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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 17-0008

This file contains the following documents in the order listed:

- 1) Technical Correction
- 2) Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages



KAY IVEY
Governor

Alabama Medicaid Agency

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STEPHANIE MCGEE AZAR
Commissioner

May 14, 2019

Ms. Shantrina D. Roberts
Deputy Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
Division of Medicaid Field Operations South
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303-8909

Dear Ms. Roberts:

The Alabama Medicaid Agency requests a technical correction to State Plan Amendment (SPA) AL-17-0008, Attachment 3.1-A page 6.13c2. SPA 17-0008 was submitted and approved by CMS with two pages numbered 6.13c2. We are requesting the correction be such that the duplicate page (which begins with item number 13) be renumbered to 6.13c3. Please find attached the corrected page.

Should you have questions or need additional information, please contact please contact Karen M. Smith, RN, Associate Director, Mental Health Programs, at (334) 353-4945 or karen.watkins-smith@medicaid.alabama.gov.

Sincerely,

/s/

Stephanie McGee Azar
Commissioner

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303-8909



Atlanta Regional Operations Group

May 14, 2019

Stephanie McGee Azar, Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Montgomery, AL 36103-5624

Re: Technical Correction: Alabama State Plan Amendment, Transmittal #17-0008

Dear Ms. Azar:

This technical correction is being issued to address pagination issues in Alabama State Plan Amendment (SPA) #17-0008. The Attachment 3.1-A pages submitted with this SPA contain two pages numbered 6.13c2. With this correction, the duplicate page beginning with item number 13, will be renumbered to 6.13c3.

This technical correction was approved on May 14, 2019, and is effective October 1, 2018. We are enclosing the corrected plan page.

If you have any questions, please contact Alice Hogan at 404-562-7432 or Alice.Hogan@cms.hhs.gov.

Sincerely,

/s/

Shantrina D. Roberts, MSN
Deputy Director
Division of Medicaid Field Operations South

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

October 26, 2018

Ms. Stephanie Azar, Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

Re: Title XIX State Plan Amendment, AL #17-0008

Dear Ms. Azar:

We have reviewed the proposed amendment to the Alabama State Plan, submitted under transmittal number AL-17-0008. This amendment updates service descriptions and adds new rehabilitative services for Medicaid-eligible recipients with mental illness, substance use disorder, or co-occurring mental illness and substance-use disorder diagnoses.

Based on the information provided, this amendment was approved on October 24, 2018. The effective date is October 1, 2018. We are enclosing the approved form 179 and plan pages.

If you have any questions, please contact Joseph Raymundo, joseph.raymundo@cms.hhs.gov, at 404-562-7406.

Sincerely,

//s//

Shantrina D. Roberts, MSN
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: AL-17-0008	2. STATE Alabama
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2018	

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 430 Subpart B 42 CFR 447.304 and 447.325	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$3,572,000 b. FFY 2019 \$14,376,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Pages 6.13-6.13f Attachment 3.1-A, pages 6.13f.1-6.13f.3 Attachment 4.19-B, Page 11	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Pages 6.13-6.13f NEW Attachment 4.19-B, Page 11

10. SUBJECT OF AMENDMENT:

The primary purpose for this amendment is to update service descriptions and add new services to the rehabilitative services provided for Medicaid recipients with mental illness, substance use disorder, or co-occurring mental illness and substance use disorder diagnoses. Also, an update will be made to the description of rate setting for rehabilitative services.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's designee on file
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Stephanie McGee Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TYPED NAME: Stephanie McGee Azar	
14. TITLE: Commissioner	
15. DATE SUBMITTED: December 22, 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/22/17	18. DATE APPROVED: 10/24/18
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/18	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Shantrina D. Roberts	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS: Approved with the following change to the 179 block # 4 as authorized by state agency on email dated 10/26/18.

Block # 4 Changed to read 10/01/18.

Effective Date: 01/01/94

13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

Effective Date: 01/01/92

13.a. Diagnostic Services

Other diagnostic services are provided only for children under 21 referred through the EPSDT Program.

13.b. Screening Services

Other screening services are provided only for children under 21 referred through the EPSDT Program.

13.c. Preventive Services

(1) Other preventive services for children are provided only if children under 21 are referred through the EPSDT Program.

Effective Date: 10/01/18

13.d. Rehabilitative services will be provided to Medicaid recipients on the basis of medical necessity. Although limits are provided for guidance, the limitation(s) noted can be exceeded based on medical necessity. While it is recognized that involvement of the family in the treatment of individuals with mental illness or substance use disorders is necessary and appropriate, provision of services where the family is involved clearly must be directed to meeting the identified recipient's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified recipient's treatment needs are not covered by Medicaid. An asterisk denoting this restriction will appear in each service description that makes reference to a recipient's collateral defined as a family member, legal guardian or significant other. Rehabilitation services that are delivered face to face can either be in person or via telemedicine/telehealth, as approved by the Alabama Medicaid Agency.

Services must be provided by practitioners who meet the following qualifications:

Rehabilitative Services Professional:

- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A certified social worker licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A registered nurse licensed under Alabama law who has completed a master's degree in psychiatric nursing
- A Masters Level Clinician is an individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other human service field areas who meets at least one of the following qualifications:
 - Has successfully completed a practicum as a part of the requirement for the degree or
 - Has six months of post master's level clinical experience AND
 - Has supervision by a master's level or above clinician with two years of postgraduate clinical experience.

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services --- Continued**

Effective Date: 10/01/18

- QSAP I (Substance Abuse): A Qualified Substance Abuse Professional I (QSAP I) shall consist of: (i) An individual licensed in the State of Alabama as a: (I) Professional Counselor, Graduate Level Social Worker, Psychiatric Clinical Nurse Specialist, Psychiatric Nurse Practitioner, Marriage and Family Therapist, Clinical Psychologist, Physician's Assistant, Physician; or (ii) An individual who: (I) Has a master's Degree or above from a nationally or regionally accredited university or college in psychology, social work, counseling, psychiatric nursing, or other behavioral health area with requisite course work equivalent to that of a degree in counseling, psychology, social work, or psychiatric nursing, and * (II) Has successfully completed a clinical practicum or has six month's post master's clinical experience; and * (III) Holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. which shall be obtained within thirty (30) months of date of hire.

Other Eligible Service Providers:

- A physician licensed under Alabama law
- A physician assistant licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Medical Examiners
- A Certified Registered Nurse Practitioner (CRNP) licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses
- Qualified Mental Health Provider – Bachelor's – A person with a Bachelor's Degree in a human services field.
- Qualified Mental Health Provider – Non-Degreed – A person with a high school diploma or GED supervised by a Rehabilitative Services Professional
- A Pharmacist licensed under Alabama state law.
- A Registered Nurse licensed under Alabama state law.
- A Practical Nurse licensed under Alabama state law.
- A Nursing Assistant certified pursuant to Alabama State Law.
- Medication Assistant Certified (MAC) Worker – A person working under a Medication Assistance Supervising (MAS) nurse that meets the Alabama Board of Nursing requirements.
- A Certified Youth Peer Specialist - Youth who has personal experience with children and adolescent's mental health, who is willing to share his/her personal experiences, who has at least a high school diploma or GED, and who has satisfactorily completed a Youth Peer Specialist training program approved by the state. Certified Peer Specialist must be supervised by a Rehabilitative Services Professional.

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. ---(Continued)**

13.d. **Rehabilitative services --- Continued**
Effective Date: 10/01/18

- A Certified Adult Peer Specialist who has personal experience with recovery from mental illness, who is willing to share his/her personal experiences, who has at least a high school diploma or GED, and who has satisfactorily completed a Peer Specialist training program approved by the state. A Certified Adult Peer Specialist must be supervised by a Rehabilitative Services Professional.
- A Parent Peer Support Specialist provider who is parenting or has parented a child experiencing mental, emotional or behavioral health disorders and can articulate the understanding of their experience with another parent or family member. This individual may be a birth parent, adoptive parent, family member standing in for an absent parent, or other person chosen by the family or youth to have the role of parent. This individual has at least a high school diploma or GED, and has satisfactorily completed a Parent Peer Support Provider training program approved by state. A Parent Peer Support Specialist must be supervised by a Rehabilitative Services Professional.

13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services --- Continued
Effective Date: 10/01/18

- QSAP II shall consist of: (i) An individual who: (I) Has a Bachelor's Degree from a nationally or regionally accredited university or college in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (II) Is licensed in the State of Alabama as a Bachelor Level Social Worker; or (III) Has a Bachelor's Degree from a nationally or regionally accredited college or university in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (IV) Holds a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium.
- QSAP III shall consist of: (i) An individual who: (I) Has a Bachelor's Degree from a nationally or regionally accredited university or college in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (II) Participates in ongoing supervision by a certified or licensed QSAP I for a minimum of one (1) hour individual per week until attainment of a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, or Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. which shall be obtained within thirty (30) months of hire.
- Qualified Paraprofessionals (QPP) shall have the following minimum qualifications: (i) A high school diploma or equivalent, and (ii) One (1) year of work experience directly related to job responsibilities and (iii) Concurrent participation in clinical supervision by a licensed or certified QSAP I.
- Certified Recovery Support Specialist (CRSS) / SA Peer Support Specialist must meet the following minimum qualifications: (i) Certified by ADMH as a Certified Recovery Support Specialist (CRSS) within six (6) months of date of hire, (ii) and has 2 years verified lived experience and (iii) Concurrent participation in clinical supervision by a licensed or certified QSAP I.

13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services --- Continued

Effective Date: 01/01/18

- Senior Social Work Supervisor – Master’s degree in Social Work from a social work program accredited by the Council on Social Work Education. Two years of professional social work experience in child welfare and/or adult services in a public welfare agency.
- Service Supervisor – Bachelor’s degree from an accredited* four year college or university in any major AND three (3) years of professional social work experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations OR Bachelor’s degree from an accredited* four year college or university AND 30 semester or 45 quarter hours in social or behavioral science courses AND two (2) years of professional social work experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations.
 - A Master’s Degree in Social Work from a social work program accredited* by the Council on Social Work Education will substitute for one year of the required professional experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations.
- Senior Social Worker - Master’s degree in Social Work from a social work program accredited by the Council on Social Work Education. Eligibility for Licensure as issued by the Alabama Board of Social Work Examiners.
- Social Worker - Bachelor’s degree in Social Work from a social work program accredited by the Council on Social Work Education. Eligibility for Licensure as issued by the Alabama Board of Social Work Examiners

13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services --- Continued
Effective Date: 10/01/18

- Social Service Caseworker- Bachelor's degree from an accredited* college or university in a social science OR a Bachelor's degree from an accredited* college or university with a degree in any major and at least 30 semester or 45 quarter hours in social or behavioral science courses.

Covered Rehabilitative Behavior Health Services are as follows:

- (1) Intake evaluation - An initial clinical evaluation of the recipient's request for assistance, presenting psychological and social functioning status, physical and medical condition, need for additional evaluation and/or treatment, and appropriateness for treatment of mental health or substance use disorders.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- Social Services Caseworker

Billing Unit: Episode

Max Unit Limitations: Unlimited

- (2) Medical Assessment and Treatment - Face-to-face contact with a recipient during which a qualified practitioner provides psychotherapy and/or medical management services. Services may include physical examinations, evaluation of co-morbid medical conditions, development or management of medication regimens, the provision of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services, or the provision of educational services related to management of a physical, mental health, or substance use disorder.

Eligible Provider Type:

- Physician
- Physician Assistant
- Licensed Certified Registered Nurse Practitioner (CRNP)

Billing Unit: 15 minutes

Maximum Units: 6 per day, 52 per year

13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services --- Continued
Effective Date: 10/01/18

- (3) Diagnostic Testing - Administration of standardized objective and/or projective tests of an intellectual, personality, or related nature in a face-to-face interaction between the recipient and a qualified practitioner or through computer-administered test and interpretation of the test result to assist with a definitive diagnosis. Once the diagnosis has been confirmed, this information is used to guide proper treatment by the development of an individualized, person-centered treatment plan.

Eligible Provider Type:

- Rehabilitative Services Professional (licensed)

96101 – A Psychologist licensed under Alabama law

96102 and 96103 – A Rehabilitative Services Professional (operating within their scope of practice)

96101:

Billing Unit: One hour

Maximum Units: 5 per year

96102:

Billing Unit: One hour

Maximum Units: 4 per year

96103:

Billing Unit: One Unit

Maximum Units: 1 per year

**Other Diagnostic, screening, preventive, and rehabilitative services, i.e.,
other than those provided elsewhere in the plan. --- (Continued)**

13.d. Rehabilitative services --- Continued

Effective Date: 10/01/18

- (4) Crisis intervention - Immediate emergency intervention with a recipient, or the recipient's collateral* (in person or by telephone) to ameliorate a maladaptive emotional/behavioral reaction by the recipient. Service is designed to resolve crisis and develop symptomatic relief, increase knowledge of resources to assist in mitigating a future crisis, and facilitate return to pre-crisis routine functioning. Interventions include a brief, situational assessment; verbal interventions to de-escalate the crisis; assistance in immediate crisis resolution; mobilization of natural and formal support systems; and referral to alternate services at the appropriate level.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- Qualified Mental Health Provider – Bachelor's
- Social Service Caseworker
- Certified Peer Specialist (Youth, Peer, and Parent)
- QSAP II
- QSAP III
- Certified Recovery Support Specialist (CRSS)

Billing Unit: 15 minutes

Maximum Units: 12 per day, 4380 per calendar year

- (5) Individual Counseling – The utilization of professional skills by a qualified practitioner to assist a recipient in a face-to-face, one-to-one psychotherapeutic encounter in achieving specific objectives of treatment or care for a mental health and/or a substance use disorder. Services are generally directed toward alleviating maladaptive functioning and emotional disturbances relative to a mental health and/or substance use disorder, and restoration of the individual to a level of functioning capable of supporting and sustaining recovery. Individual Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services.

Eligible Provider Type:

- Rehabilitative Services Professional
- QSAP II

Billing Unit: 1 unit/per hour

Maximum Units: 1 per day, 52 per year

TN No. AL-17-0008

Supersedes

TN No. NEW

Approval Date 10/24/18

Effective Date 10/01/18

13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services --- Continued

Effective 10/01/18

(6) Family counseling - A recipient focused intervention that may include the recipient, his/her collateral* , and a qualified practitioner. This service is designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental health and/or substance use disorder that interferes with the recipient's personal, familial, vocational, and/or community functioning.

Eligible Provider Type:

- Rehabilitative Service Professional
- QSAP II

Billing Unit: 1 episode = minimum of 60 minutes

Maximum Units: 1 episode per day, 104 per year

Billing Unit/Maximum Unit (Multiple Family Group):

MI: Billing Unit: 1 episode per recipient = minimum of 60 minutes

Maximum Units:

1 episode per day, 104 per year

SA: Billing Unit: 1 episode = minimum of 90 minutes

Maximum Units: 1 episode per day, 104 per year

(7) Group Counseling – The utilization of professional skills by a qualified practitioner to assist two or more unrelated recipients in a group setting in achieving specific objectives of treatment or care for mental health or substance use disorder. Services are generally directed toward alleviating maladaptive functioning and behavioral, psychological, and/or emotional disturbances, and utilization of the shared experiences of the group's members to assist in restoration of each participant to a level of functioning capable of supporting and sustaining recovery. Group Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic service strategies.

Eligible Provider Type:

- Rehabilitative Services Professional
- QSAP II

13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services --- Continued

Effective 10/01/18

Billing Unit/Maximum Unit:

MI: Billing Unit: 1 episode per recipient = minimum of 60 minutes

Maximum Units:

1 episode per day, 104 per year

SA: Billing Unit: 1 episode per recipient = minimum of 90 minutes

Maximum Units: 1 episode per day, 104 per year

- (8) Medication Administration - Administration of oral or injectable medication under the direction of a physician, physician assistant, or certified registered nurse practitioner.

Eligible Provider Type:

- Licensed Registered Nurse
- Licensed Practical Nurse
- MAC Worker

Billing Unit: Episode

Maximum Units: 1 per day

- (9) Medication Monitoring - Face-to-face contact with a recipient for the purpose of reviewing medication efficacy, monitoring compliance with dosage instructions, educating the recipient and collateral* of the expected effect of specified medication, and/or identifying needed changes in the medication regimen.

Eligible Provider Type:

- Rehabilitative Services Professional
- QSAP II
- QSAP III
- Licensed Registered Nurse
- Licensed Practical Nurse
- Pharmacist

Billing Unit: 15 minutes

Maximum Units: 2 per day, 52 per year

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services --- Continued**
Effective 10/01/18

- (10) Partial Hospitalization Program - A physically separate and distinct organizational unit that provides intensive, structured, active, clinical treatment, less than 24 hours, with the goal of acute symptom remission, immediate hospital avoidance, and/or reduction of inpatient length of stay, or reduction of severe persistent symptoms and impairments that have not responded to treatment in a less intensive level of care.

Component Services:

- Initial screening to evaluate the appropriateness of the client's participation in the program
- Development of an individualized program plan
- Individual, group, and family counseling
- Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving; as opposed to basic living skills, such as money management, cooking, etc.)
- Medication administration
- Medication monitoring
- Psychoeducational services

Eligible Provider Type:

MI: The program must have a multi-disciplinary treatment team under the direction of a psychiatrist, certified registered nurse practitioner, or physician's assistant. The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, the treatment team will include a:

- Physician, Physician assistant, OR Licensed Certified Registered Nurse Practitioner (CRNP); and
- Rehabilitative Services Professional; and
- Licensed practical nurse, and/or
- Qualified Mental Health Provider- Bachelor's OR Qualified Mental Health Provider – Non-Degreed OR Certified Adult Peer Specialist

SA: The program must be staffed and have a program coordinator as specified in current and subsequent revisions of regulations established for this service by the Alabama Department of Mental Health Substance Abuse Services Administrative Code.

- Rehabilitative Services Professional
- QSAP II
- QSAP III
- Peer Support Specialist
- QPP
- Licensed Practical Nurse

Billing Unit: A minimum of 4 hours

Maximum Units: 1 per day, 130 days per year

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services --- Continued**

Effective 10/01/18

- (11) Adult Mental Illness Intensive Day Treatment - An identifiable and distinct program that provides highly structured services designed to bridge acute treatment and less intensive services, such as Rehabilitative Day Program and outpatient services, with the goals of community living skills enhancement, increased level of functioning, and enhanced community integration.

Component Services:

- Individual, group, and family counseling
- Psychoeducational services
- Basic living skills
- Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving)
- Medication administration
- Medication monitoring

Eligible Provider Type:

The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, there must be a program coordinator:

- Rehabilitative Services Professional (all types)

As outlined in Community Mental Health Program Standards Manual, the multi-disciplinary treatment team may also include the following practitioners:

- Qualified Mental Health Provider – Bachelor's
- Qualified Mental Health Provider – Non-Degreed
- Certified Peer Specialist - Adult

Billing Unit: One hour

Maximum Units: 4 per day, 1040 hours per year

- (12) Adult Rehabilitative Day Program - An identifiable and distinct program that provides long term recovery services with the goals of improving functioning, facilitating recovery, achieving personal life goals, regaining feelings of self-worth, optimizing illness management, and helping to restore a recipient to productive participation in family and community life.

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**
13.d. **Rehabilitative services --- Continued**
Effective 10/01/18

Component Services:

- Individual, group, and family counseling
- Psychoeducational services
- Basic living skills
- Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving)
- Medication administration
- Medication monitoring

Eligible Provider Type:

The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, there must be a program coordinator:

- Rehabilitative Services Professional (all types)

As outlined in Community Mental Health Program Standards Manual, the multi-disciplinary treatment team may also include the following practitioners:

- Qualified Mental Health Provider – Bachelor’s
- Qualified Mental Health Provider – Non-Degreed
- Certified Peer Specialist - Youth
- Certified Peer Specialist - Parent

Billing Unit: 15 minutes

Maximum Units: 16 per day, 4160 per year

- (13) Child and Adolescent Mental Illness Day Treatment - A combination of goal oriented rehabilitative services designed to improve the ability of a recipient to function as productively as possible in their regular home, school, and community setting when impaired by the effects of a mental health or emotional disorder. Programs that provide an academic curriculum as defined by or registered with the State Department of Education and that students attend in lieu of a local education agency cannot bill Medicaid for the time devoted to academic instruction.

Component Services:

- Initial screening to evaluate the appropriateness of the client’s participation in the program
- Development of an individualized program plan
- Individual, group and family counseling
- Psychoeducation Services
- Basic living skills
- Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving)
- Medication administration
- Medication Monitoring

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**
- 13.d. **Rehabilitative services --- Continued**
Effective 10/01/18

Eligible Provider Type:

The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, there must be a program coordinator:

- Rehabilitative Services Professional (all types)

As outlined in Community Mental Health Program Standards Manual, the multi-disciplinary treatment team may also include the following practitioners:

- Qualified Mental Health Provider – Bachelor’s
- Qualified Mental Health Provider – Non-Degreed
- Certified Peer Specialist - Youth
- Certified Peer Specialist - Parent

Billing Unit: One hour

Maximum Units: 4 per day, 1040 hours per year

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services --- Continued**

Effective 10/01/18

- (14) Treatment Plan Review - Review and/or revision of a recipient's individualized mental health and/or substance use disorder treatment plan by a qualified practitioner who is not directly involved in providing services to the recipient. This review will evaluate the recipient's progress toward treatment objectives, the appropriateness of services provided, and the need for continued participation in treatment. This service does not include those activities or costs associated with direct interaction between a recipient and his/her primary therapist regarding the recipient's treatment plan. That interaction shall be billed through an alternative service such as individual counseling.

Eligible Provider Type:

- Physician
- Physician Assistant
- Certified Registered Nurse Practitioner (CRNP)
- Rehabilitative Services Professional (licensed only)
- Service Supervisor
- Senior Social Work Supervisor

Billing Unit: 15 minutes

Maximum Units: 1 event with up to 2 units per quarter, 8 per year

- (15) Mental Health Care Coordination – Services to assist an identified Medicaid recipient to receive coordinated mental health services from external agencies, providers or independent practitioners. Key service functions include written or oral interaction in a clinical capacity in order to assist another provider in addressing the specific rehabilitative needs of the recipient, as well as to support continuation of care for the recipient in another setting.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- Social Service Caseworker

Billing Unit: 15 minutes

Maximum Units: 24 per day, 312 per year

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services --- Continued**
Effective 10/01/18

- (16) Adult In-home intervention - Home based services provided by a treatment team (two person team) to serve individuals who refuse other outpatient services and/or who need temporary additional support due to increased symptoms or transition from a more intense level of services, to defuse an immediate crisis situation, stabilize the living arrangement, and prevent out of home placement of the recipient.

Component Services:

Key service functions include the following when provided by a team composed of a Rehabilitative Services Professional (master's level clinician) and either a Qualified Mental Health Provider – Bachelor's or a Certified Peer Specialist - Adult:

- Individual or family counseling
- Crisis intervention
- Basic Living Skills
- Psychoeducational Services
- Case Management
- Medication Monitoring
- Medication Administration
- Peer Services (only when team member is a Certified Peer Specialist – Adult)

Key service functions include the following when provided by a team composed of a Registered Nurse and a Qualified Mental Health Provider – Bachelor's or a Certified Peer Specialist - Adult:

- Crisis Intervention
- Basic Living Skills
- Psychoeducational Services
- Case Management
- Medication Monitoring
- Medication Administration
- Peer Services (only when team member is a Certified Peer Specialist - Adult)

Eligible Provider Type:

In-home intervention for mental illness clients are provided by a two-person team minimally composed of the following:

- Rehabilitative services professional (master's level) or
- licensed registered nurse who must successfully complete an approved case management-training program and either
- a Qualified Mental Health Provider – Bachelor's or
- Certified Peer Specialist - Adult

All team members must successfully complete an approved case management-training program.

Billing Unit: 15 minutes

Maximum Units: 24 units per day, 2,016 per year

13. **Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services --- Continued**

Effective 10/01/18

- (17) Child and Adolescent In-Home Intervention – Structured, consistent, strength-based therapeutic intervention provided by a team for a child or youth with a serious emotional disturbance (SED) and his or her family for the purpose of treating the child’s or youth’s behavioral health needs. In-Home Intervention also addresses the family’s ability to provide effective support for the child or youth, and enhances the family’s capacity to improve the child’s or youth’s functioning in the home and community. Services are directed towards the identified youth and his or her behavioral health needs and goals as identified in the treatment plan or positive-behavior support plan are developed by a qualified behavioral clinician where appropriate. Services include therapeutic and rehabilitative interventions, including counseling and crisis intervention services, with the individual and family to correct or ameliorate symptoms of mental health conditions and to reduce the likelihood of the need for more intensive or restrictive services. These services are delivered in the family’s home or other community setting and promote a family-based focus in order to evaluate the nature of the difficulties, defuse behavioral health crises, intervene to reduce the likelihood of a recurrence, ensure linkage to needed community services and resources, and improve the individual child’s/adolescent’s ability to self-recognize and self-manage behavioral health issues, as well as the parents’ or responsible caregivers’ skills to care for their child’s or youth’s mental health conditions. The In-Home Intervention team provides crisis services to children and youth served by the team.

Eligible Provider Type:

- In-home intervention for mental illness recipients are provided by a two-person team minimally composed of the following:
- A rehabilitative services professional staff and either
- A Qualified Mental Health Provider – Bachelor’s or
- Certified Peer Specialist - Parent

All team members must successfully complete an approved case management-training program.

Billing Unit: One day

Maximum Units: One per day, 140 per year

- (18) Mental Health and Substance Use Disorders Assessment Update – A structured interview process that functions to evaluate a recipient’s present level of functioning and/or presenting needs. The assessment is used to establish additional or modify existing diagnoses, establish new or additional rehabilitation service goals, assess progress toward goals, and/or to determine the need for continued care, transfer, or discharge.

Eligible Provider Type:

- Rehabilitative Services Professional

13. Other Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services --- Continued

Effective 10/01/18

Billing Unit: 15 minutes

Maximum Units: 8 units per day, 32 units per year

- (19) Basic Living Skills – Psychosocial services provided to an individual or group to restore skills that enable a recipient to establish and improve community tenure and to increase his or her capacity for age-appropriate independent living. This service also includes training about the nature of illness, symptoms, and the recipient’s role in management of the illness.

Eligible Provider Type:

- Rehabilitative Services Professional (all types),
- Licensed Registered nurse,
- Social Service Caseworker,
- Qualified Mental Health Provider – Bachelor’s, or
- Qualified Mental Health Provider – Non-Degreed
- QSAP II
- QSAP III
- QPP

Billing Unit: 15 minutes

Maximum Units: 2080 units per year
--20 per day (individual)
--8 per day (group)

13. Other Diagnostic, screening, preventing, and rehabilitative services, i.e., other than those provided elsewhere in the plan. ---(Continued)

13.d. Rehabilitative services ---Continued

Effective Date: 10/01/18

- (20) Psychoeducational Services - Structured, topic specific educational services provided to assist the recipient and the families* of recipients in understanding the nature of the identified behavioral health disorder, symptoms, management of the disorder, how to help the recipient be supported in the community and to identify strategies to support restoration of the recipient to his/her best possible level of functioning.

Eligible Provider Type:

- Rehabilitative Services Professional (all types),
- Social Service Caseworker,
- Licensed Registered Nurse
- Qualified Mental Health Provider – Bachelor’s, or
- Qualified Mental Health Provider – Non-Degreed
- QSAP II
- QSAP III

Billing Unit: 15 minutes

Maximum Units: 416 per year (416 units per year for individual and 416 units per year for group)

8 units (unit = 15 minutes) per day, individual

8 units (unit = 15 minutes) per day, group

- (21) Assertive Community Treatment (ACT)/Program for Assertive Community Treatment (PACT) - Treatment services provided primarily in a non-treatment setting by a member of an ACT or PACT team, staffed pursuant to ADMH regulations promulgated in the Alabama Administrative Code for adult recipients with serious mental illness or co-occurring substance use and mental health disorders. Recipients receiving ACT or PACT services are in a high-risk period due to an exacerbation of the behavioral health disorder, and/or are returning from an episode of inpatient/residential psychiatric care, or are consistently resistant to traditional clinic-based treatment interventions and are difficult to engage in an ongoing treatment program.

13. **Other Diagnostic, screening, preventing, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**

13.d. **Rehabilitative services ---Continued**

Effective Date: 10/01/18

Component Services:

- Intake
- Medical assessment and treatment
- Medication administration
- Medication monitoring
- Individual, group, and/or family counseling
- Crisis intervention
- Mental health care coordination
- Case management
- Psychoeducational Services
- Basic living skills

Eligible Provider Type: The program must be staffed by an assigned team with a minimum of three FTE staff. The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

Of the three FTE staff, it is required to have a least:

- 1 full-time Rehabilitative Services Professional (master's level clinician)
- 1 full-time Qualified Mental Health Provider – Bachelor's, and
- .50 FTE of either an RN or LPN.

Billing Unit: One day

Maximum Units: 365 days per year

- (22) Opioid Use Disorder Treatment – The administration of medication, including the use of FDA approved medications for the use of opioid use disorders, to recipients who have a diagnosed opioid use disorder. Medication is administered to support the recipient's efforts to restore adequate functioning in major life areas that have been debilitated as a result of opioid addiction. This service includes medication administration and concurrent related medical, clinical and case management services.

13. Other Diagnostic, screening, preventing, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services ---Continued

Effective Date: 10/01/18

Eligible Provider Type:

ADMH-SA:

The program must be staffed and have a Program Coordinator as specified in current and subsequent revisions of:

- (1) State regulations established for this service by the Alabama Department of Mental Health and published in the Alabama Administrative Code; and
- (2) Federal regulations established for this service by the Substance Abuse and Mental Health Services Administration

Eligible Provider Type for Administration of Medication:

- Physician
- Physician's Assistant
- CRNP
- RN
- LPN

Billing Unit: One day

- (23) Peer Support Service (Adult/Child and Adolescent/Family/Recovery Support Specialist) – Peer Support services provides structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, by Certified Peer Specialists (Adult, Youth, Family Peer Specialists, Recovery Support Specialist). Peer Support service actively engages and empowers an individual and his/her identified supports in leading and directing the design of the service plan and thereby ensures that the plan reflects the needs and preferences of the individual (and family when appropriate) with the goal of active participation in this process. Additionally, this service provides support and coaching interventions to individuals (and family when appropriate) to promote recovery, resiliency and healthy lifestyles and to reduce identifiable behavioral health and physical health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic health conditions. Peer supports provide effective techniques that focus on the individual's self-management and decision making about healthy choices, which ultimately extend the members' lifespan. Family peer specialists assist children, youth, and families to participate in the wraparound planning process, access services, and navigate complicated adult/child-serving agencies.

Eligible Provider Type:

MI: Certified Peer Specialist – Youth

Certified Peer Specialist – Adult

Certified Peer Specialist – Parent

DMH – SA: Certified Recovery Support Specialist (CRSS)

Billing Unit: 15 minutes

Maximum Units: Limited to 20 units per day (individual) and 8 units per day (group). 2,080 units per year for group services and 2,080 units per year for individual services.

13. Other Diagnostic, screening, preventing, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)
13.d. Rehabilitative services --- Continued

Effective Date: 10/01/18

- (24) Psychosocial Rehabilitation Services – Working Environment – Psychosocial services that provide rehabilitative supports with the goal of restoring skills needed to be prepared for community-living activities that may result in employability, promote recovery/wellness, prevent the escalation of a mental health condition into a crisis situation or into a chronic/significantly disabling disorder, improve community-based functioning, alleviate symptoms, and decreasing isolation. The goal of the service is to help recipients be prepared for community-living/activities that may ultimately result in employability. This service does not include educational, vocational or job training services.

Eligible Provider Type: The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

- Rehabilitative Services Professional (all types)
- Qualified Mental Health Provider – Bachelor’s
- Qualified Mental Health Provider – Non-Degreed
- Certified Peer Specialist
- QSAP II
- QSAP III
- QPP (Qualified Paraprofessionals)

Billing Unit: 15 minutes.

Maximum Units: 32 units per day, 320 units per month

- (25) Screening – An encounter in which a brief, valid, questionnaire is administered by trained personnel to examine the context, frequency, and amount of alcohol or other drugs used by a recipient. This process seeks to identify recipients who have an alcohol or drug use disorder or are at risk for development of such. The service includes feedback on the screening results, and recommendations and referral for additional services, if indicated. This is a covered service for recipients whose use of alcohol and/or drugs has adversely impacted functioning in a major life area.

- 13. Other Diagnostic, screening, preventing, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)**
13.d. Rehabilitative services --- Continued

Effective Date: 10/01/18

Eligible Provider Type:

- Rehabilitative Services Professional
- QSAP II
- QSAP III
- QPP, with specialized training

Billing Unit: Episode

Maximum Units: 2 units per year

- (26) Brief Intervention – A brief motivational encounter conducted after a recipient has completed an approved alcohol and drug screening procedure in which a potential alcohol or drug use problem was identified. During this brief encounter, a trained clinician provides feedback on the recipient’s alcohol and/or drug use patterns, expresses concerns about the pattern of use as clinically indicated, provides advice in regard to strategies to eliminate or cut back in regard to destructive alcohol/drug use patterns, assists in development of an action plan, and initiates referrals as appropriate.

Eligible Provider Type:

- Rehabilitative Services Professional
- QSAP II
- QSAP III
- QPP, with specialized training

Billing Unit: 15 minutes

Maximum Units: 8 units per year

13. Other Diagnostic, screening, preventing, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)
13.d. Rehabilitative services --- Continued

Effective Date: 10/01/18

- (27) Nursing Assessment and Care – Nursing Assessment and Care services are face-to-face (in person or via telemedicine/telehealth) contacts with an individual to monitor, evaluate, assess, establish nursing goals, and/or carry out physicians' orders regarding treatment and rehabilitation of the physical and/or behavioral health conditions of an individual as specified in the individualized recovery plan. It includes providing special nursing assessments to observe, monitor and care for physical, nutritional and psychological issues or crises manifested in the course of the individual's treatment; to assess and monitor individual's response to medication to determine the need to continue medication and/or for a physician referral for a medication review; assessing and monitoring an individual's medical and other health issues that are either directly related to the mental health or substance related disorder, or to the treatment of the disorder (e.g. diabetes, cardiac and/or blood pressure issues, substance withdrawal symptoms, weight gain and fluid retention, seizures, etc.); venipuncture required to monitor and assess mental health, substance disorders or directly related conditions, and to monitor side effects of psychotropic medication; consultation with the individual's family and/or significant others for the benefit of the client about medical and nutritional issues; to determine biological, psychological, and social factors which impact the individual's physical health and to subsequently promote wellness and healthy behavior and provide medication education and medication self-administration training to the individual and family.

Eligible Provider Type:

- Licensed Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistant
- MAC Worker

Billing Unit: 15 minutes

Maximum Units: 2 units per day in a specialized level of care; 732 units per year

- (28) Outpatient Detoxification – Face-to-face interactions with a recipient for the purpose of medically managing mild to moderate withdrawal symptoms from alcohol and/or other drugs in an ambulatory setting. Services are provided in regularly scheduled sessions under a defined set of policies, procedures, and medical protocols by authorized medical personnel.

Eligible Provider Type:

- Rehabilitative Services Professional
- QSAP II
- QSAP III
- SA Peer Support Specialist
- QPP, with specialized training
- Licensed Registered Nurse
- Licensed Practical Nurse

13. Other Diagnostic, screening, preventing, and rehabilitative services, i.e., other than those provided elsewhere in the plan. --- (Continued)

13.d. Rehabilitative services ---Continued

Effective Date: 10/01/18

The program must be staffed and have a Program Coordinator as specified in current and subsequent revisions of regulations established for this service by the Alabama Department of Mental Health Substance Abuse Services Administrative Code.

Billing Unit: 1 day;

Maximum Units: 25 days per year

- (29) Therapeutic Mentoring* – Therapeutic Mentoring Services provide a structured one on one intervention to a child or youth and their families that is designed to ameliorate behavioral health-related conditions that prevent age-appropriate social functioning. This service includes supporting and preparing the child or youth in age-appropriate behaviors by restoring daily living, social and communication skills that have been adversely impacted by a behavioral health condition. These services must be delivered according to an individualized treatment plan and progress towards meeting the identified goals must be monitored and communicated regularly to the clinician so that the treatment plan can be modified as necessary. Therapeutic mentoring may take place in a variety of settings including the home, school or other community settings. The therapeutic mentor does not provide social, educational, recreational or vocational services.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- Social Service Caseworker
- Licensed Registered Nurse
- Qualified Mental Health Provider – Bachelor's Or,
- Qualified Mental Health Provider – Non-Degreed

Billing Unit: 15 minutes

Maximum Units: 416 per year (416 units per year for individual and 416 units per year for group)

8 units (unit = 15 minutes) per day, individual

8 units (unit = 15 minutes) per day, group

- (30) Behavioral Health Placement Assessment – A structured face-to-face interview process conducted by a qualified professional for the purpose of identifying a recipient's presenting strengths and needs and establishing a corresponding recommendation for placement in an appropriate level of care. This process may incorporate determination of the appropriateness of admission/commitment to a state psychiatric hospital or a local inpatient psychiatric unit.

Eligible Provider Type:

- Rehabilitative Services Professional (all types)
- Licensed registered nurse

Billing Unit: 30 minutes

Maximum Units: 4 units/day; 16 units/year

Effective : 10/01/2018

21. Rehabilitative Services

A statewide maximum payment will be calculated for each service designated by a procedure code recognized by the Alabama Medicaid Agency as a covered service.

The Medicaid reimbursement for each service provided by a rehabilitative services provider shall be based on the following criteria in accordance with the methodology described below:

- (1) For procedure codes with an assigned Medicare rate (i.e. CPT codes), the proposed rate will be the current published Medicare Physician Fee Schedule Rate for Alabama.
- (2) For procedure codes without an assigned Medicare Rate on the Physician Fee Schedule (i.e. HCPCS) codes, the reimbursement will be 'By Report'. 'By Report' means paying a percentage of billed charges. The percentage is derived by dividing the previous state fiscal year's total Medicaid reimbursement (total allowed charge) for services included in the Physician Fee Schedule by the previous state fiscal years total Medicaid billings.
 - a. $\text{Percentage} = \text{Total 'Allowed Amount'} / \text{Total 'Billed Amount'}$
 - b. $\text{Average Billed Amount} = \text{Total 'Billed Amount'} / \text{Total 'Allowed Quantity'}$
 - c. $\text{Proposed Rate} = \text{Percentage times Average Billed Amount}$
- (3) For procedure codes with no utilization one of the three methods below will be used.
 - a. Current rate that the Rehabilitative Services State Agencies utilizes.
 - b. Current rate from another state for same service.
 - c. For those services that need rate different from current Alabama or other state rate a financial cost model will be used to calculate rate.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Rehabilitative Services. The Agency's fee schedule rates were set as of October 1, 2018 and are effective for services provided on or after that date..

All rates are published and maintained on the Agency's website. at www.medicaid.alabama.gov. For the most recent Rehabilitative Service Fee Schedule click on the Providers tab, select Fee Schedules, check "I Accept" on the User Agreement, then click the Providers tab, Fee Schedules, and Rehabilitative Option Fee Schedule.

Actual reimbursement will be based on the rate in effect on the date of service. Only those services that qualify for reimbursement will be provided under this program.