

# Alaska Medical Assistance Provider Billing Manuals



## Section I: Community Behavioral Health Clinic Services, Policies, and Procedures

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# About this Manual

The Department of Health and Social Services (DHSS) is the state agency designated to administer the Alaska Medical Assistance program, which includes:

- Medicaid
- Denali KidCare (DKC)
- Chronic and Acute Medical Assistance (CAMA)

Unless otherwise specified, references to the Alaska Medical Assistance program, or Alaska Medical Assistance mean Medicaid, DKC, and CAMA. References to Alaska Medicaid, or Medicaid, mean only Medicaid and DKC. References to CBHC refer to Community Behavioral Health Clinic.

This manual, *Section I: Community Behavioral Health Clinic Services, Policies, and Procedures* is to be used by enrolled CBHCs in conjunction with

[Section II: Professional Claims Management](#)

[Section III: General Program Information](#)

Updates to this manual will be necessary from time to time as federal and state medical assistance regulations are adopted. As updates are made, each affected segment of the manual will be annotated with the date of the change. Providers will be informed of these updates by remittance advice messages and announcements through [Alaska Medicaid Health Enterprise](#). Previously published manuals are available upon request.

Thank you for your participation in the Alaska Medical Assistance program and for the services you provide.

Updated 01/02/2019

# Provider Enrollment

The following enrollment information is specific to CBHCs. For general enrollment instructions and guidelines, refer to [Section III: General Program Information](#).

## Provider Participation Requirements and Responsibilities

The following information applies to CBHCs. CBHCs may employ enrolled autism services providers and be reimbursed for covered autism services. For enrollment guidelines applicable to autism services providers, refer to the [Autism Billing Manual](#).

### Provider Participation Requirements for Community Behavioral Health Clinics

In addition to the general conditions for participation identified in [Section III: General Program Information](#), a CBHC must

- Obtain a certificate of current grant award issued through the Division of Behavioral Health
- Obtain a certificate of current Department Approval issued under 7 AAC 100 through the Division of Behavioral Health (DBH)
- Ensure that their agency and their staff, including contractors, sub-contractors and other vendors meet all other applicable federal and state licensing or certification requirements

Updated 01/02/2019

### Provider Participation Responsibilities for Community Behavioral Health Clinics

A CBHC must have a documented formal agreement with a physician for the purpose of providing general direction and direct clinical services. Each recipient must have a directing clinician assigned to them to develop and monitor the provision of services for the duration of active treatment. The directing clinician must be a substance use disorder counselor or a mental health professional clinician working within the scope of that individual's education, training, and experience who, with respect to the recipient's [behavioral health treatment plan](#),

- Develops or oversees the development of the plan
- Periodically reviews and revises the plan as needed
- Signs the plan each time a change is made to the plan
- Monitors and directs the delivery of all services identified in the plan

The directing clinician must use the information from completing and approving the client status review to assist in measuring the outcomes of treatment, making treatment decisions, and revising the treatment plan which must be approved by the recipient and

the directing clinician. Alaska Medicaid covers services provided to a recipient only if those services are provided under an individualized treatment plan that is signed and supervised by the directing clinician.

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# Recipient Eligibility

All references to recipient mean an individual who is eligible for and receiving assistance under an Alaska Medical Assistance program.

## Eligibility Codes

The Department will pay an enrolled CBHC for covered services provided to a recipient who is eligible for Alaska Medical Assistance under one of the following eligibility codes:

Eligibility Codes: Community Behavioral Health Clinic Services	
Code	Category
11	Pregnant Woman (Alaska Healthy Baby Program)
20	No Other Eligibility Codes Apply
30	Adults with Physical and Developmental Disabilities (APDD) Waiver – Special LTC
31	APDD Waiver
34	APDD Waiver Adult Public Assistance (APA)/Qualified Medicare Beneficiary (QMB) Eligible
40	Alaskans Living Independently (ALI) Waiver – Special LTC
41	ALI Waiver
44	ALI Waiver APA/QMB Eligible
50	Child under 21 and not in state custody (including subsidized adoptions)
51	Child under 21 and in state custody (including title IV-E Foster Care)
52	4-month Post-MAGI Medicaid Eligibility (increased spousal support)
54	Supplemental Security Income (SSI) Disabled Child
69	Medicare Premium Assistance – APA/QMB
70	Intellectual and Developmental Disabilities (IDD) Waiver Only
71	IDD Waiver
74	IDD Waiver – APA/QMB Eligible
80	Children with Complex Medical Conditions (CCMC) Waiver
81	CCMC Waiver
91	Individualized Supports Waiver (ISW) – Special LTC
92	ISW
93	ISW – Pregnant Woman
94	ISW – APA/QMB Eligible

Updated 03/28/2019

## Recipient Eligibility for Community Behavioral Health Clinic Services

CBHC services are covered for recipients that fall under one of the following categories:

- Child experiencing an emotional disturbance
- Adult experiencing an emotional disturbance
- Child experiencing a severe emotional disturbance



- Adult experiencing a serious mental illness
- Individual experiencing a substance use disorder
- Child diagnosed with autism spectrum disorder

**Child Experiencing an Emotional Disturbance:** a recipient under 21 years of age experiencing a nonpersistent mental, emotional, or behavioral disorder that is identified and diagnosed during the professional behavioral health assessment and is not the result of intellectual, physical, or sensory deficits.

**Adult Experiencing an Emotional Disturbance:** a recipient 21 years of age or older experiencing a nonpersistent mental, emotional, or behavioral disorder that is identified and diagnosed during the professional behavioral health assessment and is not the result of intellectual, physical, or sensory deficits.

**Child Experiencing a Severe Emotional Disturbance:** a recipient under 21 years of age with a diagnosable mental, emotional, or behavioral disorder of sufficient duration to meet diagnostic criteria specified within the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorder*. The recipient's disorder must have resulted in severe functional impairment that interferes with the child's ability to participate in one or more life domains at a developmentally appropriate level and within a culturally appropriate context or any of the following:

- Persistent symptoms of distress or diminished affect that do not readily respond to encouragement, reassurance, or instructional control
- Impeded development or inappropriate attachment as a result of exposure to traumatic life events or impaired relationships
- Pervasive behavior that is disruptive, aggressive, or risk-taking and that places the individual at serious risk of physical harm to self or to another person or results in serious property damage
- Consistent inability to participate appropriately in a community setting, including family, school, work, or child care
- Imminent risk for out-of-home placement
- Imminent risk for being placed in state custody or as a result of exposure to maltreatment
- Current hospitalization or the imminent risk of hospitalization

In addition to the impairments outlined above, for recipients with cognitive impairments or organic brain syndrome, there must be documented evidence showing the ability of the individual to benefit from rehabilitative services that would enable the individual to self-regulate behavior, modulate emotional reactivity, and improve functioning in major life domains.

**Adult Experiencing a Serious Mental Illness:** a recipient 21 years of age or older with a diagnosable mental, emotional, or behavioral disorder of sufficient duration to meet diagnostic criteria specified within the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorder*. The recipient's disorder must have resulted in hospitalization, impaired thinking and judgement (including delusions or hallucinations), socially disruptive behavior (including inappropriate emotional responses), conduct that is illegal or outside socially acceptable behavior, or serious functional impairment that interferes with the individual's ability to participate in two or more of the following life domains within a culturally appropriate context:

- Fulfilling social responsibilities at work, in school, while parenting, or maintaining a household
- Interacting with others, including the ability to actively communicate with others, maintain a supportive social network, avoid isolation, and control disruptive behaviors

- Maintaining physical health, personal hygiene and grooming, and fulfilling nutritional needs
- Maintaining mental health, including the ability to problem-solve issues, to maintain independence and personal safety, and utilize available community resources for those purposes.

In addition to the impairments outlined above, for recipients with cognitive impairments or organic brain syndrome, there must be documented evidence showing the ability of the individual to benefit from rehabilitative services that would enable the individual to self-regulate behavior, modulate emotional reactivity, and improve functioning in major life domains.

**Individual Experiencing a Substance Use Disorder:** a recipient of any age experiencing a disorder that is identified by a diagnostic code found in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*. The recipient's disorder must be characterized by a maladaptive pattern of substance use or cognitive, behavioral, or physiological symptoms indicating that the individual will continue to use a substance despite significant substance-related problems associated with its use.

**Child Diagnosed with Autism Spectrum Disorder:** a recipient under 21 years of age who meets the qualifications set out in the [Autism Billing Manual](#).

Updated 01/02/2019

# Service Authorization

Most covered services have annual service limits based on the state fiscal year (July 1 through June 30) unless otherwise noted. A CBHC is responsible for keeping track of service limits for their recipients and for submitting requests for service authorization when a recipient's behavioral health treatment plan identifies the need for frequency or duration of services in excess of the daily or annual service limits. The request must

- Include ALL services for which authorization is required along with the expected volume and duration of each service requested as set out in the recipient's behavioral health treatment plan
- Affirm that the child's behavioral health treatment team or the adult recipient's directing clinician has reviewed the treatment plan and recommended the services as medically necessary at the volume and for the duration requested
- Be documented in the recipient's clinical record

All such requests for review and authorization of services beyond service limits are submitted to Conduent on either the [Community Behavioral Health Clinic Service Authorization Request Up to Twelve Hours](#) or the [Community Behavioral Health Clinic Service Authorization Request Greater Than Twelve Hours](#).

Each service authorization request encompasses a time period which must match the regulatory timeframe requiring that CBHCs perform periodic treatment plan reviews through the client status review (CSR) process. CBHCs must conduct a CSR at admission, at discharge, and every 90 to 135 days that each recipient remains in active treatment between admission and discharge. Therefore, multiple Service Authorization Request Forms may be required throughout a fiscal year for each recipient based on the requirement that providers must conduct multiple CSRs with each client during a fiscal year.

For service authorization requirements specific to providing autism services, refer to the [Autism Billing Manual](#).

Updated 01/02/2019

# Community Behavioral Health Clinic Services

Alaska Medical Assistance reimburses enrolled providers for medically necessary services for eligible recipients when delivered, ordered, or prescribed by a provider within the scope of the provider's license or certification.

Services rendered based on a prescription, order, or referral are reimbursable only if the prescribing, ordering, or referring provider is enrolled as an Alaska Medical Assistance provider.

Updated 01/02/2019

## Travel for Medical Care

Alaska Medicaid covers transportation and accommodation services when travel is required to receive non-emergent, medically necessary services.

For additional information about non-emergent transportation, including how to request a service authorization, refer to [Arranging Patient Travel](#).

Updated 01/02/2019

## Behavioral Health Treatment Plan

Each recipient receiving behavioral health services must have a written behavioral health treatment plan that includes the following:

- The recipient's identifying information
- The date the treatment plan will be implemented
- Treatment goals that are directly related to the findings of a professional behavioral health assessment
- The services and interventions that will be employed to address written goals
- The name, signature, and credentials of the directing clinician
- The signature of the recipient or the recipient's representative

For recipients over 18 years of age, the plan must be developed with and signed by the recipient or the recipient's representative. For recipients under 18 years of age, the plan must be based upon the input of the treatment team and signed by the recipient's representative.

By signing a behavioral health treatment plan, a directing clinician attests that in their professional judgment the services called for are appropriate to the recipient's needs, delivered at an adequate skill level, and will achieve the treatment goals.

## Treatment Team for Children

The CBHC must ensure that all recipients under the age of 18 have a behavioral health treatment team consisting of the following members

- The recipient
- The recipient's family members, including parents, guardians, and others similarly involved in providing general oversight of the recipient
- A staff member of the Office of Children's Services, if the recipient is in state protective custody or supervision
- A staff member of the Division of Juvenile Justice, if the recipient is in that agency's care or custody
- The directing clinician
- The case manager, if the recipient is a child experiencing a severe emotional disturbance

Additional members of the behavioral health treatment team may include:

- A representative of a facility if the recipient currently resides within an alternative living arrangement including foster care, residential child care, or an institution
- A representative who is involved in the recipient's education system (public, private, or home school) such as a teacher, special education consultant, or speech therapist, if the recipient is currently unable to succeed in a school

All members of the behavioral health treatment team must attend team meetings in person or by telephone and be involved in team decisions unless the clinical record documents the existence of one or more of the following circumstances:

- The team members determine that participation by the recipient or other individual involved with the recipient's care is detrimental to the recipient's well-being
- Team members representing the recipient's family, or the school or other governmental agency staff involved with the recipient either refuse to or are unable to participate after the CBHC's responsible efforts to encourage participation
- Weather, illness, or other circumstances beyond the team member's control prohibits that member from participating

Updated 01/02/2019

# Service Documentation

## Clinical Records Documentation Requirements

In addition to the record keeping requirements identified in [Section III: General Program Information](#), the CBHC must maintain a clinical record for each recipient served that includes the following:

- Completed [behavioral health screening](#) using the Alaska Screening Tool (AST)
- [Client status review](#), unless the services provided to the recipient are limited to detoxification, short-term crisis intervention, or short-term crisis stabilization services
- One of the following [behavioral health intake assessments](#) with indicated diagnosis (if one exists), identified problems, and recommended treatment:
  - Mental Health Intake Assessment
  - Substance Use Assessment
  - Integrated Mental Health and Substance Use Intake Assessment

- Psychiatric Assessment
- Interactive Psychiatric Assessment
- [Behavioral Health Treatment Plan](#)
- Progress notes for each service provided that includes:
  - Date on which each service was provided
  - Specific services provided (description or listing of active treatment/interventions)
  - Duration of each service expressed in service units or clock time
  - Treatment goals and recipient progress toward treatment goals
  - Name, signature, credentials of the individual who rendered the service
- All changes made to a recipient's behavioral health treatment plan and professional behavioral health assessment

The CBHC must retain the clinical records of all current and former patients.

Updated 01/02/2019

## Medicaid-Covered Services

### Behavioral Health Screening

A behavioral health screening using the [Alaska Screening Tool](#) (AST) must be completed for each new or returning recipient of behavioral health services. Alaska Medicaid covers one screening per recipient per program admission for new or returning recipients. A CBHC staff member administers the AST by asking the individual to complete the form independently. If an individual cannot complete the form independently, the staff member may provide minimal assistance as needed.

Updated 01/02/2019

### Client Status Review

One client status review (CSR) completed with the recipient present is covered at the start of behavioral health services, every 90 to 135 days while the recipient is in treatment, and at discharge. A CBHC staff member administers the CSR using the paper [Client Status Review form \(CSR\)](#) or electronically by means of the Alaska automated Information Management System. The information gathered during the CSR is used by the directing clinician

- To assist in determining a recipient's functioning in the life areas identified on the form
- To assist in measuring the outcomes of behavioral health treatment provided
- In making treatment decisions
- To revise the recipient's behavioral health treatment plan

A copy of each CSR conducted must be included in the recipient's clinical record.

Updated 01/02/2019

## Professional Behavioral Health Assessments

If a behavioral health screening, court referral, or referral from another agency has identifies an individual as possibly having a behavioral health disorder that could require behavioral health services, Alaska Medicaid may cover one or more of the following assessments conducted by a CBHC:

- Mental health intake assessment
- Substance use intake assessment
- Integrated mental health and substance use intake assessment
- Psychiatric assessment
- Psychological testing and evaluation

The individual who conducts a professional behavioral health assessment must document in the written assessment that the results of the behavioral health screening were reviewed and considered during the assessment.

**Mental Health Intake Assessment:** conducted upon admission to services and periodically during the course of treatment to assess and document

- Recipient's mental status and social and medical history
- Nature and severity of any identified mental health disorder
- Diagnosis consistent with the
  - Diagnostic and Statistical Manual of Mental Disorders
  - International Classification of Diseases
  - 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
- Functional impairment

Alaska Medicaid covers a single mental health intake assessment per recipient per state fiscal year consisting of one or more face to face sessions and a review of collaterally connected information at the start of services and one assessment every six months afterwards. The assessment must be conducted by a mental health professional clinician, physician, physician assistant, or an advanced nurse practitioner working within the scope of the provider's education, training, and experience. A written record of the mental health intake assessment must be included in the recipient's clinical record and updated as new information becomes available.

**Substance Use Intake Assessment:** conducted upon admission to services and during the course of active treatment for the purpose of determining and documenting

- If the recipient has a substance use disorder
- The nature and severity of any identified substance use disorder
- The correct diagnosis
- Treatment recommendations that form the basis of a subsequent behavioral health treatment plan
- Functional impairment

Alaska Medicaid covers a single substance use intake assessment per recipient per state fiscal year consisting of one or more face to face sessions and a review of collaterally connected information at the start of services and one assessment every six months afterward. A substance use intake assessment may be conducted by only a substance use disorder counselor, social worker, or other qualified program staff member

performing duties regularly within the scope of the individual's authority, training, and job description. However, if the assessment is conducted as part of detoxification services, the individual providing detoxification services may conduct the assessment. A written record of the assessment must be included in the recipient's clinical record and updated as new information becomes available.

**Integrated Mental Health and Substance Use Intake Assessment:** a combination of the previous two types of assessments that may be conducted by only a mental health professional clinician, physician, physician assistant, or an advanced nurse practitioner working within the scope of the provider's education, training, and experience. Alaska Medicaid covers one integrated assessment per recipient per state fiscal year at the start of services and one integrated assessment every six months afterward. The integrated assessment must be included in the recipient's clinical record and updated as new information becomes available.

**Psychiatric Assessment:** may serve as the professional behavioral health assessment if the recipient's condition indicates the need for a more intensive assessment, including an assessment to evaluate the need for medication. A psychiatric assessment interview must

- Be conducted by an enrolled dispensing physician, physician assistant, or an advanced nurse practitioner working within the scope of the provider's education, training, and experience
- Include a review of any general medical and psychiatric history or problem the recipient is presenting
- Include a relevant recipient history
- Include a mental status examination
- Result in a diagnosis consistent with the
  - Diagnostic and Statistical Manual of Mental Disorders
  - International Classification of Diseases
  - Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R)
- Include a listing of any identified psychiatric problems, including functional impairments, with treatment recommendations

Alaska Medicaid covers up to four psychiatric assessments per recipient per state fiscal year.

**Interactive Psychiatric Assessment:** may serve as the professional behavioral health assessment if the recipient's condition indicates the need for a more intensive assessment, including an assessment to evaluate the need for medication. An interactive psychiatric assessment using equipment and devices must

- Be conducted by an enrolled dispensing physician, physician assistant, or an advanced nurse practitioner working within the scope of the provider's education, training, and experience
- Include a review of any general medical and psychiatric history or problem the recipient is presenting
- Include a relevant recipient history
- Include a mental status examination
- Result in a complete diagnosis consistent with the multi-axial classification system used in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders
- Include a listing of any identified psychiatric problems, including functional impairments, with treatment recommendations



**Psychological Testing and Evaluation:** used to assist in the diagnosis and treatment of mental and emotional disorders. Psychological testing and evaluation includes

- Assessment of functional capabilities
- Administration of standardized psychological tests
- Interpretation of findings

Alaska Medicaid covers up to six hours of psychological testing and evaluation per recipient per state fiscal year. Neuropsychological testing and evaluation may be conducted up to 12 hours per recipient per state fiscal year by a provider qualified to perform neuropsychological testing. Testing must be conducted by a mental health professional clinician, physician, physician assistant, or an advanced nurse practitioner working within the scope of the provider's education, training, and experience.

Updated 01/02/2019

## Autism Services

A CBHC may employ enrolled autism services providers and be reimbursed for covered autism services provided to eligible recipients. For more information, refer to the [Autism Billing Manual](#).

Updated 01/02/2019

## Case Management

Alaska Medicaid covers case management provided to a recipient that is a child experiencing a severe emotional disturbance or an adult experiencing a serious mental illness or to the recipient's family for one or more of the following purposes:

- Coordinating assessments, treatment planning, and service delivery
- Providing linkage between the recipient and other needed services
- Monitoring, by direct observation by the directing clinician, the delivery of behavioral health services other than case management as those services are provided to the recipient to ensure that interventions and techniques are
  - Appropriate to the recipient's needs
  - Delivered at an adequate skill level
  - Achieving the treatment goals
- Providing advocacy and support to the parents and the foster parents of a child in foster care to preserve the placement
- Providing overall advocacy and support for the recipient's social, educational, legal, and treatment needs

Case management may be provided in any appropriate community setting, does not require the recipient to be present, and may be provided at the same time the recipient is receiving other services. Services may not exceed 180 hours per recipient per state fiscal year. Alaska Medicaid will cover no more than one hour per week per recipient of monitoring by the directing clinician. Only one case manager may be reimbursed for time setting up, traveling to or from, and attending a treatment team meeting conducted that recipient. Claims for case management services provided by any additional providers will not be paid.

Updated 03/19/2019

## Comprehensive Community Support Services for Adults

Alaska Medicaid covers comprehensive community support services, for a recipient 21 years of age or older which fulfill at least one of the following goals:

- Promote wellness, recovery, and resiliency
- Improve the recipient's overall functioning
- Assist the recipient to be successful with illness self-management
- Restore the recipient's capacity for more effective daily functioning and reduce the likelihood of institutionalization or institution-based care
- Help the recipient develop, maintain, or improve specific self-care, self-direction, communication, and social behavior
- Restore the recipient's ability to engage in normal, age-appropriate daily activities that may include the use of stores, restaurants, churches, recreational facilities, public transportation, and workplaces
- Restore the behavioral, emotional, or intellectual skills necessary to live, learn, or work productively in the recipient's environment, including the following activities of daily living:
  - Obtaining and remembering to take prescribed medication
  - Making appointments for health care or other needs
  - Arranging for transportation to and from appointments
  - Budgeting, meal planning, and grocery shopping
  - Choosing safe friends
  - Developing appropriate social relationships
  - Other daily living responsibilities associated with being a fully functioning adult

Comprehensive community support services are limited to the following:

- Teaching of life skills designed to restore the recipient's functioning
- Counseling focused on functional improvement, recovery, and relapse prevention
- Encouraging and coaching

Services may be provided to an individual or group on the premises of the CBHC, the recipient's residence, the recipient's workplace, or any other appropriate community setting. Individual comprehensive community support services may not exceed 240 hours per recipient per state fiscal year. Group services are limited to 140 hours per recipient per state fiscal year.

Updated 01/02/2019

## Daily Behavioral Rehabilitation Services

Alaska Medicaid covers daily behavioral rehabilitation services provided to a child experiencing a severe emotional disturbance residing in a licensed foster home or residential setting in order to

- Promote the recipient's wellness, recovery, and resiliency
- Assist the recipient with developing strategies for transitioning into adulthood.
- Improve the recipient's overall functioning and reduce the likelihood of
  - The recipient's failure in a school setting
  - Longer term separation from the recipient's family
  - Referral of the recipient to more restrictive institutional care
- Help the recipient

- Develop or improve specific age-appropriate social behavior
- Develop or improve self-management skills that will support overall success
- Make better behavioral choices within the recipient's family, school, and community

To qualify as daily behavioral rehabilitation, the services must provide safety, structure, supervision, and at least two of the following types of active treatment each day:

- Teaching of life skills designed to restore the recipient's functioning
- Counseling focused on functional improvement and relapse prevention
- Encouraging and coaching

There is no service limit on the amount of daily behavioral rehabilitation services that a recipient may receive in a year.

Updated 01/02/2019

## Day Treatment Services for Children

Day treatment services are covered for children experiencing a severe emotional disturbance in order to

- Promote the recipient's ability to be successful, independent of behavioral health services, in the community-based school environment
- Assist the recipient in developing self-management skills consistent with academic progress

To qualify as day treatment services for children, the services must be provided on the school premises on days that the recipient's school is in session as group treatment by an individual who delivers rehabilitation services within the educational setting. Day treatment services may not be provided more than six hours per school day and no more than 180 hours per state fiscal year. These services may include the following forms of active treatment:

- Teaching self-management skills designed to improve the recipient's academic and behavioral functioning
- Counseling focused on overall functional improvement in the school setting
- Encouraging and coaching to achieve academic and behavioral success in school

The CBHC must establish with the local school district a written agreement that specifies the overall goals of the collaborative effort, guidelines for meeting the criteria for services, roles and responsibilities of the parties to the agreement, and the resources, including personnel, contributed by each of the parties to the agreement.

Updated 01/02/2019

## Detoxification Services

Alaska Medicaid covers the following alcohol and drug detoxification services when delivered face-to-face to a child or adult experiencing a substance use disorder:

- Ambulatory detoxification with extended on-site monitoring
- Clinically managed residential detoxification
- Medically monitored residential detoxification

Only one service episode of detoxification services may be covered per day, but there is no service limit on the amount of detoxification services provided to a recipient in a fiscal year. The only services that are covered on the same day as alcohol and drug detoxification services are

- Behavioral health screening
- Professional behavioral health assessments
- Case management services
- Behavioral health clinic services
- A medical evaluation

Updated 01/02/2019

## Medical Evaluation

Alaska Medicaid covers one medical evaluation of a recipient in an opioid use disorder treatment program per admission that may include

- Consultation and referral
- Verification of one year of addiction
- Establishing dosage for methadone or another agonist/partial agonist

Recipients not receiving methadone may also receive one medical evaluation upon admission to detoxification treatment.

Updated 01/02/2019

## Medication Administration

Alaska Medicaid covers medication administration provided by medical personnel on the premises of the CBHC or off-premises at the recipient's home, school, or any other appropriate community setting. Services must be authorized on the recipient's behavioral health treatment plan.

Updated 01/02/2019

## Peer Support Services

Alaska Medicaid covers peer support services including:

- One-on-one or family activities designed to facilitate a smooth transition from an institutional setting to the community
- Assisting the recipient or recipient's family in regaining balance and control of their lives
- Enhancing the recipient's community living skills
- Supporting a self-directed recovery and independence

Peer support services are based on the unique therapeutic relationship between the provider, the recipient, and the recipient's family. All peer support services listed on the recipient's behavioral health treatment plan should focus on specific goals and objectives including identified benchmarks or other measurable outcomes. The behavioral health clinical associate who provides peer support services must

- Maintain frequent contact with the recipient either in-person or over the phone in order to support the recipient and participate in group activities
- Have experienced personal behavioral health issues or issues with family members

- Be supervised by a mental health professional clinician who the CBHC has determined is competent to supervise peer support services

Peer support services may only be offered in combination with individual therapeutic behavioral health services for children, family therapeutic behavioral health services for children, or individual comprehensive community support services.

Updated 01/02/2019

## Pharmacologic Management Services

Pharmacologic management services are covered when provided directly by a physician, physician assistant, or advanced nurse practitioner that is enrolled in Alaska Medicaid as a dispensing provider. The provider must monitor a recipient for the purposes of

- Assessing the need for pharmacotherapy
- Prescribing appropriate medications
- Monitoring the response to medication, including
  - Documenting medication compliance
  - Assessing and documenting side effects
  - Evaluating and documenting the effectiveness of the medication

Coverage is limited to one visit per recipient per week during the first four weeks of receiving pharmacologic management services. After the initial four weeks, coverage is further limited to one visit per recipient per month unless more frequent monitoring is required because of the requirements of the specific medication or a recipient's unusual clinical reaction to a medication.

Updated 01/02/2019

## Psychotherapy

Alaska Medicaid covers up to ten hours per recipient per state fiscal year of combined individual, group, or family psychotherapy services which may include:

- Insight oriented individual psychotherapy
- Interactive individual psychotherapy
- Group psychotherapy
- Family psychotherapy – with or without recipient
- Multi-family group psychotherapy

Biofeedback or relaxation therapy may be covered as an element of insight oriented individual psychotherapy and interactive individual psychotherapy when prescribed by a physician or ordered by a mental health professional clinician and included in the behavioral health treatment plan as a recognized treatment for chronic pain syndrome, panic disorder, or phobias.

Family psychotherapy may be provided through telemedicine, with or without recipient involvement, if the services could not be provided in person and the clinician documents the reason for providing the service telephonically in the recipient's treatment notes for each session.

Updated 01/02/2019

## Recipient Support Services

Alaska Medicaid may cover up to four hours of recipient support services per recipient per calendar day. The current need for support services must be identified through a professional behavioral health assessment that

- Documents the recipient's history of high-risk behavior or the rationale for heightened vigilance
- Recommends the frequency and location where the service should be provided

The recipient's behavioral health treatment plan must identify the recipient's target symptoms and outline how the staff of the CBHC is expected to respond to and resolve the recipient's high-risk behavior. The CBHC staff providing recipient support at any time of day must be awake, present, and able to hear or observe the recipient's behavior and, if that behavior puts the recipient or others at risk, respond to prevent harm to the recipient or others. Services may be provided at the recipient's residence, workplace, school, or any other appropriate community setting specified in the behavioral health treatment plan and may be provided to more than one recipient by the same staff during the same session if each recipient lives in the same household.

Alaska Medicaid may cover recipient support services while the recipient is concurrently receiving other behavioral health services if a recipient is at high risk of committing violence to themselves or others. A recipient is considered at high risk of committing violence to themselves or others if the recipient

- Has received a diagnosis, including a substance use disorder, according to the standards of the
  - Diagnostic and Statistical Manual of Mental Disorders
  - International Classification of Diseases
  - Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R)
- Has a history of violence
- Currently presents either
  - Assaultive or threatening behavior
  - Delusions or command hallucinations of violent content.

With service authorization, more than one CBHC staff member may concurrently provide support services to a recipient at high risk of committing violence.

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## Residential Substance Use Treatment Services

Alaska Medicaid covers residential substance use treatment services if the provider is operating a structured residential program to treat substance use disorders. To qualify as residential substance use treatment services, a CBHC must provide the following active treatment each day the recipient is in treatment:

- Teaching of life skills designed to restore or improve the recipient's overall functioning relative to their substance use disorder
- Counseling focused on functional improvement, recovery, and relapse prevention
- Encouraging and coaching

Residential substance use treatment services may be provided within the structured residential program as individual, group, or family services with no limit on the amount of hours that may be provided in a fiscal year.

The only behavioral health services that the department will pay for on the same day as residential substance use treatment services are

- Behavioral health screening
- Completing a client status review
- Professional behavioral health assessments
- Case management services
- Behavioral health clinic services
- A medical evaluation

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## Screening and Brief Intervention Services

Alaska Medicaid covers screening and brief intervention services provided 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 feedback, goal setting, coping strategies, risk factor identification, information, and advice. The CBHC must refer the recipient to a behavioral health treatment program that provides services that will meet the recipient's need if

- The screening reveals that the recipient is at severe risk of substance use problems
- The recipient is already substance dependent
- The recipient has already received brief intervention or treatment for substance use and was non-responsive

Delivery of screening and brief intervention services does not require an intake assessment or behavioral health treatment plan. All services provided must be documented in progress notes in the recipient's clinical record.

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## Short-term Crisis Intervention Services

Alaska Medicaid covers short-term crisis intervention services provided by a mental health professional clinician that performs an initial assessment of the recipient's mental, emotional, and behavioral status and overall functioning in relation to the short-term crisis. Any medically necessary and clinically appropriate behavioral health, rehabilitation, or intervention service may be provided as part of crisis intervention services in order to achieve the following:

- Reduce the symptoms of the acute mental, emotional, or behavioral disorder
- Prevent harm to the recipient or others
- Prevent further relapse or deterioration of the recipient's condition
- Stabilize the recipient within the family system, if one exists

Short-term crisis intervention may include individual or family psychotherapy, training, or education related to resolving the existing short-term crisis and preventing a future crisis

as well as monitoring the recipient for safety purposes. The mental health professional clinician is responsible for planning and directing all behavioral health services needed to respond to the short-term crisis (except for pharmacologic management services) and writing the intervention plan that contains

- Treatment goals derived from the assessment of the crisis
- Descriptions of the medically necessary and clinically appropriate services provided to resolve the existing short-term crisis

Services may be provided in a hospital emergency room before the recipient is admitted, crisis response facility, or in the recipient's home, workplace, or school. Services may not exceed 22 hours during a state fiscal year. If a recipient is receiving short-term crisis intervention services, Alaska Medicaid will only cover the behavioral health services identified in the short-term crisis intervention plan for the duration of the short-term crisis intervention regardless of any behavioral health treatment plan in place at the onset of the crisis. All services must be documented on an Emergency Service Contact form by the individual that provides the service and filed in the recipient's clinical record.

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## Short-term Crisis Stabilization Services

Alaska Medicaid covers short-term crisis stabilization services provided by a substance use disorder counselor or a behavioral health clinical associate. The counselor or clinical associate must perform an initial assessment of the recipient's overall functioning in relation to the short-term crisis and develop and document a short-term crisis stabilization plan. As part of the short-term crisis stabilization plan, any medically necessary and clinically appropriate behavioral health rehabilitation services necessary to return the recipient to the recipient's mental, emotional, and behavioral level of functioning before the short-term crisis occurred may be provided including:

- Individual or family counseling, training, or education related to resolving the existing short-term crisis and preventing a future crisis
- Monitoring the recipient for safety purposes
- Any behavioral health rehabilitation services

Services may be provided at a CBHC, crisis response facility, or in the recipient's home, workplace, or school. Short-term crisis stabilization services may not exceed 22 hours during a state fiscal year. If a recipient is receiving short-term crisis stabilization services, Alaska Medicaid will only cover the behavioral health services identified in the short-term crisis stabilization plan for the duration of the short-term crisis stabilization regardless of any behavioral health treatment plan in place at the onset of the crisis. All services must be documented on an Emergency Service Contact form and filed in the recipient's clinical record.

If the substance use disorder counselor or behavioral health clinical associate is unable to resolve the short-term crisis, a mental health professional clinician may assume responsibility for the case and begin providing short-term crisis intervention services.

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## Telemedicine

Alaska Medicaid will pay for a covered medical service furnished through telemedicine application if the service is



- Covered under traditional, non-telemedicine methods
- Provided by a treating, consulting, presenting, or referring provider
- Appropriate for provision via telemedicine

## Covered Services

Covered telemedicine services are limited to

- An initial visit
- One follow-up visit
- A consultation to confirm a diagnosis
- Diagnostic, therapeutic, or interpretive services
- A psychiatric or substance abuse assessment
- Psychotherapy
- Pharmacological management services on an individual recipient basis

For instructions on billing for telemedicine services, see [Section II: Professional Claims Management](#).

## Telemedicine Methods of Delivery

Alaska Medicaid will pay for telemedicine services delivered in the following manner:

- Interactive method: Provider and patient interact in “real time” using video/camera and/or dedicated audio conference equipment.
- Store-and-forward method: The provider sends digital images, sounds, or previously recorded video to a consulting provider at a different location. The consulting provider reviews the information and reports back his or her analysis.
- Self-monitoring method: The patient is monitored in his or her home via a telemedicine application, with the provider indirectly involved from another location.

## Exclusions

Alaska Medicaid will not pay for

- The use of telemedicine equipment and systems
- Services delivered by telephone when not part of a dedicated audio conference system
- Services delivered by fax
- The following services provided by telemedicine application:
  - Direct entry midwife
  - Durable medical equipment (DME)
  - End-stage renal disease
  - Home and community-based waiver
  - Personal care assistant
  - Pharmacy
  - Private duty nursing
  - Transportation and accommodation
  - Vision (includes visual care, dispensing, or optician services)

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## Therapeutic Behavioral Health Services for Children

Alaska Medicaid covers therapeutic behavioral health services for recipients under 21 years of age with a severe behavioral disorder, if those services

- Improve the recipient's overall functioning and reduce the likelihood of
  - Removal from a school setting
  - Placement out of the family home
  - Referral to institutional care
- Help the recipient's family to develop or improve specific child behavior management skills
- Promote wellness, recovery, and resiliency
- Help the recipient
  - Develop or improve specific age-appropriate social behavior
  - Develop or improve self-management skills that will support academic success
  - Make better behavioral choices within their family, school, and community overall
- Assist the recipient in developing more functional coping strategies

Therapeutic behavioral health services for children may be provided on the CBHC premises, at the recipient's home or school, or any other appropriate community setting. Services may be provided on an individual basis or in a group or family setting. Therapeutic behavioral health services are covered within the following service limitations:

- Individual: not to exceed 100 hours per recipient per state fiscal year
- Group: not to exceed 140 hours per recipient per state fiscal year
- Family: not to exceed 180 hours per recipient per state fiscal year

Therapeutic behavioral health services for children are limited to the following:

- Teaching of life skills designed to restore the recipient's functioning
- Counseling focused on functional improvement, recovery, and relapse prevention
- Encouraging and coaching

Group therapeutic behavioral health services may be provided in a classroom setting if all group participants have similar treatment needs and additional group sessions are held outside the regular academic class at least twice a week for the purpose of

- Creating a clear awareness among recipients of the specific in-class behaviors that are the focus of treatment
- Reviewing each recipient's strategies for success
- Facilitating the group's assessment of individual progress
- Preparing each recipient in the group for the classroom

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# Non-covered Services

The services listed below are non-covered for CBHCs. This list is representative of non-covered services and procedures and is not intended to be all-inclusive. For additional non-covered services, refer to the [Autism Billing Manual](#) and [Section III: General Program Information](#).

- Daily supervisory activities provided to a child in a foster home or residential setting that a parent or foster parent would normally carry out to assure protection, emotional support, and care of a child who is not a child experiencing a severe emotional disturbance
- Any behavioral health service provided by the recipient's foster parent on the same day, including residential behavioral rehabilitation services
- Day treatment services delivered by the teacher providing the academic program
- Outpatient mental health services provided by a hospital or psychiatric facility
- Experimental therapy
- Telephonic services other than for
  - Case management
  - Family psychotherapy when circumstances are such that the service could not otherwise be provided
  - An assessment as part of crisis intervention when the assessment portion of these services cannot be performed face-to-face
- Preparation of reports as a separate service
- Narcosynthesis
- Socialization
- Recreation therapy
- Primal therapy
- Rage reduction or holding therapy
- Marathon group therapy
- Megavitamin therapy
- Pastoral counseling
- Explanation of an examination to a family member or other responsible individual that is provided outside of family therapy session
- Any therapy or evaluation if the documentation required is inadequate or absent from recipient's behavioral health treatment plan or clinical record
- Room and board costs as part of a behavioral health clinic or rehabilitation service
- The cost of transportation or travel time as part of a behavioral health clinic or rehabilitation service other than the assigned case manager to a recipient under the age of 21 experiencing a severe emotional disturbance
- Case management provided by a family member or foster parent of the recipient

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# Claim Submission

Refer to [Section II: Professional Claims Management](#) for claim submission instructions and to the [CMS-1500 Claim Form instructions](#) for claim form completion instructions specific to Alaska Medicaid.

# Pricing Methodology

## Community Behavioral Health Clinic Fees

Alaska Medicaid reimburses for CBHC services at the lesser of billed charges or the amount listed in the [Community Behavioral Health fee schedule](#). The Community Behavioral Health fee schedule lists procedure codes for covered CBHC services, service authorization requirements, daily and annual service limits, and the maximum allowable reimbursement rate. Providers should use these codes when submitting a claim.

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