year. iii. Psychological testing not to exceed six hours per recipient per state fiscal year. <p>Pharmacologic management not to exceed one visit per week during the first four weeks of treatment and thereafter not to exceed one visit per month.</p>	
<p>Page 4a</p> <p>Attached Sheet to Attachment 3.1 A</p>	<p>Description of Service Limitations</p> <p>Prosthetic devices are provided upon a physician’s order.</p> <p>12 d. Eyeglasses are provided to recipients in response to an initial or change in prescription, or as a replacement of a lost or destroyed pair of glasses. Tinted lenses are not covered unless medically necessary. Contact lenses are not covered except for specific medical conditions. Tinted lenses and contact lenses must be prior authorized. Eyeglasses are purchased for recipients under a competitively bid contract.</p> <p>13. DIAGNOSTIC, SCREENING, PREVENTIVE, REHABILITATIVE SERVICES:</p> <ul style="list-style-type: none"> a. Mammography coverage is limited diagnostic mammograms necessary to detect breast cancer. b. i. Screening mammograms are covered at the age and frequency schedule for the American Cancer Society, as provided in state statute. <ul style="list-style-type: none"> ii. Behavioral Health Screening is used to determine the likelihood that a mental health condition, emotional disorder, brain injury, or substance abuse disorder is present and to determine the need for further referral, assessment, or treatment. Any willing and qualified mental health provider may deliver this service. d. Rehabilitative Services are limited to the following. 	<p>Description of Service Limitations</p> <p>Prosthetic devices are provided upon a physician’s order.</p> <p>12 d. Eyeglasses are provided to recipients in response to an initial or change in prescription, or as a replacement of a lost or destroyed pair of glasses. Tinted lenses are not covered unless medically necessary. Contact lenses are not covered except for specific medical conditions. Tinted lenses and contact lenses must be prior authorized. Eyeglasses are purchased for recipients under a competitively bid contract.</p> <p>13. DIAGNOSTIC, SCREENING, PREVENTIVE, REHABILITATIVE SERVICES:</p> <ul style="list-style-type: none"> a. Mammography coverage is limited diagnostic mammograms necessary to detect breast cancer. b. Screening mammograms are covered at the age and frequency schedule for the American Cancer Society, as provided in state statute. c. Behavioral Health Disorders Services covered by Medicaid under the state plan are limited to the services listed in this section. Other services for behavioral health disorders may be reimbursable by the Medicaid agency or designee under the state’s approved section 1115 waiver. For purposes of 	<p>This amended page of the State Plan defines the types of services and providers that qualify for Medicaid reimbursement under the state’s authority to cover diagnostic, screening, preventive, and rehabilitative services. This amendment integrates the assessments and screening used for mental health services with substance use disorder services as required by CMS. It also updates coverage for brief screening and intervention services based on federal guidance and establishes three types of assessments for beneficiaries (i.e. mental health intake, substance use disorder intake, and integrated intake assessments). Other changes clarify the types of providers eligible for reimbursement under the State Plan for furnishing behavioral health services to beneficiaries.</p>



	<p><u>Ⓞ c. Behavioral Health Disorder services covered by Medicaid under the state plan are limited to the services listed in this section. Other services for behavioral health disorders may be reimbursable by the Medicaid agency or designee under the state’s approved section 1115 waiver. For purposes of this section, behavioral health disorders include both mental health and substance use disorders.</u></p> <p><u>To be eligible for payment for providing Medicaid behavioral health services covered by the state plan, a provider must be enrolled in Medicaid with the Medicaid agency and must be either:</u></p> <p><u>A. A community behavioral health services provider approved by the Medicaid agency or its designee to provide behavioral health services;</u></p> <p><u>B. A mental health physician clinic that meets requirements for such clinics as set forth under state law;</u></p> <p><u>C. A psychologist who meets licensure requirements and provides services that are within scope of practice as defined by state law;</u></p> <p><u>D. A licensed behavior analyst who meets all state requirements for autism providers as set forth by the Medicaid agency or its designee and provides interventions or services for autism eligible for Medicaid reimbursement; and</u></p> <p><u>E. A licensed mental health professional who meets the requirements for providing mental health services as set forth by the Medicaid agency or its designee.</u></p> <p><u>The state assures any willing and qualified provider operating within the scope of their license under state law who delivers the services listed below to eligible recipients may receive Medicaid reimbursement regardless of the setting in which the service is furnished. Providing services to Medicaid-eligible recipients outside a provider’s licensure and scope of practice under state law is considered fraud. Pursuant to EPSDT, no limitations on services listed in this section are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.</u></p>	<p>this section, behavioral health disorders include both mental health and substance use disorders.</p> <p>To be eligible for payment for providing Medicaid behavioral health services covered by the state plan, a provider must be enrolled in Medicaid with the Medicaid agency and must be either:</p> <p>A. A community behavioral health services provider approved by the Medicaid agency or its designee to provide behavioral health services;</p> <p>B. A mental health physician clinic that meets requirements for such clinics as set forth under state law;</p> <p>C. A psychologist who meets licensure requirements and provides services that are within scope of practice as defined by state law;</p> <p>D. A licensed behavior analyst who meets all state requirements for autism providers as set forth by the Medicaid agency or its designee and provides interventions or services for autism eligible for Medicaid reimbursement; and</p> <p>E. A licensed mental health professional who meets the requirements for providing mental health services as set forth by the Medicaid agency or its designee.</p> <p>The state assures any willing and qualified provider operating within the scope of their license under state law who delivers the services listed below to eligible recipients may receive Medicaid reimbursement regardless of the setting in which the service is furnished. Pursuant to EPSDT, no limitations on services listed in this section are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.</p> <p>(i) Screening Services used to determine whether a Medicaid-eligible individual may need behavioral health intervention</p>	
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	<p>(i) <u>Screening Services used to determine whether a Medicaid-eligible individual may need behavioral health intervention or treatment are covered by Medicaid. The types of screenings eligible for reimbursement by the Medicaid agency or its designee include -</u></p> <p>1. <u>Behavioral Health Screening Services includes the use of an evidence-based tool recommended by the Medicaid agency or its designee. This behavioral health screening is used with a recipient before an intake assessment for diagnosis and treatment is conducted.</u></p> <p><u>Provider Qualifications: Behavioral health screenings may be conducted by a staff member of a community behavioral health services provider and enrolled providers who may perform screening services as a regular duty that is within the scope of their knowledge, experience, and education.</u></p> <p><u>Service limitations: Behavioral health screenings may be provided to a recipient without prior authorization by the Medicaid agency or its designee and is limited to one screening per program admission for new or returning recipients. The provider must include the results of the screening in the recipient’s clinical record including any action taken or recommended based on the recipient’s responses.</u></p> <p>2. <u>Screening and Brief Intervention Services consists of a nonmandatory screening through self-report questionnaires, structured interviews, or similar screening techniques to detect substance use problems and to identify the appropriate level of intervention. If the screening is positive for substance use problems, the provider may provide brief intervention services that involve motivational discussion focused on raising the recipient’s awareness of their substance use, the potential harmful effects of that substance use, and encouraging positive change. Brief intervention services may include provider feedback, goal setting, coping strategies, identification of risk factors, information, and advice. If a</u></p>	<p>or treatment are covered by Medicaid. The types of screenings eligible for reimbursement by the Medicaid agency or its designee include –</p> <p>1. Behavioral Health Screening Services include the use of an evidence-based tool. This behavioral health screening is used with a recipient before an intake assessment for diagnosis and treatment is conducted.</p> <p><u>Provider Qualifications:</u> Behavioral health screenings may be conducted by a staff member of a community behavioral health services provider and any other providers eligible to bill Medicaid for services and who may perform screening services as a regular duty that is within the scope of their knowledge, experience, and education.</p> <p><u>Service limitations:</u> Behavioral health screenings may be provided to a recipient without prior authorization by the Medicaid agency or its designee and is limited to one screening per program admission for new or returning recipients. The provider must include the results of the screening in the recipient’s clinical record including any action taken or recommended based on the recipient’s responses.</p> <p>2. Screening and Brief Intervention Services consists of a nonmandatory screening through self-report questionnaires, structured interviews, or similar screening techniques to detect substance use problems and to identify the appropriate level of intervention. If the screening is positive for substance use problems, the provider may provide brief intervention services that involve motivational discussion focused on raising the recipient’s awareness of their substance use, the potential harmful effects of that substance use, and encouraging positive change. Brief intervention services may include provider feedback, goal setting, coping strategies, identification of risk factors, information, and</p>	
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	<p><u>screening shows a recipient is at a severe risk of substance use problems, is already substance dependent, or has received brief intervention or treatment for substance use and was non-responsive, the recipient should receive a referral to a program that will meet his or her needs.</u></p> <p><u>Provider Qualifications: A community behavioral health services provider, a mental health physician clinic, or a licensed mental health professional enrolled with Alaska Medicaid to provide behavioral health services may only bill the department for screening and brief intervention services if that provider conducts the screening component and, if needed, the brief intervention component in accordance the requirements for providing the service under state law.</u></p> <p><u>Service Limitations: Screening and brief intervention services may be provided to a recipient without prior authorization by the Medicaid agency or designees.</u></p> <p>(ii) <u>Intake Assessments used to determine whether a Medicaid-eligible individual has a diagnosable behavioral health disorder and are covered by Medicaid.</u></p> <p><u>Provider Qualifications: As further described below, the providers types eligible for reimbursement by the Medicaid agency or its designee for intake assessments include mental health professional clinicians, licensed physicians, licensed physician assistants, and licensed and certified advanced nurse practitioners who are operating and working within the scope of their professional education, training and experience in accordance with state law.</u></p> <p><u>The types of professional behavioral health intake assessments reimbursable by the Medicaid agency or its designee include the following -</u></p> <p><u>1 Mental Health Intake Assessment: This assessment is used to determine and document the recipient’s mental status and social and medical history, the nature and</u></p>	<p>advice. If a screening shows a recipient is at a severe risk of substance use problems, is already substance dependent, or has received brief intervention or treatment for substance use and was non-responsive, the recipient should receive a referral to a program that will meet his or her needs.</p> <p><u>Provider Qualifications:</u> A community behavioral health services provider, a mental health physician clinic, or a licensed mental health professional enrolled with Alaska Medicaid to provide behavioral health services may only bill the department for screening and brief intervention services if that provider conducts the screening component and, if needed, the brief intervention component in accordance the requirements for providing the service under state law.</p> <p><u>Service Limitations:</u> Screening and brief intervention services may be provided to a recipient without prior authorization by the Medicaid agency or designees.</p> <p>(i) <u>Intake Assessments used to determine whether a Medicaid-eligible individual has a diagnosable behavioral health disorder and are covered by Medicaid.</u></p> <p><u>Provider Qualifications:</u> As further described below, the providers types eligible for reimbursement by the Medicaid agency or its designee for intake assessments include mental health professional clinicians, licensed physicians, licensed physician assistants, and licensed and certified advanced nurse practitioners who are operating and working within the scope of their professional education, training and experience in accordance with state law.</p> <p>The types of professional behavioral health intake assessments reimbursable by the Medicaid agency or its designee include the following -</p>	
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	<p><u>severity of any identified mental health disorder, a diagnosis consistent with the Diagnostic and Statistical Manual of Mental Disorders, International Classification of Diseases. or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), treatment recommendations that form the basis of a subsequent behavioral health treatment plan, and functional impairment. The mental health intake assessment is conducted upon admission to services and updated during the course of active treatment, as necessary. To qualify for payment, a mental health intake assessment must be documented in the recipient’s clinical record in accordance with state law.</u></p> <p><u>Additional Provider Qualifications: If the mental health intake assessment is performed by a community behavioral health services provider, the assessment must be conducted in accordance with the specific requirements for community behavioral health services providers in state law. If the mental health intake assessment is performed at a mental health physician clinic, the assessment must be conducted in accordance with the specific requirements for mental health physician clinics in state law.</u></p> <p><u>Service Limitations: For reimbursement purposes, a qualified provider may furnish one mental health intake assessment in combination with a substance use intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual’s condition. When based on a current behavioral health treatment plan, Medicaid reimbursement is limited to one assessment every six months without prior authorization.</u></p> <p>2. <u>Substance Use Intake Assessment:</u> This assessment is used to determine and document whether a Medicaid-eligible</p>	<p>1 <u>Mental Health Intake Assessment:</u> This assessment is used to determine and document the recipient’s mental status and social and medical history, the nature and severity of any identified mental health disorder, a diagnosis consistent with the Diagnostic and Statistical Manual of Mental Disorders, International Classification of Diseases. or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), treatment recommendations that form the basis of a subsequent behavioral health treatment plan, and functional impairment. The mental health intake assessment is conducted upon admission to services and updated during the course of active treatment, as necessary. To qualify for payment, a mental health intake assessment must be documented in the recipient’s clinical record in accordance with state law.</p> <p><u>Additional Provider Qualifications: If the mental health intake assessment is performed by a community behavioral health services provider, the assessment must be conducted in accordance with the specific requirements for community behavioral health services providers in state law. If the mental health intake assessment is performed at a mental health physician clinic, the assessment must be conducted in accordance with the specific requirements for mental health physician clinics in state law.</u></p> <p><u>Service Limitations: For reimbursement purposes, a qualified provider may furnish one mental health intake assessment in combination with a substance use intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual’s condition. When based on a current behavioral health treatment plan, Medicaid</u></p>	
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	<p><u>individual has a substance use disorder and functional impairment, the nature and severity of any identified substance use disorder, the correct diagnosis, treatment recommendations for the behavioral health treatment plan, and new information as it becomes available. These intake assessments are conducted upon admission to services and during the course of active treatment as necessary and completed in accordance with state law. To qualify for payment, a substance use intake assessment must be documented in the recipient's clinical record in accordance with state law.</u></p> <p><u>Additional Provider Qualifications: Substance use intake assessments must be rendered by a substance use disorder counselor, a behavioral health clinical associate, or another qualified program staff member as part of their regular duties and within the scope of the individual's training, experience and job. A community behavioral health services provider may be reimbursed for an assessment under this section if service was rendered by an authorized provider and in accordance with state law. However, if the intake assessment is conducted as part of the delivery of withdrawal management services, the intake is subject to the requirements for withdrawal management services under state law and must be conducted by a professional who is qualified under state law to provide the type of withdrawal management service to be furnished to the recipient.</u></p> <p><u>Service Limitations: For reimbursement purposes, a qualified provider may furnish one substance use intake assessment in combination with a mental health intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual's condition. When based on a current behavioral health treatment plan, Medicaid reimbursement is limited to one assessment every six months without prior authorization.</u></p>	<p>reimbursement is limited to one assessment every six months without prior authorization.</p> <p>2. Substance Use Intake Assessment: This assessment is used to determine and document whether a Medicaid-eligible individual has a substance use disorder and functional impairment, the nature and severity of any identified substance use disorder, the correct diagnosis, treatment recommendations for the behavioral health treatment plan, and new information as it becomes available. These intake assessments are conducted upon admission to services and during the course of active treatment as necessary and completed in accordance with state law. To qualify for payment, a substance use intake assessment must be documented in the recipient's clinical record in accordance with state law.</p> <p><u>Additional Provider Qualifications: Substance use intake assessments must be rendered by a substance use disorder counselor, a behavioral health clinical associate, or another qualified program staff member as part of their regular duties and within the scope of the individual's training, experience and job. A community behavioral health services provider may be reimbursed for an assessment under this section if service was rendered by an authorized provider and in accordance with state law. However, if the intake assessment is conducted as part of the delivery of withdrawal management services, the intake is subject to the requirements for withdrawal management services under state law and must be conducted by a professional who is qualified under state law to provide the type of withdrawal management service to be furnished to the recipient.</u></p> <p><u>Service Limitations: For reimbursement purposes, a qualified provider may furnish one substance use intake assessment in combination with a mental health intake</u></p>	
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	<p>3. <u>Integrated Mental Health and Substance Use Intake</u> <u>Assessment:</u> This assessment is used to determine and document whether a Medicaid-eligible individual has a mental health and/or substance use disorder(s) and any related functional impairments. The integrated intake assessment must meet the requirements for both the mental health and substance use intake assessments established by Alaska Medicaid or its designee and be updated by the provider as new information becomes available. To qualify for payment, an integrated intake assessment must be documented in the recipient's clinical record in accordance with state law.</p> <p><u>Additional Provider Qualifications:</u> If the mental health intake assessment is performed by a community behavioral health services provider, the assessment must be conducted in accordance with the specific requirements for community behavioral health services providers in state law. If the mental health intake assessment is performed at a mental health physician clinic, the assessment must be conducted in accordance with the specific requirements for mental health physician clinics in state law.</p> <p><u>Service Limitations:</u> For reimbursement purposes, a qualified provider may furnish one integrated intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual's condition. When based on a current behavioral health treatment plan, Medicaid reimbursement is limited to one integrated intake assessment every six months without prior authorization.</p> <p>(iii) (1) Mental Health Rehabilitative Services Behavioral Health Rehabilitative Services are reimbursable by the Medicaid agency or its designee within limitations as described in this section. Mental Behavioral health rehabilitative services are provided to Medicaid-eligible recipients to remediate and ameliorate debilitating effects of behavioral health substance use and mental health</p>	<p>assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual's condition. When based on a current behavioral health treatment plan, Medicaid reimbursement is limited to one assessment every six months without prior authorization.</p> <p>3. <u>Integrated Mental Health and Substance Use Intake</u> <u>Assessment:</u> This assessment is used to determine and document whether a Medicaid-eligible individual has a mental health and/or substance use disorder(s) and any related functional impairments. The integrated intake assessment must meet the requirements for both the mental health and substance use intake assessments established by Alaska Medicaid or its designee and be updated by the provider as new information becomes available. To qualify for payment, an integrated intake assessment must be documented in the recipient's clinical record in accordance with state law.</p> <p><u>Additional Provider Qualifications:</u> If the mental health intake assessment is performed by a community behavioral health services provider, the assessment must be conducted in accordance with the specific requirements for community behavioral health services providers in state law. If the mental health intake assessment is performed at a mental health physician clinic, the assessment must be conducted in accordance with the specific requirements for mental health physician clinics in state law.</p> <p><u>Service Limitations:</u> For reimbursement purposes, a qualified provider may furnish one integrated intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency</p>	
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	<p>disorders for the maximum reduction of each disabling condition. These services help the recipient develop appropriate skills to improve overall functioning <u>with the goal of maximum restoration.</u> The state assures that any willing and qualified provider can deliver these services. Rehabilitative services for behavioral health disorders listed in this section that are provided to Medicaid-eligible individuals Participants who reside in institutions for mental diseases (IMDs), nursing facilities and/or acute care facilities are not eligible to receive these services for Medicaid reimbursement. Behavioral health services provided to Medicaid-eligible individuals for the treatment or management of substance use disorder may be eligible for reimbursement under the state's section 1115 waiver. Further, any willing and qualified provider may deliver these services and the participants to not have to be in a particular setting to receive services.</p> <p>Services are client-centered and focused on the remediation of specific dysfunctions and disabilities as set out in the treatment plan, and may be provided</p>	<p>or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual's condition. When based on a current behavioral health treatment plan, Medicaid reimbursement is limited to one integrated intake assessment every six months without prior authorization.</p> <p>(iii) Behavioral Health Services are reimbursable by the Medicaid agency or its designee within limitations as the rehabilitative services described in this section. Behavioral health rehabilitative services are provided to Medicaid-eligible recipients to remediate and ameliorate debilitating effects of substance use and mental health disorders for the maximum reduction of each disabling condition. These services help the recipient develop appropriate skills to improve overall functioning with the goal of maximum restoration.</p> <p>Rehabilitative services for behavioral health disorders listed in this section that are provided to Medicaid-eligible individuals who reside in institutions for mental diseases (IMDs), nursing facilities and/or acute care facilities are not eligible for Medicaid reimbursement under the state plan. Behavioral health services provided to Medicaid-eligible individuals for the treatment or management of substance use disorder may be eligible for reimbursement under the state's section 1115 waiver.</p>	
<p>Page 4b Attached Sheet to Attachment 3.1 A</p>	<p>Description of Service Limitations individually or in groups that could include family members. Treatment is always focused on the Medicaid-eligible recipient; not the family.</p> <p>The following mental behavioral health rehabilitative services are available for children under 21 years of age with an appropriate mental health diagnosis resulting from an EPSTD screen or a mental health assessment. Pursuant to EPSDT, no limitations or services are imposed for individuals under 21 years of age if</p>	<p>Description of Service Limitations</p> <p>The following services are available for children under 21 years of age with an appropriate diagnosis resulting from an EPSTD screen or assessment. Pursuant to EPSDT, no limitations or services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid. Services may be provided to seriously mentally ill and severely emotionally disturbed adults.</p>	<p>With amendments, this page reflects a continuation of the updates made to page 4a that reflect an integrated approach to care for behavioral health disorders. Specifically, the changes update the definition of therapy and treatment to include counseling services related to medication-assisted treatment, align the definition of medical services for behavioral health with state regulations and remove the State Plan benefit for psychosocial rehabilitative recipient support services as required under the waiver. Community recovery support services (CRSS), which is a</p>



	<p>determined to be medically necessary and prior authorized by Alaska Medicaid. Services may be provided to seriously mentally ill and severely emotionally disturbed adults.</p> <p>(i) Assessments: A systematic evaluation of a recipient upon admission to services and periodically during the course of treatment, to assess and document substance abuse and/or mental health disorders, including assessing mental status, social and medical history, presenting problems, related symptoms, and service needs of the recipient for the purpose of establishing a diagnosis and developing an individualized treatment and/or rehabilitation plan. The service includes functional assessments which assess the functioning levels in the life domains necessary for independent living. Assessments are provided by a Master's level clinician or above.</p> <p>(ii) 1. Therapy and Treatment includes treatment, therapeutic interventions, and rehabilitative services designed to alleviate behavioral health disorders (mental, emotional and/or substance abuse related) and encourage growth and development while helping to prevent relapse of such conditions. Also includes <u>counseling and other therapeutic activities related to medication-assisted treatment for substance use disorders and the planning, delivery and monitoring of a dynamic set of services that target specific behaviors identified in the assessment and treatment plan designed to improve functioning and enhance quality of life.</u> Services are designed to improve the functioning level of the recipient through supporting or strengthening the behavioral, emotional, or intellectual skills necessary to live, learn or work in the community.</p> <p>Services include Therapeutic behavioral services include teaching of life skills designed to restore the recipient's functioning and support community living; counseling focused on functional improvement, recovery and relapse prevention; encouraging and coaching.</p> <p>Psychosocial Rehabilitation Recipient Support services are recognized as medically necessary through a professional behavioral health assessment that documents the recipient's history of high risk behavior or the rationale for heightened</p>	<p>1. Therapy and Treatment includes treatment, therapeutic interventions, and rehabilitative services designed to alleviate behavioral health disorders (mental, emotional and/or substance abuse related) and encourage growth and development while helping to prevent relapse of such conditions, including coaching and teaching life skills to restore functioning and support community living and counseling focused on functional improvement, recovery, and relapse prevention. Also includes counseling and other therapeutic activities related to medication-assisted treatment for substance use disorders and the planning, delivery and monitoring of a dynamic set of services that target specific behaviors identified in the assessment and treatment plan designed to improve functioning and enhance quality of life. Services are designed to improve the functioning level of the recipient through supporting or strengthening the behavioral, emotional, or intellectual skills necessary to live, learn or work in the community.</p> <p>Services Include</p> <p>Therapeutic behavioral services – include teaching of life skills designed to restore the recipients functioning and support community living; counseling focused on functional improvement, recovery and relapse prevention; encouraging and coaching.</p> <p>2. Medical Services related to the treatment of behavioral health disorders are covered by Alaska Medicaid, including intake physicals or medical evaluation, monitoring, medical decision making, and the management of medication, including narcotics, if provided according to the recipient's treatment plan and in accordance with the limitations provided under state law.</p> <p><u>Provider Qualifications:</u> Medical services are provided by medical personnel acting within the scope of their license</p>	<p>waiver service that includes Dimension 6 of ASAM, is intended as a replacement for recipient support services.</p> <p>Other changes to this page include deletion of certain provisions to reflect the updates made to page 4 with respect to assessments for behavioral health disorders.</p>
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	<p>vigilance; and recommends the frequency and location where the service should be provided. These services are identified in the recipient's treatment and rehabilitation plan along with target symptoms; and how provider is</p> <p>2. Medical Services related to the treatment of behavioral health disorders are covered by Alaska Medicaid, including intake physicals or medical evaluation, monitoring, medical decision making, and the management of medication, including narcotics, if provided according to the recipient's treatment plan and in accordance with the limitations provided under state law.</p> <p><u>Provider Qualifications: Medical services related to the treatment of behavioral health disorders must be provided by medical personnel acting within the scope of their license Medicaid recipients who are found in a treatment plan to need medical services while receiving behavioral health disorder services. Service providers include physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, and certified nurse aides.</u></p>	<p>Medicaid recipients who are found in a treatment plan to need medical services while receiving behavioral health disorder services. Service providers include physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, and certified nurse aides.</p>	
<p>Page 4c</p> <p>Attached Sheet to Attachment 3.1 A</p>	<p>Description of Services Limitations</p> <p>expected to resolve high risk behavior. Psychosocial rehabilitation recipient support does not include the daily supervisory activities that a parent or foster parent would normally carry out to assure protection, emotional support, and care of a child who is not a severely emotionally disturbed child; or a seriously mentally ill adult. Services are limited to a maximum of four hours per day per recipient, without prior authorization. Psychosocial rehabilitation recipient support services are provided by all willing and qualified mental health providers.</p> <p>Day treatment services teach self-management skills to improve the recipient's behavioral functioning; provides counseling and coaching focused on overall functional improvement. Services are provided in accordance with recipient's individualized treatment plan. Day treatment services are provided by all willing and qualified mental health providers.</p> <p>3. iii. Medication Administration Services includes oral or injectable medications administered ration by medical</p>	<p>Description of Service Limitations</p> <p>3. Medication Administration Services includes oral or injectable medications administered by medical personnel to a recipient, assessment and documentation of medication compliance, and assessment and documentation of medication effectiveness and any side effects. Medication administration services may be rendered by medical personnel to a recipient on the premises of a community behavioral health services provider or offsite at the recipient's home, school, or any other appropriate community setting.</p> <p><u>Provider Qualifications: Medical personnel qualified to provide medication administration services include licensed physicians, physician assistants, advanced practice registered nurse, registered nurses supervised by a physician or an advanced</u></p>	<p>The changes to this page reflect the necessary adjustments to medication administration services to include injectables and to expand reimbursement to include services provided in an appropriate community setting.</p> <p>Other amendments establish pharmacological management services as a separately covered service and add medicated-assisted treatment (MAT) as a new covered service under the State Plan, consistent with state regulations.</p> <p>Certain provisions regarding provider qualifications have been deleted to reflect updates to page 4a of the State Plan. Day Treatment Services have also been deleted from the State Plan in accordance with the waiver.</p>



	<p>personnel to a recipient, with direct observation, monitoring the individual's response to medication, assessment and documentation of medication compliance, and assessment and documentation of medication effectiveness and any side effects. Medication administration must be provided by licensed medical personnel. Medication administration services may be rendered by medical personnel to a recipient on the premises of a community behavioral health services provider or offsite at the recipient's home, school, or any other appropriate community setting.</p> <p><u>Provider Qualifications: Medical personnel qualified to provide medication administration services include licensed physicians, physician assistants, advanced practice registered nurse, registered nurses supervised by a physician or an advanced practice registered nurse, licensed practical nurses supervised by a physician or an advanced practice registered nurse.</u></p> <p>4. Pharmacological Management Services are a type of medical service furnished to a recipient for the purposes of assessing the need for pharmacotherapy, prescribing appropriate medications, and directly monitoring the recipient's response to medication, including documenting medication compliance, assessing and documenting side effects, and evaluating and documenting the effectiveness of the medication.</p> <p><u>Provider Qualifications: The Medicaid agency or its designee will pay a community behavioral health services provider or mental health physician clinic for a pharmacologic management service if that service is provided directly by an authorized professional. Authorized professionals for this service are limited to a licensed physician, licensed physician assistant, or licensed and certified advanced practice registered nurse, if the authorized provider is working within the scope of the provider's education, training, and experience, has prescriptive authority, and is enrolled with Alaska Medicaid as a dispensing provider. The authorized provider must directly provide pharmacological management services and monitor the effects thereafter.</u></p>	<p>practice registered nurse, licensed practical nurses supervised by a physician or an advanced practice registered nurse.</p> <p>4. Pharmacological Management Services are a type of medical service furnished to a recipient for the purposes of assessing the need for pharmacotherapy, prescribing appropriate medications, and directly monitoring the recipient's response to medication, including documenting medication compliance, assessing and documenting side effects, and evaluating and documenting the effectiveness of the medication.</p> <p><u>Provider Qualifications: The Medicaid agency or its designee will pay a community behavioral health services provider or mental health physician clinic for a pharmacologic management service if that service is provided directly by an authorized professional. Authorized professionals for this service are limited to a licensed physician, licensed physician assistant, or licensed and certified advanced practice registered nurse, if the authorized provider is working within the scope of the provider's education, training, and experience, has prescriptive authority, and is enrolled with Alaska Medicaid as a dispensing provider. The authorized provider must directly provide pharmacological management services and monitor the effects thereafter.</u></p> <p><u>Service Limitations: Pharmacologic management services should not exceed one visit per recipient per week during the first four weeks after the recipient begins receiving pharmacologic management services, and, thereafter, not to exceed one visit per recipient per month as long as the recipient is receiving a behavioral health service covered by Alaska Medicaid, unless more frequent monitoring is required by the specific medication prescribed or the recipient has an atypical clinical reaction to the medication.</u></p>	
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	<p><u>Service Limitations: Pharmacologic management services should not exceed one visit per recipient per week during the first four weeks after the recipient begins receiving pharmacologic management services, and, thereafter, not to exceed one visit per recipient per month as long as the recipient is receiving a behavioral health service covered by Alaska Medicaid, unless more frequent monitoring is required by the specific medication prescribed or the recipient has an atypical clinical reaction to the medication.</u></p> <p>5. <u>Medication-Assisted Treatment</u> is a type of pharmacological service prescribed by a physician that includes opioid agonists, partial agonists, & antagonist medications services, including the administration of methadone, buprenorphine, buprenorphine-naloxone combination naltrexone, or any other drug approved by the United States Food and Drug Administration, furnished to a Medicaid-eligible recipient in an opioid use disorder treatment program approved by the Alaska Department of Health and Social Services in accordance with the requirements described under state law.</p> <p><u>Provider Qualifications: Any staff member for a community behavioral health services provider who is performing the service in an opioid use disorder treatment program as a regular duty within the scope of that staff member's knowledge, experience, and education, and any other licensed providers operating within their scope of practice under state law.</u></p> <p><u>Specific Provider Qualifications for Providers of Behavioral Health Rehabilitative Services</u> for medication administration, preceding services may be provided by:</p> <ul style="list-style-type: none"> • an individual with a master's degree or more advanced degree in psychology, social work, counseling, child guidance, or nursing with specialization or experience in mental health who, if employed by a mental health physician clinic, is licensed to practice in the state in which the service is provided; or • a marital and family therapist who meets licensure requirements in Alaska or in a state with requirements 	<p>5. <u>Medication-Assisted Treatment</u> is a type of pharmacological service prescribed by a physician that includes opioid agonists, partial agonists, & antagonist medications services, including the administration of methadone, buprenorphine, buprenorphine-naloxone combination naltrexone, or any other drug approved by the United States Food and Drug Administration, furnished to a Medicaid-eligible recipient in an opioid use disorder treatment program approved by the Alaska Department of Health and Social Services in accordance with the requirements described under state law.</p> <p><u>Provider Qualifications: Any staff member for a community behavioral health services provider who is performing the service in an opioid use disorder treatment program as a regular duty within the scope of that staff member's knowledge, experience, and education, and any other licensed providers operating within their scope of practice under state law.</u></p>	
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	<p>substantially similar to Alaska requirements where services are provided, and who works in the individual's field of expertise; or a professional counselor who is meets licensure requirements in Alaska or in a state with requirements substantially similar to Alaska requirements where services are provided, and who works in the individual's field of expertise; or mental health clinical associate who is an individual who may have less than a master's degree in psychology, social work, counseling, or a related field with specialization or experience in working with chronically mentally ill adults or severely emotionally disturbed children and works within the scope of the individual's training and experience, and works under the direction of a mental health professional clinician, physician, or psychiatrist operating within the scope of their practice.</p>		
<p>Page 5 Attached Sheet to Attachment 3.1 A</p>	<p>Description of Service Limitations</p> <p>Alcohol and Substance Abuse Rehabilitation Services: (i) Service Descriptions and Provider Qualifications for Alcohol and Substance Abuse Assessment, Detoxification, Therapeutic Behavioral, Psychosocial Support and Brief Intervention:</p> <p>Each service listed in the following section may be provided by one or more of the following, for both children and adults who are found in a treatment plan to need substance abuse services. Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid:</p> <ol style="list-style-type: none"> 1. psychologists, psychological associates, clinical social workers, marriage and family therapists, professional counselors, psychiatric nurses, or certified nursing assistants who are licensed and practicing within the scope of their experience and authority; OR 2. a paraprofessional substance abuse counselor. Paraprofessional substance abuse counselors meet the requirements of a mental health clinical associate who is an individual who may have less than a master's degree in psychology, social work, counseling, or a related field with specialization or experience in working in the field of 	<p>[blank page]</p>	<p>This page originally included certain services reimbursable under the State Plan for substance use disorders services.</p> <p>Some of these services have been moved to pages 4a and 4b, while other services have been updated to meet federal requirements. This includes establishing some services under the waiver instead of the State Plan.</p>



	<p>substance abuse and behavioral health and who works within the scope of their training and experience, and who works under the direction of a licensed health care professional operating within the scope of their practice.</p> <p>6. Assessments: A systematic evaluation of a recipient upon admission to services and periodically during the course of treatment, to assess and document substance abuse and/or mental health disorders, including assessing mental status, social and medical history, presenting problems, related symptoms, and service needs of the recipient for the purpose of establishing a diagnosis and developing an individualized treatment and/or rehabilitation plan.</p> <p>7. Alcohol and Drug Detoxification Services are delivered face-to-face and include an initial nursing assessment, physiological stabilization, diagnosis, treatment, and on-going assessment and monitoring of the recipient's withdrawal symptoms.</p> <p>8. Therapeutic behavioral services teach life skills designed to restore the recipient's functioning and support community living; counseling focused on functional improvement, recovery and relapse prevention; encouraging and coaching</p> <p>Psychosocial Rehabilitation Recipient Support services are recognized as medically necessary through a professional behavioral health assessment that documents the recipient's history of high risk behavior or the rationale for heightened</p>		
<p>Page 6</p> <p>Attached Sheet to Attachment 3.1 A</p>	<p>vigilance; and recommends the frequency and location where the service should be provided. These services are identified in the recipient's treatment and rehabilitation plan along with target symptoms; and how provider is expected to resolve high risk behavior.</p> <p>10 Brief intervention services involve motivational discussion focused on raising the recipient's awareness of their substance use, the potential harmful effects of the substance use, and encouraging positive change.</p> <p>(ii) Service Descriptions and Provider Qualifications for Medication and Medical Services</p> <p>Each service listed in the following section must be provided by medical personnel acting within the scope of their license, for both children and adults who are found in a treatment plan to need substance abuse services. Service providers include physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, and certified nurse aides.</p>	<p>[blank page]</p>	<p>Same explanation as listed for State Plan page 5 above.</p>



	<p>Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.</p> <p>(g) Medication Administration Services (f) Medication administration includes the administration, by medical personnel, of injectable or oral medications with direct observation, monitoring the individual's response to medication, assessment and documentation of medication compliance, and evaluation and documentation of medication effectiveness and any side effects.</p> <p>(h) Medical Services are related to the treatment of substance disorders including intake physicals, pharmacological management, monitoring, medical decision making, and methadone administration.</p>		
<p>Page 7</p> <p>Attached Sheet to Attachment 3.1 A</p>	<p>intellectual skills necessary to return to independent functioning, to a maximum of 10 hours per week;</p> <p>(G) Medical Services directly related to substance abuse, as prescribed or otherwise medically necessary; methadone maintenance is limited to one dose per day; and</p> <p>(H) Detoxification Services, to a maximum of five 24-hour days in any 30-day period unless prior authorized. Providers must be approved by the Division of Alcoholism and Drug Abuse. Care Coordination services (Supplement 1 to Attachment 3.1 A) are limited to 4 hours in any 6-month period, with each service contact consisting of at least 20 but not more than 30 minutes. (Children found by an EPSDT screen to need services in excess of the limits above, with prior authorization, may receive additional service.)</p> <p>Providers must be approved by the Division of Alcoholism and Drug Abuse. Care Coordination services (Supplement 1 to Attachment 3.1 A) are limited to 4 hours in any 6-month period, with each service contact consisting of at least 20 but not more than 30 minutes. (Children found by an EPSDT screen to need services in excess of the limits above, with prior authorization, may receive additional service.)</p> <p>(3) Behavior Rehabilitation Services Behavior Rehabilitation Services are provided to children/youth to remediate debilitating psycho-social, emotional and behavioral disorders. The services provide early intervention, stabilization and</p>	<p>[blank page]</p>	<p>The changes to this page remove obsolete provisions for medical services to reflect amendments made to page 4b, detoxification services, which have been replaced with ASAM-compliant levels of care for withdrawal management services, and other services specific to youth and children, which have been updated and/or replaced by the establishment of new services under the waiver for this population.</p>



	<p>development of appropriate coping skills upon the recommendation of a licensed practitioner of the healing arts within the scope of their practice within the law. Prior authorization of services is required.</p> <p>A. Service Description Behavior Rehabilitation Services may be provided in a variety of settings and consist of interventions to help children/youth acquire essential coping skills. Specific services include milieu therapy, crisis intervention, crisis counseling, regular scheduled counseling and skills training. The purpose of this service is to remediate specific dysfunctions, which have been explicitly identified in an individualized written treatment plan that is regularly reviewed and updated. Client centered treatment services may be provided individually or in groups and may include the child's/youth's biological, adoptive or foster family. Treatment is focused upon the needs of the child/youth not the family unit. These services may be in conjunction with or in support of any other professional treatment services the child/youth may be receiving as required by the diagnosed condition. The services will include crisis intervention and counseling on a 24-hour basis to stabilize the child's behavior until resolution of the problem is</p>		
<p>Page 8 Attached Sheet to Attachment 3.1 A</p>	<p>reached, or until the child or youth can be assessed and treated by a qualified Mental Health Professional or licensed Medical Practitioner. Regular scheduled counseling and therapy is provided to remediate specific dysfunctions, which have been explicitly identified in the treatment plan. Skill training is provided to assist the child/youth in the development of appropriate responses to social and emotional behaviors, peer and family relationships, self care, conflict resolution, aggression reduction, anger control, and to reduce or eliminate impulse and conduct disorders. Milieu therapy refers to those activities performed with children and youth to normalize their psycho-social development and promote the safety of the child or youth and stabilize their environment. The child or youth is monitored in structured activities, which may be developmental, recreational, academic, rehabilitative, or a variety of productive work activities. As the child or youth is monitored, planned interventions are provided to</p>	<p>[blank page]</p>	<p>Same explanation as listed for State Plan page 7 above with respect to services for children.</p>



	<p>remediate the identified dysfunctional or maladaptive behaviors and promote their replacement with more developmentally appropriate responses.</p> <p>—B. Population to be Served The population served will be EPSDT eligible children/youth who have primary mental, emotional and behavioral disorders and/or developmental disabilities that prevent them from functioning at developmentally appropriate levels in their home, school, or community. They exhibit such symptoms as severe personality disorder, organic disorder, or other mental disorder with persistent nonpsychotic or psychotic symptoms; drug and alcohol abuse, anti-social behaviors that require close supervision and intervention and structure; or sexual behavior problems that severely or chronically impair their ability to function in typical family, work, school, or other community roles. Children/youth may be victims of severe family conflict, behavioral disturbances often resulting from psychiatric disorders of the parents, or may be medically compromised and developmentally disabled children/youth whose needs are not already met by another program.</p>		
<p>Attachment 4.19-B, page 1</p>	<p><u>Behavior Rehabilitation Services</u></p> <p>Payment for Behavior Rehabilitation Services is a fee-for-services basis, with one day being the unit of service. Rates are based up on a periodic rate study using a prospective staffing-based rate model that uses data gathered by the State Department of Labor reporting the prevailing wages in the State of Alaska. Specific position classifications were selected to reflect the comparable staffing requirements needed to provide quality rehabilitative services to the identified population. A factor is used to compensate for employee benefits and facility operating costs and supplies. Board and room are not included in the Behavioral Rehabilitative Service rate paid to the provider. These rates are periodically adjusted based on appropriate cost-of-living adjustments and other market indicators and program standards. Rates and rate methodology are found in Residential Behavioral Health Service handbook 2013 at http://dhss.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx</p>	<p>[Blank Section]</p>	<p>Removal of the Behavior Rehabilitation Services reimbursement language.</p>