

Concurrent State Plan Medicaid and 1115 Waiver Services

and

Contraindicated Services

Optum Alaska



Concurrent Services

Concurrent Services are Medicaid State Plan Behavioral Health Rehabilitation Services in 7 AAC 135.010(c) that are provided to the same recipient **during the same treatment plan period.**

- There are two 1115 Waiver services regulations for concurrent state plan services:
- 7 AAC 138.030 for 1115 Waiver SUD Services
- 7 AAC 139.030 for 1115 Waiver BH Services

Concurrent Services with 1115 Waiver SUD Services

7 AAC 138.030 Provision of Medicaid state plan services

- (b) A provider may only provide a behavioral health rehabilitation service listed in 7 AAC 135.010(c) concurrently with services under this chapter if the provider first obtains authorization from the department for a service listed in 7 AAC 135.010(c).
- This means all behavioral health rehabilitation services listed in 7 AAC 135.010(c) require a prior authorization under this section.

Concurrent Services with 1115 Waiver SUD Services – Cont.

Procedure Code/ Modifier	Service Description	Duration	Department Program Approval Category
T1023	Behavioral Health Screen	1 screening	All program Approval Types
H0001	Alcohol and/or Drug Assessment	1 Assessment	Rehab
H2011	Short-term Crisis Stabilization Service	15 minutes	Rehab
T1016	Case Management	15 minutes	Rehab
H2019	Therapeutic BH Services - Individual	15 minutes	Rehab
H0038	Peer Support Services - Individual	15 minutes	Rehab
H2019-HQ	Therapeutic BH Services - Group	15 minutes	Rehab
H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	Rehab
H2019-HS	Therapeutic BH Services - Family (w/o patient present)	15 minutes	Rehab
H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	Rehab
H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	Rehab
H2015	Comprehensive Community Support Services - Individual	15 minutes	Rehab
H0038	Peer Support Services - Individual	15 minutes	Rehab
H2015-HQ	Comprehensive Community Support Services - Group	15 minutes	Rehab
H2017	Recipient Support Services	15 minutes	Rehab
T1007	Treatment Plan Review for Methadone Recipient	1 review	Rehab or Detox or Residential Substance Use Tx
H0033	Oral Medication Administration, direct observation; on premises	1 day	Rehab or Detox or Residential Substance Use Tx
H0033-HK	Oral Medication Administration, direct observation; off premises	1 day	Rehab or Detox or Residential Substance Use Tx
H0020	Methadone Administration and/or service	administration episode	Rehab or Detox or Residential Substance Use Tx
H0002	Medical Evaluation for Recipient NOT Receiving Methadone	1 evaluation	Rehab or Detox or Residential Substance Use Tx
H0002-HF	Medical Evaluation for Recipient Receiving Methadone Treatment	1 evaluation	Rehab or Detox or Residential Substance Use Tx
99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	Clinic or Rehab
H0018	Daily Behavioral Rehabilitation Services	1 day all rehab services	Rehab

Concurrent Services with 1115 Waiver BH Services

7 AAC 139.030 Provision of Medicaid state plan services

- (b) A provider may only provide a behavioral health rehabilitation service listed in 7 AAC 135.010(c) concurrently with services under this chapter if the provider first obtains prior authorization from the department for a service listed in 7 AAC 135.010(b)* or (c).

* Behavioral health clinic services listed in 7 AAC 135.010(b) **do** **not** require a prior authorization under this section.

Concurrent Services with 1115 Waiver BH Services – Cont.

The following behavioral health rehabilitation services may be provided **without prior authorization** under 7 AAC 139.030:

- (c) A provider may conduct an **assessment** and a **screening** under 7 AAC135.110 for an eligible individual under this chapter without prior authorization from the department.
- (d) A provider may provide . . . a **short-term crisis stabilization service** under 7 AAC 135.170 for an eligible individual under this chapter without prior authorization.
- (e) A provider may conduct a **screening and brief intervention service** under 7 AAC 135.240 for an eligible individual under this chapter without prior authorization from the department.

Concurrent Services with 1115 Waiver BH Services – Cont.

Procedure Code/ Modifier	Service Description	Duration	Department Program Approval Category
T1016	Case Management	15 minutes	Rehab
H2019	Therapeutic BH Services - Individual	15 minutes	Rehab
H0038	Peer Support Services - Individual	15 minutes	Rehab
H2019-HQ	Therapeutic BH Services - Group	15 minutes	Rehab
H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	Rehab
H2019-HS	Therapeutic BH Services - Family (w/o) patient present)	15 minutes	Rehab
H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	Rehab
H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	Rehab
H2015	Comprehensive Community Support Services - Individual	15 minutes	Rehab
H0038	Peer Support Services - Individual	15 minutes	Rehab
H2015-HQ	Comprehensive Community Support Services - Group	15 minutes	Rehab
H2017	Recipient Support Services	15 minutes	Rehab
T1007	Treatment Plan Review for Methadone Recipient	1 review	Rehab or Detox or Residential Substance Use Tx
H0033	Oral Medication Administration, direct observation; on premises	1 day	Rehab or Detox or Residential Substance Use Tx
H0033-HK	Oral Medication Administration, direct observation; off premises	1 day	Rehab or Detox or Residential Substance Use Tx
H0020	Methadone Administration and/or service	administration episode	Rehab or Detox or Residential Substance Use Tx
H0002	Medical Evaluation for Recipient NOT Receiving Methadone	1 evaluation	Rehab or Detox or Residential Substance Use Tx
H0002-HF	Medical Evaluation for Recipient Receiving Methadone Treatment	1 evaluation	Rehab or Detox or Residential Substance Use Tx
H0018	Daily Behavioral Rehabilitation Services	1 day all rehab services	Rehab

Instructions for requesting prior authorization for Concurrent Services

- Prior authorization must be requested prior to service delivery
- Prior authorization does not guarantee payment of claim
- Prior authorization can be submitted in similar fashion to service authorizations (fax each request individually or submit through online portal. Forms and link can be found at Optum website <https://alaska.optum.com/content/ops-alaska/alaska/en/providers/Service-Authorizations.html>)
- Select yes on item 17
- Complete remainder of request form per routine

Instructions for requesting prior authorization for Concurrent Services – Cont.

1115 Substance Use Disorder Waiver Provider Service Authorization (SA) Request	
(*) Denotes required field	
*1. Provider Agency Name _____	*2. Tax ID _____
*3. Recipient Name _____	*4. Recipient ID _____
*5. Request Date _____	*6. AK AIMS Client ID _____
Provider Information	
*7a. Contact Name _____	*7b. Address: _____
*8. Phone No. _____	*9. Fax No. _____
*10. DSM E-Mail Address: _____	
Recipient Information	
*11. Admission Date: _____	*12. Planned Discharge Date: _____
*13. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	*14. Date of Birth _____
*15. Recipient eligibility (please select an applicable box):	
<input type="checkbox"/> A child (age 12-17) who may have a substance use disorder	
<input type="checkbox"/> A youth (age 18-21) who may have a substance use disorder	
<input type="checkbox"/> An adult with a substance use disorder	
*16. Recommended level of care (please select an applicable box):	
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Alcohol and Drug Withdrawal Management Services
<input type="checkbox"/> Intensive Outpatient	<input type="checkbox"/> Community Based Support Services
<input type="checkbox"/> Partial Hospitalization	<input type="checkbox"/> Crisis Services
<input type="checkbox"/> Residential and Inpatient SUD Treatment Services	
*17. Concurrent Medicaid State Plan Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*18. Is this a request for a new service authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*19. Is this a request for an amendment of an already approved service authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use this form for treatment plans that are implemented on or after 10/1/2019	
*20. Treatment Plan Date: _____ Enter the Treatment Plan date that supports this Service Authorization Request SA	
From: _____ Through: _____ (May not exceed 90 days correlated to treatment plan date).	



Contraindicated Services

Contraindicated Services are services that are **not allowed** to be provided to the same recipient on the same day as 1115 Waiver services.

If a service is approved in a service authorization for exceeding a recipient's service limits and it is contraindicated with another service, the contraindicated service **will be denied**, even if the provider has an approved service authorization.

The 1115 Waiver regulations are located at:

<http://dhss.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx>

Contraindicated Services – Continued

Reminder:

- Find the current regulations that are **effective October 4, 2020**
- Do not use old copies of the Administrative Manuals for finding Contraindicated Services

Section 1115 Medicaid Waiver Services

- ›  Alaska Behavioral Health Provider Standards and Administrative Manual for BH Provider Services
October 4, 2020
- ›  Alaska Behavioral Health Provider Standards and Administrative Manual for SUD Provider Services
October 4, 2020
- ›  Chart of 1115 Medicaid Waiver Services October 4, 2020
- ›  Chart of 1115 Medicaid Waiver Services October 29, 2019

Contraindicated 1115 Waiver SUD Services

Contraindicated 1115 Waiver SUD services are listed in the

[Alaska Behavioral Health Provider Service Standards & Administrative Procedures For SUD Provider Services](#)

Example:

Contraindicated Services	<ul style="list-style-type: none">• Partial Hospitalization Program• Children’s Residential Treatment Level I/II• Clinically Managed Residential Withdrawal Management-3.2• Medically Monitored Inpatient Withdrawal Management-3.7• Medically Managed Intensive Inpatient Withdrawal Management-4.0• Medically Monitored Intensive Inpatient Services-3.7• Medically Managed Intensive Inpatient Services-4.0• Clinically Managed Low Intensity Residential-3.1• Clinically Managed High Intensity Residential Treatment-3.3 (Population Specific)• Clinically Managed High Intensity Residential-3.5• Clinically Managed Medium Intensity Residential-3.5 Adolescent
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Contraindicated 1115 Waiver BH Services

Contraindicated 1115 Waiver BH services are listed in the

[Alaska Behavioral Health Provider Services Standards & Administrative Procedures for Behavioral Health Provider Services](#)

Example:

Contraindicated Service	<ul style="list-style-type: none">• Community Recovery Support Services• SUD Care Coordination• Intensive Outpatient Services• Partial Hospitalization Program• Rehabilitation Services• Intensive Case Management• Child Residential Treatment Level I/II• Psychiatric Residential Treatment Facility• Adult Mental Health Residential Level I/II• Clinically Managed Residential Withdrawal Management-3.2• Medically Monitored Inpatient Withdrawal Management-3.7• Medically Managed Intensive Inpatient Withdrawal Management-4.0• Medically Monitored Intensive Inpatient Services-3.7• Medically Managed Intensive Inpatient Services-4.0• Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)• Crisis Residential Stabilization <p><u>Exceptions for Residential Facilities</u></p> <ul style="list-style-type: none">• Level I HBFT and child residential treatment or PRTF services may be billed concurrently for up to 12 calendar days per year as part of a discharge plan from a residential treatment facility for an adult or child in the home.
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Questions?