



State of Alaska Department of Health and Social Services

Division of Behavioral Health

Designated Evaluation & Treatment (DET) Program Manual

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DESIGNATED FACILITIES

Purpose

The purpose of this manual is to provide guidance in understanding and implementing the statutes and regulations related to the involuntary commitment of individuals who are experiencing severe psychiatric distress. The psychiatric crisis system relies on a collaborative relationship between Community Behavioral Health Service Providers (CBHSP); Designated Treatment and Evaluation (DET) and Designated Evaluation Services (DES) facilities; approved Secure Transport and Escort providers (Secure Transport); State and local Police, emergency medical responders; Emergency Departments (ED) and the Alaska Psychiatric Institute (API). The Mental Health Treatment Assistance Program (MHTAP) is also vital to the system as a funding program for DET hospital cost of care for non-resourced individuals who meet eligibility requirements. This manual will describe the roles and responsibilities of the designated facilities (DET/DES); CBHSP; MHTAP; and the Secure Transport services. For the purpose of the manual, the terms “Department of Health and Social Services” (department) and “Division of Behavioral Health” (DBH) will be used interchangeably. The following is a reference guide for the statutes, regulations and policies and produces that are relevant to the psychiatric emergency system.

Designated Facilities

Designated facilities provide psychiatric inpatient services for individuals experiencing a psychiatric crisis who are on a voluntary or involuntary court order. DETs provide psychiatric evaluation and treatment, and DES provide evaluation services only. Both also provide crisis stabilization and transitional services to community-based services. DETs require psychiatric, occupational, and psychiatric inpatient hospital services, while DES facilities do not (7 AAC 72.012). DET and DES facilities are collectively referred to as designated facilities.

The Department of Health and Social Services (department) may approve a DET facility that is licensed under AS 18.20.020 and 7 AAC 12.610 or a facility that is exempt from state licensure but is accredited by the Joint Commission of Accreditation of Healthcare Organizations (ACC 72.015). The application and procedures for department approval to become a designated facility is described under 7 AAC 72.020 – 7 AAC 72.040. The department can reconsider the application with modifications or conditions as necessary; or to reaffirm the original decision under 7 AAC 72.060.

Requirements for Designated Facilities

Designated facilities are required to ensure the following is provided (7 AAC 72.080).

General requirements for a designated facility):

1. Staff members receive training to develop appropriate interactions with patients.
2. Properly trained and qualified staff handle the protection, security, and observation of patients.
3. Children under 18 years of age do not share a room with adults.
4. Discharge plans are initiated early in the evaluation or treatment process and that the facility provides stabilization, establishes diagnoses, and initiates care with the goal of permitting the patient's early return to the community for follow up care. Discharge planning at an evaluation facility includes determining whether a patient should be released or transferred to a treatment facility, and whether the patient needs medication.
5. Treatment is individualized and as necessary and the administrator shall hire or contract with staff to deliver necessary specialized care.
6. Subject to the disclosure restrictions of 42 C.F.R. Part 2, for a patient who is also receiving treatment for alcohol or drug abuse at a facility that receives federal financial assistance as described in 42 C.F.R. Part 2 and the local community mental health center or other after-care agency is notified within 48 hours if a client from that center or agency, or an unassigned patient, is admitted for care, after obtaining a release for this notification from the patient.
7. A determination is made as to whether a patient is a candidate for placement and monitoring in the community's local crisis respite program and, if that is the case, ensure that the patient is placed in that program as soon as possible.
8. Make reasonable efforts to determine if the patient has preferences or instructions for their care by consulting with the patient, the patient's health care provider, the patient's spouse or parent, a person in the patient's household, or a person designated by the patient (7 AAC 72.085).

Written Agreement with Community Behavioral Health Service Providers (CBHSP)

To ensure coordination and continuity of services related to admission and discharge of patients, DETs must enter into a written agreement with each CBHSP (7 AAC 72.110. Written agreements). The written agreement must contain the following:

1. After being notified by the facility of a patient's discharge from the facility, the CBHSP will schedule an appointment at their center for the patient.
 - a. Clinical services will start within one week after a patient's discharge from the facility.
 - b. Medication management services will begin before depletion of any psychotropic medication dispensed or prescribed for a patient upon discharge.
 - c. Whenever possible, medication management services are to include a psychiatric evaluation.
2. If a single-point-of-entry psychiatric emergency facility is located in the area

served by a designated facility, the designated facility have a written agreement with the single-point-of-entry that is similar to the one described above under number 1 for CBHSP.

Clinical Records

The designated facilities shall maintain a clinical record of each patient in compliance with 7 AAC 72.150. Patient records. The clinical records need to document the facility's use of the emergency examination or the evaluation procedure. The facility shall safeguard patient records against loss, defacement, tampering, and use by unauthorized persons. Information from patient records, may be released only in accordance with AS 47.30.845. For a patient being treated for alcohol or drug abuse in a facility that receives federal assistance as described in 42 C.F.R. 2.12, disclosure of patient's records must be in compliance with 42 C.F.R. Part 2, including use of the consent form required under 42 C.F.R. 2.31. Finally, patient records that are required to be submitted to the department are subject to the applicable requirements of 7 AAC 85 for records that contain behavioral health information.

Please understand these confidentiality requirements are in addition to the HIPAA Privacy Rule.

DESTIGNATED EVALUATION & TREATMENT (DET) POLICES & PROCEDURES

The purpose of this section is to provide policy and procedures for involuntary commitment, and procedures for DETs to participate in the MHTAP program. In this section, related laws are provided in the footnotes to assist in locating the appropriate statute or regulation.

DET Criteria for Admission

Admission into a DET facility does not include a comprehensive assessment; however, a patient must go through a professionally conducted screening investigation and meet all 3 criteria for admission:

1. determined to be mentally ill, *and*
2. presents a likelihood of serious harm to self or others, or is psychologically gravely disabled, *and*
3. cannot be treated in a lesser restrictive environment.

Determination of Mental Illness

The patient must have a diagnosed or suspected mental illness. Mental illness as defined in AS 47.30.915 (14): "means an organic, mental, or emotional impairment that has substantial adverse effects on an individual's ability to exercise conscious control of

the individual's actions or ability to perceive reality or to reason or understand; intellectual disability, developmental disability, or both, epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness.”

Gravely Disabled

For “gravely disabled” individuals, there must be “reason to believe” that the patient’s mental condition could be improved by the course of treatment sought. (It is not that a patient’s mental condition will definitely be improved; it is whether there is “reason to believe” a patient’s mental condition *could* be improved.)¹ This criterion is *not* required for “likely to cause harm” patients. Gravely disabled is defined in AS 47.30.915 (9): “means a condition in which a person as a result of mental illness:

1. is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness or death highly probable if care by another is not taken; or
2. will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior causing a substantial deterioration of the person’s previous ability to function independently.” This distress refers to a level of incapacity that prevents the person from being able to live safely outside of a controlled environment.²

Procedures for Emergency Examinations

DET facilities need to comply with 7 AAC 72.240 to 7 AAC 72.260 on procedures for emergency evaluations. DET facilities need to examine and evaluate a patient by a physician and a mental health professional within 24 hours after arrival at the facility (AS 47.30.710). The physician’s examination will determine if there are any physical problems that require specialized care and treatment, or cause or aggravate the patient’s psychiatric problems. The physical examination must include:

1. an examination of the patient’s chief complaint.
2. review of the patient’s history;
3. a review of systems;
4. a routine physical examination;
5. a diagnosis; and
6. recommendations.

The mental health evaluation will determine the specific mental health problems and needs of the patient and if the patient meets involuntary commitment criteria established

¹ *In the Matter for the Necessity of the Hospitalization of Darren M.*, 426 P.3d 1021 (Alaska 2016).

² *Wetherhorn v. Alaska Psychiatric Institute*, 156 P.3d 371 (Alaska 2007).

in AS 47.30.730. A mental health evaluation must include, when reasonably possible, the following:

1. an interview with the peace officers or secure transport officers who brought the patient to the facility for examination;
2. a brief history of the patient, including observations or information obtained by other persons relating to the background, development and circumstances of the patient's current problems;
3. a brief evaluation of the patient's mental status;
4. a history of the patient's previous;
5. a diagnosis; and
6. a determination of whether the patient meets the involuntary commitment criteria established in AS 47.30.730.

The mental health professional conducting the mental health evaluation will determine if the patient meets involuntary commitment criteria. If the patient does meet criteria and will not accept treatment on a voluntary basis, then the mental health professional shall develop a treatment plan for the patient's care in the least restrictive setting. If the Patient does not meet criteria, the facility will develop an appropriate outpatient referral plan for the purpose of follow-up and continuing care.

Procedures for Evaluations

When evaluating a patient after an emergency examination or after admitting a patient for a 72-hour evaluation period under [AS 47.30.715](#), DETs facilities need to comply with the following evaluation procedures (7 AAC 72.270 - 7 AAC 72.290):

1. Perform routine laboratory studies ordered by the attending physician.
2. Follow-up and further evaluate physical problems noted at the time of the patient's emergency examination, if any.
3. Obtain available background information relating to the patient's present condition, including relevant developmental, family, social, and occupational history.
4. Develop an initial treatment plan appropriate to the patient's target symptoms and behavior.
5. Note and record pertinent behavioral manifestations that indicate whether the patient continues to meet the involuntary commitment criteria established in [AS 47.30.730](#).
6. Record progress notes that document the effectiveness of treatment interventions, incidents, complications, and adverse effects.

If it is determined that the patient does not meet the involuntary commitment criteria, then upon the patient's release, ensure that an appropriate outpatient referral plan for the purpose of follow-up and continuing care is provided to the patient.

DET Continue Stay Criteria

Following admission, the continued stay in the DET needs to include a comprehensive assessment, treatment plan, close daily psychiatric supervision and 24-hour medical supervision. Treatment should be in the least restrictive type of service consistent with the person's need and therefore should not be instituted unless there is documentation of a failure to respond to or professional judgment of an inability to be safely managed in a less restrictive type of service. The following criteria must be met for a continued stay in the DET facility.

1. The admission criteria must continue to be met, or
2. The current treatment plan requires inpatient care. Any one of the following aspects must be met.
 - a. Acute symptoms of the disorder(s), which caused the admission, still remain, and the consumer's safety would be compromised if a lower level of care is utilized;
 - b. New problems have developed that require continued inpatient care to re-stabilize, consolidate treatment gains and integrate the consumer back into the community; or
 - c. Medications adjustments require inpatient care for monitoring.

Transfer of Patients from DET to another DET or API

Transfers of a patient from a DET to another DET or API is contingent upon the following (7 AAC 72.165. Transfer of patients between designated facilities).

1. A mental health professional needs to complete the following:
 - a. determine that the transfer is in the best interest of the patient before the transfer, obtain certification from the patient's attending physician that the patient is medically stable, and;
 - b. contact authorized admitting personnel at the receiving facility or hospital and explain why the patient's mental condition or behavior necessitates transfer to another facility or hospital.
 - c. Prior to transferring the patient, the administrator of the facility proposing the transfer needs to obtain permission from the receiving facility or hospital administrator.
2. **For an involuntary patient, the court may have order treatment to be at a particular facility; if only one facility is listed, inform an assistant attorney general to ask for the court order to be modified.**

DET Reports & Monitoring

Reports

The DET Program Manager will need information from the DETs for monitoring and

ongoing quality improvement. The DET Program Manager will need an annual report and quarterly reports to ensure the program continues to meet standards and remain in compliance with statutes.

Annual Report

Each DET administrator must submit an annual report to the department. (7 AAC 72.050. Annual report regarding facility designation). The report will be submitted on a form supplied by the department on or before June 30 of each year.

The report shall contain the following:

1. For a general acute care hospital, the following must be included in the report:
 - a. A copy of the hospital's current license. If the hospital is operating under a provisional license issued then, the administrator also shall provide a written report of the nature of each violation and of the efforts to achieve compliance.
2. For a facility described in 7 AAC 72.015(a)(2) the following must be included in the report.
 - a. A copy of the facility's current accreditation.
 - b. A copy of the most recent accreditation report issued by the Joint Commission on Accreditation of Health Care Organizations. If the report describes a Type I deficiency, the administrator shall provide a written report of the nature of each Type 1 deficiency and of the efforts to achieve compliance.

The annual report will also contain the following:

1. Certification of compliance with 7 AAC 72.015 on a form supplied by the department; however, if a waiver has been granted the administrator shall also submit a report setting out the status of the attempts to meet the required schedule of compliance.
2. A copy of each written agreement prepared under 7 AAC 72.110 or a certification attesting that each written agreement already submitted to the department is still in effect.
3. A list of any policies and procedures described in 7 AAC 72.020(b) that have been updated during the previous year and a copy of the current table of contents for the policies and procedures

The department will review the information submitted under this section and will advise the administrator in writing that the department finds the facility to be in compliance with this chapter, unless the department finds that the facility no longer meets the requirements as a designated facility. Based on the department's review of a facilities performance under 7 AAC 72, the department has the authority to revoke the facility's designation, if the department determines the facility is non-compliant (7 AAC 72.070).

Quarterly Reports

On a form supplied by the department, the DET administrator will submit a quarterly report within 60 days after the end of each quarter (7 AAC 72.155. Quarterly report of patient information). The quarterly report will contain the following:

1. The number of patients admitted voluntarily.
2. The number of patients admitted involuntarily.
3. The number of patients admitted who had insurance or self-pay coverage that was billed.
4. The average length of stay for all patients admitted during the quarter, whether voluntary or involuntary.
5. The number of patients who were readmitted during the quarter.

MENTAL HEALTH TREATMENT ASSISTANCE PROGRAM

MHTAP ([7 AAC 72.500](#) - [7 AAC 72.540](#)) is a Medicaid program and establishes the following:

- Eligibility criteria for assistance
- The process for applying for assistance
- How decisions about eligibility are determined
- Information about eligible services and rates
- How payment for services is made
- The appeal process

MHTAP Procedures

The MHTAP was created to help DET facilities pay for the cost of care for patients that meet involuntary committee requirements, are non-resourced and have a low income. The funding for the MHTAP comes from the Disproportionate Share Hospital (DHS) program, which provides federal funding to hospitals to treat indigent patients. The MHTAP is a Medicaid program that the DBH oversees.

DET administrators need to work with their DBH Program Manager before they will be able to access MHTAP funds. The DBH Program Manager qualifies as a mental health professional and will assist the DET administrator in understanding their responsibilities as DET provider, teach them how to file a MHTAP claim with DBH and make clinical determinations regarding the MHTAP program and filed claims.

The DET administrator and the DBH Program Manager will meet monthly to give updates on the current and open applications and work through any issues that have arisen. The Program Manager will provide the computer data to the DET approximately one week before the scheduled meeting. The DET may request training at any time

from their Program Manager to ensure the success of the program. The DET will provide a list to the program manager of all patients that have been admitted on an involuntary commitment. The list will include name, date of birth, discharge date and admission date.

The DET will apply for Medicaid Hospital Presumptive Eligibility (HPE) within two (2) days of admission. The DET has 180 days from discharge date to submit all materials to the Program Manager. All documentation related to the MHTAP application is confidential and must be sent through the department's Direct Secure Messaging (DSM) secured email system. If the patient is also being treated for alcohol or drug abuse in a facility that receives federal assistance as described in 42 C.F.R. Part 2, the facility cannot supply certain confidential records to the Division. It may be necessary for Division staff to visit the facility in person, after 10 days' notice, to review the confidential records needed to complete a review. All MHTAP claims for each state fiscal year (July 1 to June 30) must be submitted to the department by July 31st of the following fiscal year to be eligible for payment.

The DET needs to certify that the patient meets involuntary commitment upon admission and throughout the hospital stay in order to qualify for MHTAP.

1. **Certificate of Need (CON).** The CON certifies that the patient meets involuntary commitment. To ensure full use of the MHTAP program, it is recommended that a CON is submitted for any person that may potentially qualify. The CON needs to be submitted within 24 hours of admission or on the next business day following a weekend or holiday. If limited information is available, then it should be submitted with what information is available at the time of admission and then resubmitted after the revisions have been made.
2. **Recertificate of Need (RON).** The RON certifies that the patient continues to meet involuntary commitment requirements. A Recertification of Need (RON) needs to be submitted every 48 hours after the initial CON has been submitted.
3. **Mental Health Treatment Assistance Program Physician's Certification Regarding Voluntary-In-Lieu or Involuntary Admission.** If the patient agrees to go from an involuntary status to a voluntary status, but continues to meet criteria for an involuntary commitment, then he or she can still qualify for MHTAP. To be eligible for financial assistance, a patient must meet the involuntary commitment criteria even if the patient is under a voluntary commitment (Voluntary in Lieu – VIL). This form certifies that while on a voluntary status, the patient continues to meet involuntary commitment criteria.

During the time of admission and submission of CONs and RONs the DET will be working on completing an application for the patient. The application must be filled out in its entirety in order to qualify for MHTAP and needs to also include the Involuntary Commitment Court Order.

1. **Involuntary Commitment Court Order.** A Copy of the initial court order should be provided to the Program Manager as soon as possible. All other court documents will be provided by the DET in a timely manner to the Program

Manager.

The following is a summary of the forms that are described above, along with submission times. There are more forms that are required, this is a minimum and will be provided by the program manager.

Form/Document	Description/Purpose	Submission Times
Certificate of Need (CON)	Certification of that the patient meets involuntary commitment requirements	With 24 hours of admission or on the next business day following a weekend or holiday
Re-certificate of Need (RON)	Certification that the patient continues to meet involuntary commitment requirements	Every 48 hours after the admission of the CON.
Mental Health Treatment Assistance Program Physician's Certification Regarding Voluntary-In-Lieu or Involuntary Admission	Certification that while on voluntary status, the patient continues to meet involuntary commitment requirements	Following a change from involuntary to voluntary status.
Involuntary Commitment Court Order	Court Order that involuntarily commits an individual for evaluation and treatment in a DET facility or API	Provide in the initial MHTAP application and as soon as possible.
Mental Health Treatment Assistance Program Physician's Certification That Patient Lacks Mental Capacity to Apply for Benefits.	Certification that the patient is unable or not willing to complete the application.	To be completed before discharge, when a patient is unable to apply for benefits.
Mental Health Treatment Assistance Program Application for Reimbursement of Services	MHTAP application for funds, which includes proof of income and other third-party insurance	To be completed before discharge.

Patient Eligibility for MHTAP³

A patient is eligible for financial assistance if they meet the following criteria:

³ AS 47.31.010

1. The patient does not have the financial resources to pay for, or significantly contribute to the payment of charges resulting from an inpatient stay at a psychiatric facility.
2. The patient has no medical insurance coverage or third-party payer that provides coverage for evaluation or treatment provided under the civil commitment statutes.
3. The patient has been admitted for inpatient evaluation or treatment at a designated evaluation or treatment facility after either an involuntary commitment or a voluntary admission, if the patient meets the involuntary commitment criteria.
4. The patient's gross monthly household income does not exceed 185 percent of the federal poverty guideline for the calendar month in which service was provided [this includes all earned or unearned income from any source of a member of the patient's household].

The DET needs to work with the patient, if possible, to determine eligibility for the MHTAP. The DET must do due diligence to complete the MHTAP application and to determine the following requirements for eligibility:

1. **Income.** Proof of gross monthly household income, to the extent possible, must be determined.
 - a. The following is list of potential documents that can suffice for proof of income: paycheck stubs, tax records, unemployment check stubs, a signed statement from an employer, or any other document that shows evidence of income for the month during which a patient received care provided by a designated facility.
 - b. Income should include the PFD and Native Corporation dividends, if the individual is eligible to receive them.
 - c. The DET is responsible for determining if the patient's gross monthly household income, as reported on the application form, exceeds 185 percent of the federal poverty guideline for Alaska, for the calendar month in which services were provided income meets the federal poverty. To determine federal poverty guidelines, please reference the following website: <https://aspe.hhs.gov/2020-poverty-guidelines>. Please make sure to use the current year.
2. **Third Party Payers.** The DET will also provide proof of any other insurance, and if the claim is denied it will forward the letter and information to the Program Manager to further analyze the application (7 AAC 72.530)
 - a. A private insurance company is not considered to be a third-party payer if there is proof that the company does not cover mental health inpatient treatment or that the maximum benefit level has been reached.
 - b. The Bureau of Indian Affairs and the Indian Health Service are not considered to be third-party payers.

If the third party insurance is located and has denied payment, the DET will

complete and submit the form: “Mental Health Treatment Assistance Program, Application for Reimbursement of Services,” along with any and all documentation from the third party insurance surrounding the applicant.

3. **MHTAP Physician’s Certification That Patient Lacks Mental Capacity to Apply for Benefits.** Given the circumstances of the required hospitalization, it is not always possible to obtain required information for the application. If the patient is unable or willing to participate in the application process, please completed and sign this form.
4. **Post-Discharged Application by Patient.** While hospitalized in the DET, if the patient is unable to unwilling to apply for MHTAP funding, then the patient or patient’s representative may apply for them to receive financial assistance (7 AAC 72.530). A patient must apply for assistance within 180 days after the date of discharge, in writing and on a form provided by the DBH. The application needs to include a copy of the hospital invoice and all relevant documentation under number 1 and 2 of this section. The money will be paid directly to the DET and not the applicant or any representative of the applicant.
5. **Release of Records to Verify Eligibility.** A patient, the patient's spouse, or a person in the patient's household who has applied for financial assistance will need to release records and information to DBH to verify eligibility for assistance. If the records and information are not provided, the DBH may issue an administrative order imposing full liability for the patient's cost of care and treatment to the DET facility (AS 47.31.015(c) and (d)).
6. **Decision on Eligibility.** The DET Program Manager will review all information submitted with the application and will, if necessary, review records at the facility to verify that the patient meets the eligibility requirements and that each service for financial assistance is an eligible service (AS 47.31.020 and 7 AAC 72.540).
 - a. If the patient is eligible for financial assistance, payment will be made directly to the facility for all eligible services provided to the patient.
 - b. If the patient is found ineligible, the notice must contain the reason for the denial and an explanation of the patient's right to an administrative appeal of the denial under AS 47.31.035.
7. The DET has 180 days from discharge date to submit all materials to the DET Reviewer.

Reimbursement of Services

The statute directs the department to identify the type and level of services for which assistance is available (AS 47.31.025). The statute limits reimbursement to the Medicaid rate and directs the department to establish this in regulation. The department established the rate as the Medicaid rate that is set by regulation (7 AAC 150.180) and

in effect for the facility at the time the service was rendered, prior to year-end review (usually referred to as year-end conformance adjustment) per 7 AAC 72.510.

Eligible Services

The following are considered eligible services if the services were directly related to a patient’s mental health condition. A DET facility, having served a disproportionate share of low-income patients with special needs, qualifies for Medicaid disproportionate share incentive payments for hospitals (DSH). A hospital agrees that it will provide a negotiated and specific number of encounters (inpatient days) to persons otherwise eligible under 7 AAC 72.190 through 7 AAC 72.210. The following table contains services are inclusive of a DET/DSH agreement with the Division of Behavioral Health (DBH).

ELIGIBLE SERVICES FOR REIMBURSEMENT	
Paid via Claim Submission	Paid Directly through MHTAP (Medicaid Daily Rate)
Physician services, if those services require the action of a physician who is not a member of the designated facility’s staff	Emergency room costs
Physician court time costs for participation in a commitment hearing	Staff physician services, if those services are not already included in the facility’s daily rate
Laboratory costs that are required for all patients entering a facility and laboratory costs related to mental health evaluation, diagnosis, and treatment	Medical costs, if related to the evaluation, diagnosis, and treatment of a patient’s mental illness
Medication costs related to mental health diagnosis and treatment	Room and board costs related to the evaluation, diagnosis, and treatment of a patient’s mental illness
Transportation costs that are not covered by AS 47.30.870 or AS 47.30.905 (certain transportation and related costs are reimbursed by the department under the civil commitment statutes)	
Other services related to the admission being billed, as determined by the division on a case-by-case basis	

Ineligible Services

The DBH will not reimburse for the following services (AS 47.31.025 and 7 AAC 75.520(d)):

1. Physician time spent performing administrative or supervisory duties; this exclusion does not include time spent participating in a commitment hearing.
2. Facility costs for space, overhead, supplies, or equipment.
3. Local ambulance service, unless there is also a need for emergency medical care, and only when directly related to the patient's mental condition; or ambulance service is necessary to meet the requirements of Emergency Medical Treatment and Active Labor Act (EMTALA).
4. The co-pay portion of a third-party reimbursement.
5. Any transportation or other expense to be paid by the court system for civil commitment proceedings.
6. Any service that is not directly related to the patient's mental condition.

Time Period that will be Covered

The department will reimburse a DES facility for no more than seven days for evaluation and crisis stabilization or for transition to community-based services and a DET for no more than 40 days for evaluation, treatment and crisis stabilization or for transition to community-based services, if the department determines the amount of time is clinically appropriate (7 AAC 75.520) and,

1. the patient continues under or has transferred to voluntary commitment or the treating physician has certified on a Recertification of Need (RON) that the patient continues to meet the involuntary commitment criteria; or
2. the court extends the time for evaluation and treatment for a patient who continues to meet the involuntary commitment; or
3. in the case of a DET, the patient is authorized to remain at the facility under AS 47.30.745.

Payment

Payment will be made directly to the facility as established under AS 47.31.030. By endorsing the check, the facility certifies that the claim is true and accurate unless written notice of an error is sent to the department by the facility within 30 days. If the facility receives payment from a patient or a third-party payer after being reimbursed by the division under this chapter, the administrator shall return the money to the DBH.

MHTAP Denials & Appeals

When agreement on certified days cannot be made between the facility and the DET

Program Manager, the Program Manager may deny further certification of treatment days. The Program Manager cannot deny treatment. Only a designated DET psychiatrist can deny treatment. The Program Manager will refer the case to a designated DET psychiatrist for resolution or possible denial of certification. Once denied, the facility can appeal by either an *expedited appeal* or a *closed case appeal*.

1. **Expedited appeals.** The facility Medical Doctor (MD) has two (2) business days to attempt to complete the appeal with the designated DET psychiatrist. The facility MD will plead the case for additional hospitalization. Even if the patient is discharged, this review may be used to finalize the certification and resolve any outstanding days of non-certification.
2. **Closed case appeal.** After a patient is discharged, the DET facility may appeal a denial. The facility will need to send the following documents to the Program Manager: a copy of the psychiatric evaluation, all progress notes, medical orders, treatment plan, and discharge summary. If the Program Manager, upon reconsideration, continues to deny the requested days, then the appeal shall advance to the DBH Director. The DBH Director will render the final level of appeal by reviewing the closed case materials, DET MD review notes, and the DET utilization review notes, as well as possible consultation with the facility. This is the final level of appeal. The facility has 60 days to send the chart records once the patient is discharged and resolution of the case by DBH must be completed within 45 days, upon receipt of the chart.

SECURE TRANSPORT AND ESCORT SERVICES

When a person is to be involuntarily committed to a facility, the department shall arrange, and is authorized to pay for, the person's necessary transportation to the designated facility accompanied by appropriate persons and, if necessary, by a peace officer. Secure transport and escort services require prior authorization by the CBHSP for transportation to a hospital. API admission medical staff must be contacted by the CBHS/DET facility to ensure that the admission is appropriate for API. Only after these arrangements have been confirmed can transportation arrangements be made, and secure transport and escort services contacted for the transportation of the patient. The escort must have a current and approved provider agreement and be on the list of current providers with the State of Alaska.

Ambulance transports may be requested in situations when the individual who will be transported requires medical care to insure their health and safety during the transport. All ambulance transports are requested on a case-by-case basis and require prior approval from the Division.

The department shall pay for return transportation for eligible patients (AS 47.30.870) and may include the person's escorts, and, if necessary, a peace officer, after a determination that the person is not committable, at the end of a commitment period, or at the end of a voluntary stay at a treatment facility following an evaluation conducted in accordance with [AS 47.30.715](#). When advisable, one or more relatives or friends shall be permitted to accompany the person. The department may pay necessary travel,

housing, and meal expenses incurred by one relative or friend in accompanying the person if the department determines that the person's best interests require that the person be accompanied by the relative or friend and the relative or friend is indigent.

COMMUNITY BEHAVIORAL HEALTH SERVICE PROVIDERS

CBHSPs that receive Psychiatric Emergency Services (PES) grant funding from the DBH, and hospital emergency rooms provide emergency evaluation services that include diagnosis classification (ICD-10) for persons being considered for involuntary commitment under AS 47.30.700 – 47.30.915 (Title 47). This service is to include both court-ordered screening investigations and evaluations for commitment to DET facilities or to API. Twenty-four-hour inpatient psychiatric treatment for both voluntary and involuntary patients should be considered as close to the patient's home as possible. For involuntary patients, this service must include a written cooperative agreement with API or other state-designated inpatient psychiatric facility. (AS 47.30.530, AS 47.30.540).

FORMS FOR DET FACILITY DESIGNATION

1. Application for facility designation under AS 47.30 and 7 AAC 72
2. Certification of compliance
3. Annual report regarding facility designation under AS 47.30 and 7 AAC 72
4. Quarterly report of patient information

FORMS FOR THE MENTAL HEALTH TREATMENT ASSISTANCE PROGRAM

Forms to be provided by the MHTAP Program Manager

Note: The Department will provide hard copy of these forms for your use upon request or you may obtain electronic copies at the Department's website:

<http://www.hss.state.ak.us/dbh/>

STATUTES AND REGULATIONS FOR THE PSYCHIATRIC EMERGENCY SYSTEM

STATUTES & REGULATIONS FOR THE PSYCHIATRIC EMERGENCY SYSTEM	
Designated Evaluation and Treatment Facilities	
Title	Description
7 AAC 72.010 - 7 AAC 72.900	Civil Commitment
7 AAC 72.010	Scope and Applicability
7 AAC 72.012 - 7 AAC 72.070	Designation of Facilities
7 AAC 72.080 - 7 AAC 72.165	Requirements for Designated Facilities
7 AAC 72.220 - 7 AAC 72.260	Procedures for Emergency Examinations
7 AAC 72.270 - 7 AAC 72.290	Procedures for Evaluations
7 AAC 72.300 - 7 AAC 72.350	Procedures for Designation of Evaluation Personnel
7 AAC 72.360 – 7 AAC 72.390	Procedures for Evaluations Conducted by Evaluation Personnel
7 AAC 72.410 o 7 AAC 72.440	Appeals
Mental Health Treatment Assistance Program	
Title	Description
7 AAC 72.500- 7 AAC 72.540	Mental Health Treatment Assistance Program
AS 47. Welfare, Social Services, and Institutions	
AS 47.30	Mental Health
AS 47.30 Article 8	Voluntary Admission for Treatment
AS 47.30 Article 9	Involuntary Admission for Treatment
AS 47.30.700	Initial Involuntary Commitment Procedures
AS 47.30.715	Procedures After Order
AS 47.30.915	Definitions
AS 47.30.915 (9)	Gravely Disabled
AS 47.31.010	Patient Eligibility for MHTAP