Division of Behavioral Health

Regulations Transition
Applicability & Scope
Transition Issues . . .

Effective Date

✓ Regulations went into effect October 1, 2011
✓ Providers allowed a delay of implementation thru December 30, 2011
✓ Providers expected to be in full compliance January 1, 2012
✓ Medicaid behavioral health services provided prior to October 1 may still be billed utilizing existing procedural codes up to 1 Year from date of service
Transition Issues . . .

Program Approval

✓ All Providers received Program Approval to continue operations after Oct. 1
✓ Expiration Dates of Approval based on current status of Provider
✓ Providers with Provisional Approval OR that want to expand services must participate in formal program evaluation
Transition Issues . . .

Medicaid Behavioral Health Services

✓ Many Services have remained the SAME
✓ Some Services have CHANGED
✓ Several Services have been added that are NEW
✓ Some Services ENDED
Transition Issues . . .

AKAIMS

✓ AKAIMS converted to new functionality September 2011 to align with new Regulations requirements
✓ All functionality associated with previous regulations (Medicaid procedural codes, etc.) remains on-line for one year to accommodate delays in Medicaid billing.
Transition Issues . . .

NEW Clinical Record Documentation Requirements

✓ AST and CSR now required by Regulation
✓ Professional BH Assessments must include:
  ➢ Assessment of functional impairment
  ➢ Fact that AST was considered as clinical information
  ➢ Criteria for RSS (if ordered)
✓ Treatment Plan signed by Directing Clinician AND Recipient
✓ Indication of Non-Attendance by Treatment Team Members
Applicability & Scope . . .

“What Do Chapters 70 and 135 Cover?”

7 AAC 70 Describes:
- Behavioral Health Service Providers
- Provider [Agency] Qualifications
- Provider Operational Requirements
- Eligible Recipients of Publicly Funded BH Services

7 AAC 135 Describes:
- Medicaid Regulations that govern Behavioral Health Services
- Service Authorizations & Limits
- Recipient Eligibility for Medicaid Funded BH Services
Applicability & Scope . . .

“To Whom Does Chapter 70 Apply?”

7 AAC 70:
1. Community Mental Health Treatment Providers Receiving Public Funds
2. Substance Use Treatment Providers Receiving Public Funds
3. Non-Publicly Funded Substance Use Providers
   a. For Recipients Referred by ASAP
   b. Programs Operated by or for Dept. of Corrections
“To Whom Does Chapter 135 Apply?”

7 AAC 135:

1. Community Behavioral Health Service Providers  
   (i.e. Publicly funded Mental Health and Substance Use Treatment Providers)

2. Mental Health Physician’s Clinics

NOTE: “To be eligible for payment under [Ch. 135] for providing Medicaid BH services, a provider must be enrolled in Medicaid under 7 AAC 105.210”  
[7 AAC 135.030]
Applicability & Scope . . .

“What is the Scope of Chapter 70?”

A. Establishes Criteria for Department Approval of Behavioral Health Service Providers
B. Establishes Eligibility Requirements for Recipients of Publicly Funded BH Services
C. Outlines Recipient Rights
D. Establishes Provider Qualifications for:
   i. Community Behavioral Health Services Provider
   ii. Alcohol & Drug Detoxification Services
   iii. Residential Substance Use Treatment Services
   iv. Non-Publicly Funded Substance Use Treatment Provider
Scope of Chapter 70, con’t. . .

E. Establishes Requirement for “National Accreditation” of ALL Provider Organizations

F. Outlines Procedures for Approval of Alternative Accreditation

G. Lists the “Interim Standards for Operation” for a Behavioral Health Services Provider

H. Reaffirms Dept. Authority to “Place a Condition on, Suspend, or Revoke an Approval” of a Behavioral Health Services Provider (for Non-Compliance with 7 AAC 70)

I. Lists Resources Adopted by Reference
Applicability & Scope . . .

“What is the Scope of Department Approval?”

• Establishes the General Operational Requirements for Community Behavioral Health Services Providers (CBHS)

• Confirms Department Responsibility to:
  – Identify CBHS Service Areas
  – Approve CBHS Physical Locations
  – Set the Types of Services to be Provided by CBHS

• Impose Conditions on Approvals
Applicability & Scope . . .

“What is the Scope of Chapter 135?”

A. Defines the Criteria that Must Exist for the Department to Pay for BH Services Under Medicaid

B. Establishes the Recipient Eligibility Requirements that Must Exist for a Person to Receive Medicaid Funded BH Services

C. Establishes Requirements for Enrollment, and Organization Criteria for a Provider to Receive Payment for BH Services Under Chapter 135
Scope of Chapter 135, con’t. . .

D. Defines Covered, and Non-Covered, BH Services

E. Explains Annual Service Limitations and Parameters for Service Authorization to exceed Service limits

F. Describes in Detail ALL Covered Behavioral Health Services
Applicability & Scope . . .

“What Other Regulations Have Been Affected?”

- 7 AAC 29 and 7 AAC 71 Repealed; All Pertinent Material from Both Adopted into Chapter 70
- 7 AAC 43 Repealed; All Pertinent Material Adopted into Chapter 135
- 7 AAC 145.580 Repealed; Rewritten to Reflect New Payment Rates and to Match Payment Methodology in Chapter 135
- 7 AAC 160.990 includes more Behavioral Health related definitions
Other Affected Regulations, con’t...

• **Medicaid Regulations: 7 AAC 105 – 7 AAC 160**
  – Updates & Cross-References to other Regulations
  – Conforming Amendments to Reflect New Terms & Definitions