



# Division of Behavioral Health

## Behavioral Health Services Integrated Regulations Training

### *Provider Agency Requirements*

September 2011

# Dept. Approval of BH Provider

7 AAC 70.030

- Organization must meet requirements for CBHS provider (7 AAC 70.100)
- Must be accredited or working toward accreditation (7 AAC 70.150)
- Dept. approves: services, service area, business locations
- Approval is granted for fixed period of time:
  - Date of expiration of accreditation certificate
  - 3 years for non-accredited agencies / 2 years for provisional approval

# Provider Agency Qualifications

7 AAC 70.100

## Provider Organizations MUST:

1. Be: city, borough or nonprofit
2. Must receive money from the Dept.
3. Have formal agreement with physician if providing clinic services
4. Collect statistical, service data
5. Participate in Dept. service delivery planning
6. Maintain “Medicaid standard” clinical records
7. Have Policies & Procedures

# Provider Organization Qualifications (con't)

8. Provide services to eligible consumers regardless of ability to pay
9. NOT replace local funding with grant funds
10. Be a “dual diagnosis capable” or “dual diagnosis enhanced” program - 7 AAC 70.990 (19)(20)
11. Meet additional requirements for *Alcohol and Drug Detoxification Services* OR *Residential Substance Use Treatment Services*
12. Hold Accreditation from approved agency OR Meet Interim Standards for Operation

# What's New!

## *All of these used to be Grant requirements*

1. City, borough, non-profit
2. Physician's agreement
3. Collect service data
4. Participate in Dept. service delivery planning
5. Maintain clinical records
6. Have P&P's
7. Serve consumers regardless of ability to pay
8. NOT supplant grant funds
9. Be a dual diagnosis "capable" or "enhanced" program

## *These are new!*

2. Receive money from the Dept.
11. Meet additional requirements for *Alcohol and Drug Detoxification Services (if Detoxification Services are provided)* OR
12. *Residential Substance Use Treatment Services (if Residential Substance Use Services are provided)*
13. Requirement for Obtaining National Accreditation
14. Meet Interim Standards

# Detoxification Level Differences

<b>Ambulatory <u>with</u> extended on-site monitoring Level II-D</b>	<b>Clinically-Managed Residential Level III.2-D</b>	<b>Medically Monitored Residential Level III.7-D</b>
<p><u>Organized Outpatient service</u></p> <p>Level II-D services are provided in regular scheduled sessions. They are delivered under a defined set of policies and procedures or medical protocols. Outpatient services are designed to treat the patient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering drugs (including alcohol) and to effectively facilitate the patients entry into ongoing treatment and recovery.</p> <p>Essential to this level of care is the availability of appropriately credentialed and licensed nurses who monitor patients over a period of several hours each day of services.</p> <p>Pg. 145 of ASAM</p>	<p><u>Organized Residential Service</u></p> <p>Level III.2-D services are provided <u>with 24-hour supervision</u>, observation and support to patients who are experiencing withdrawal. Emphasis is placed on <u>peer and social support</u>.</p> <p>Essential to this level of care is to provide recipients whose intoxication/withdrawal signs and symptoms are sufficiently severe enough to require 24-hour structure and support. However, the full resources of a Level III.7-D, medically monitored residential detox service is not necessary.</p> <p>Pg. 146 of ASAM</p>	<p><u>Organized Residential Service</u></p> <p>Level III.7-D services are provided with 24-hour <u>medically supervised</u> evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols.</p> <p>Essential to this level of care is to provide recipients whose intoxication/ withdrawal signs and symptoms are so severe that they require 24-hour structure and support by medical professionals.</p> <p>Pg. 146 of ASAM</p>

# Detox Services Requirements

7 AAC 70.110

	Ambulatory w/ Onsite Monitoring	Clinically Managed Residential	Medically Monitored Residential
Required Staff	Physician, P.A., ANP, RN, LPN	Addictions Counselor, BH Clinical Associate, MH Prof Clinician	Physician, P.A., ANP; RN or LPN (supervised by Physician or ANP)
Required Conditions	<ul style="list-style-type: none"> <li>a) CBHS Provider OP service</li> <li>b) 24/7 Medical consult &amp; Emergency care</li> <li>c) Periodic eval of recipient condition &amp; tx to confirm safety for service</li> </ul>	<ul style="list-style-type: none"> <li>a) CBHS Provider Residential service</li> <li>b) 24/7 access to Medical consult &amp; care</li> </ul>	<ul style="list-style-type: none"> <li>a) CBHS Provider Residential service</li> <li>b) Med eval no later than 24hrs post intake</li> <li>c) Daily monitoring</li> <li>d) 24/7 access to telephonic Medical consult</li> <li>e) 24/7 Hourly monitoring of Pt's med's if Clinically/Medically necessary</li> </ul>

# Detox Services Requirements (con't)

	Ambulatory	Clinically Managed	Medically Monitored
<b>Required Services</b>	<ol style="list-style-type: none"> <li>1. Integrated MH/SA Intake Assessment</li> <li>2. Medical Eval.</li> <li>3. Monitoring, Assessment &amp; Management of intoxication</li> <li>4. Use of CIWA-Ar or COWS to eval. Withdrawal</li> <li>5. <u>At least three of:</u> <i>i-xi</i> (for extended on-site monitoring)</li> </ol>	<ol style="list-style-type: none"> <li>1. Integrated MH/SA Intake Assessment</li> <li>2. Medical Eval.</li> <li>3. <u>At least three of:</u> <ol style="list-style-type: none"> <li><i>i. Med's Admin.</i></li> <li><i>ii. Referral Services</i></li> <li><i>iii. Dx /Transition. Plan</i></li> <li><i>iv. Eval/Tx of Intox. &amp; Withdrawal</i></li> <li><i>v. Community Support Services</i></li> <li><i>vi. Crisis &amp; Relapse Planning</i></li> <li><i>vii. Daily Ind. Assess.</i></li> <li><i>viii. Case Mgmt</i></li> <li><i>ix. Disease Mgmt</i></li> <li><i>x. Urinalysis &amp; Breathalyzer</i></li> <li><i>xi. Coping Skills Dev.</i></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Integrated MH/SA Intake Assessment</li> <li>2. Medical Eval. (Re-eval by physician no later than 24hrs post admit for Methadone Pt's)</li> <li>3. Nurse (a) monitoring, assess. &amp; mgmt of intoxication (b) use of CIWA-Ar or COWS to evaluate Withdrawal</li> <li>4. 24/7 Medically supervised eval &amp; consultation</li> <li>5. <u>At least three of:</u> <i>i-xi</i></li> </ol>

# Detox Services Requirements (con't)

## *CBHS Provider Organizations Must:*

- A. Establish Medical intervention protocols for nursing or physician care, emergency procedures, client transfer to higher level of care.
- B. Establish & train staff in crisis mgmt protocols
- C. Confirm services are Medically Necessary/Clinically Appropriate according to:
  - i. ASAM Placement Criteria*
  - ii. DSM IV-R*
  - iii. CIWA-Ar*
  - iv. COWS*

# Detox Services Requirements (con't)

*All CBHS Provider Employees Delivering Detox Services Must Also:*

- A. Be Currently Certified in CPR, Basic 1<sup>st</sup> Aid, and Blood and Air-borne pathogens
- B. Work within scope of Education, Training, Experience and Credentials
- C. Be Supervised by Licensed Medical Personnel

# Detox Services Requirements (con't)

## Employee Qualifications (con't)

- D. Be Capable to:
  - i. Implement physician approved supervision & observation protocols
  - ii. Implement Provider developed medical intervention & crisis intervention protocols
  - iii. Assist with determination of, and transfer to, appropriate level of care
  - iv. Monitor, ID, treat or assist w/ Tx, of intoxication & withdrawal (using approved tools)
  - v. Follow Provider protocol re: when to seek medical care
  - vi. Observe & verify Pt's self-administer Meds according to physician Rx, laws and P&P's
  - vii. Monitor stability/instability of BH problems for Pt w/Co-occurring disorders

# Residential Substance Use Treatment Services Requirements

1. Residential SU Tx provided as Clinically Managed *Low, Medium or High* Intensity services.
2. All Residential SU Tx Programs must provide the same Basic Services array
3. All Services must be provided 24/7 and must be “medically necessary/clinically appropriate”, and based on ASAM Placement Criteria and DSM-IVR
4. There are Additional Program Conditions, Staffing Requirements and Services with Increased Treatment Intensity

# Residential Level Differences

<b>Low Intensity Level III.1</b>	<b>Medium Intensity Level III.3</b>	<b>High Intensity Level III.5</b>
<p>Level III.1 services are provided at least 5 hours per week. This service is designed to treat recipients who have problems applying recovery skills, lack of personal responsibility, or lack of connection to the worlds of work, education or family life. The recipients of this service need structure and support so they have an <u>opportunity to develop and practice</u> their interpersonal and group skills, strengthen their recovery skills, reintegrate into the community and possibly family, and find or return to school or employment.</p> <p>Pg. 72 of ASAM</p>	<p>Level III.3 services are deliberately provided in a <u>repetitive fashion to address the special needs</u> of recipients. Recipients are often elderly, cognitively impaired or Developmentally Disabled. Or are those in whom chronicity and intensity of the primary disease process requires a program that allows sufficient time to integrate the lessons and experiences of treatment into their daily lives.</p> <p>Pg. 73 of ASAM</p>	<p>Level III.5 services are designed to treat recipients with <u>significant social and psychological problems</u>. Such recipients can be characterized as having chaotic, non-supportive and often abusive interpersonal relationships; extensive experiences; extensive treatment or criminal justice histories; limited work histories and educational experiences and antisocial value systems. These deficits require comprehensive, multi-faceted treatment of <u>relatively long duration</u> that can address all of the patient's interrelated problems.</p> <p>Pg. 75 &amp; 75 of ASAM</p>

# Long Term Residential

- Long-Term Residential Inpatient Service:  
Longer exposure to interventions is necessary for patients to acquire basic living skills and to master the application and demonstration of coping and recovery skills. However duration of treatment **always depends on the individual's progress.**

# Residential SU Tx Requirements (con't)

## BASIC SERVICES for ALL RESIDENTIAL SU Tx

- Behavioral Health Assessment (addiction focused hx.)

- Tx Plan Maintenance:

- ✓ Case Mgmt
- ✓ Addiction Tx
- ✓ Health Care
- ✓ Mental Health
- ✓ Social Services
- ✓ Vocational Services
- ✓ Housing Services

- Individual, Group or Family Tx Components:

- ✓ Life Skills Development
- ✓ Counseling for productive daily activity
- ✓ Motivational Engagement
- ✓ Medication Administration
- ✓ Referrals to other agencies
- ✓ Discharge / Transfer Planning
- ✓ Comprehensive Community Support
- ✓ Crisis & Relapse Prevention Planning
- ✓ Management of Chronic Disease
- ✓ Urinalysis & Breathalyzer (to reinforce Tx.)
- ✓ Development of Social Network
- ✓ Family/Spouse Service to Support Recovery
- ✓ Didactic Motivational Interventions
- ✓ Development of Coping Skills

7 AAC 70.120

# Residential SU Tx Requirements (con't)

	LOW-Intensity	MEDIUM-Intensity	HIGH-Intensity
Required Staff	<ul style="list-style-type: none"> <li>•Addictions Counselor</li> <li>•BH Clinical Associate</li> </ul>	<p><i>24/7 Coverage by:</i></p> <ul style="list-style-type: none"> <li>•Addictions Counselor</li> <li>•BH Clinical Associate</li> <li>•MH Prof. Clinician</li> </ul>	<p><i>24/7 Coverage by:</i></p> <ul style="list-style-type: none"> <li>•Addictions Counselor</li> <li>•BH Clinical Associate</li> <li>•MH Prof. Clinician</li> </ul>
Required Services	<ul style="list-style-type: none"> <li>▪Residential Service on CBHS Provider Premises</li> <li>▪5hrs/Week Clinically Therapeutic Rehab</li> <li>▪Structured Recovery Environment to Prevent Relapse (Staffed 24/7)</li> </ul>	<ul style="list-style-type: none"> <li>▪Residential Service on CBHS Provider Premises</li> <li>▪20hrs/Week Clinically Therapeutic Rehab</li> </ul>	<ul style="list-style-type: none"> <li>▪Residential Service on CBHS Provider Premises</li> <li>▪Long-Term Residential</li> <li>▪20hrs/Week Clinically Therapeutic Rehab</li> </ul>

# Residential SU Tx Requirements (con't)

	LOW-Intensity	MEDIUM-Intensity	HIGH-Intensity
Required Medical Support	<ul style="list-style-type: none"> <li>✓ Access to Nursing Care and Observation</li> <li>✓ 24/7 Availability for Telephonic <i>OR</i> In-Person Consult w/Physician, P.A., ANP or Hosp Emg Staff</li> <li>✓ Appropriate On-site <i>or</i> Off-site medical, psychiatric &amp; psychological services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Access to Nursing Care and Observation</li> <li>✓ 24/7 Availability for               <ul style="list-style-type: none"> <li>-<u>Telephonic Consult</u> w/Physician, P.A., ANP or Hosp Emg Staff <u>nlt 8hrs</u> post problem onset <i>AND</i></li> <li>- <u>In-Person Consult</u> w/ medical staff <u>nlt 24hrs</u> post problem onset</li> </ul> </li> <li>✓ Appropriate On-site <i>or</i> Off-site medical, psychiatric &amp; psychological services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Access to Nursing Care and Observation</li> <li>✓ 24/7 Availability for               <ul style="list-style-type: none"> <li>-<u>Telephonic Consult</u> w/Physician, P.A., ANP or Hosp Emg Staff <u>nlt 8hrs</u> post problem onset <i>AND</i></li> <li>- <u>In-Person Consult</u> w/ medical staff <u>nlt 24hrs</u> post problem onset</li> </ul> </li> <li>✓ Appropriate On-site <i>or</i> Off-site medical, psychiatric &amp; psychological services</li> </ul>

# What's New with Detox and Residential SU Tx Services!

- Use of CIWA-Ar and COWS
- Requirement in Regulation to utilize ASAM Placement Criteria and DSM-IVR
- Staff Qualifications, Additional Competencies and Scope of Practice
- Certain Specific Services
- Procedure Codes & Payment Rates
- Program oversight provided by Medical Personnel
- “Residential” replaces old service designation “*Intermediate*”