



# Division of Behavioral Health

## Behavioral Health Services Integrated Regulations Training

### *Training Introduction & Objectives*

September 2011

# *Welcome!*

## Day 1 9am – 4pm

- Training designed for Provider agency Executive Leadership

## Day 2 9am – 4:45pm

- Training designed for treatment staff and billing specialists (some Day 1 info repeated)

# Division of Behavioral

- **Mission**

*“Promote wellness and recovery to assure behavioral health for all Alaskans”*

- **Vision**

Improved quality of life through the right service to the right person at the right time.

- **Values**

We respect:

- Honesty
- Dignity
- Innovation
- Diversity
- Collaboration

# Training Purpose & Objectives

1. Provide information about the Integrated Behavioral Health Services Regulations and relevant Medicaid Regulations.
2. Examine Provider's requirements to deliver, document, and bill behavioral health services.
3. Survey all new and changing behavioral health services and related requirements.
4. Review Provider resource materials, including the *Medicaid Provider's Behavioral Health Services Policy and Billing Manual*.
5. Discuss transition issues that impact both Provider's and Department's business operations.
6. As time allows, identify other related Provider issues.

# History & Background

- 2004 – DHSS integrates mental health & substance abuse treatment services
- 2005 – DHSS/Behavioral Health hosts Train-the-Trainer Conferences to assist grantee agencies to develop co-occurring capable services
- 2006 - Planning & Development begins for new Alaska Administrative Code, Behavioral Health Services Regulations

# History & Background

- Purpose of New Regulations:
  - To integrate community mental health center services regulations (formerly: 7 AAC 71) with substance abuse treatment services regulations (formerly: 7 AAC 29)
  - To include Medicaid coverage and payment for these new community-based behavioral health services
  - Expansion of Service Equity

# History & Background

- Planning & Development Process included:
  - DHSS/BH Internal Workgroup & External Stakeholder Steering Committee
  - Development of multiple DRAFTS
  - Release of three Separate Notice of Proposed Changes and Public Comment (June 4, 2009; January 29, 2010; and November 5, 2010)
  - Final Revisions based upon pertinent Public Comment and analysis by DHSS/BH professional staff

# Overview of Major Changes

1. 7 AAC 29 and 7 AAC 71 repealed in their entirety
2. All Regulations governing *non-Medicaid* substance abuse treatment facilities integrated into 7 AAC 70.
3. All [remaining] sections of 7 AAC 43 repealed and adopted under 7 AAC 135
4. Technical and conforming amendments made to 7 AAC 100 – 7 AAC 130
5. Technical and conforming amendments made to 7 AAC 140 – 7 AAC 160

# Overview of Major Changes

6. Created 7 AAC 70: “Behavioral Health Services”
  - a) Application Requirements
  - b) Provider Qualifications & Standards
  - c) Accreditation
  - d) Interim Standards
  - e) Sanctions
  - f) Recipient Eligibility & Rights
  - g) Detox & Residential Substance Use Treatment Services

# Overview of Major Changes

7. Created 7 AAC 135: “Medicaid Behavioral Health Services”
  - a) Integrates mental health clinic, rehabilitation, and substance abuse treatment service regulations
  - b) Constitutes significant redesign of Medicaid behavioral health coverage and payment regulations in 7 AAC 43
  - c) 7 AAC 145.580 repealed and readopted to match payment methodology & payment rates in 7 AAC 135

# Overview of Major Changes

8. Created 7 AAC 135.800 – Residential behavioral rehabilitation services provided by OCS residential child care facility grantees
9. Technical and conforming amendments made to 7 AAC 140 – 7 AAC 160
  - a) Updates & cross-references other Regulations
  - b) Updates new terms & definitions used in 7 AAC 135
  - c) Adopts by reference the “Residential Behavioral Rehabilitation Services Handbook”

# Expected Outcomes of New Regulations

- Improved Recipient Care
- Improved Treatment Accountability
- Improved service delivery based on recipient needs and criteria
- Improved compatibility between Regulations and provider services as delivered presently
- Improved Fiscal Accountability
- Strengthened integration of MH & SA service delivery system
- Enhanced Promotion of CQI across service delivery system