

## ALABAMA

*This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.*

### Types of Facilities

*Mental Health (MH):* Alabama regulates the following residential MH treatment facility types:

- Community Residential Facility: Mental Illness Residential: a residential setting providing congregate living and dining to consumers. Residential services offered vary by type of program, but all residential services must provide assistance with applying for benefits, social and communication skills, medication management, basic living skills, vocational skills, community orientation, recreational activities, transportation, education, and family support.
  - Psychiatric Assessment Center: short-term facilities with an expected length of stay of no longer than 4 days.
  - Intermediate Care Program: an expected length of stay of 3 months unless an extension is clinically justified, but no more than 6 months. Admissions will be drawn primarily from persons referred from state psychiatric hospitals.
  - Crisis Residential Program: has an expected length of stay of 2 weeks or less. The crisis residential program must also meet the standards for Designated Mental Health Facilities, which is a category of programs designated for receipt of outpatient commitments.
    - If the provider uses residential beds for respite services (also known as crisis respite), specific regularity requirements must be met.
  - Adult Therapeutic Group Home: has a capacity of no more than 10 beds or 16 beds, depending on licensure.
  - Transitional Age Residential Care Program: age 17-25; admissions will be drawn primarily from persons referred from state psychiatric hospitals.
  - Adult Small Capacity (3-Bed) Residential Home: state staff indicate this facility type serves the most complex population with serious mental illness.
  - Adult Residential Care Home with Specialized Medical Services: state staff indicate this facility type serves consumers with serious mental illness and significant medical issues. These homes have a capacity of no more than 10 beds or 16 beds, depending on licensure.
  - Adult Residential Care Home with Specialized Behavioral Services: state staff indicate this facility type serves consumers with serious mental illness and severe behavioral issues. These homes have a capacity of no more than 10 beds or 16 beds, depending on licensure.

- Medication/Observation/Meals Program: referred to in regulations but no definition found.

*Substance Use Disorder (SUD):* Alabama SUD regulations and community provider certification regulations include many levels of care, not all of which are explicitly defined but all of which include lengthy information regarding admission criteria, services, and staffing. The levels of care are listed below with relevant ASAM information as identified in the regulations or otherwise defined in the regulations:

- Transitional Residential Program
- Clinically Managed Low Intensity Residential Treatment (Level III.1)
- Clinically Managed Residential Detoxification (Level III.2-D)
- Clinically Managed Medium Intensity Residential Treatment (Level III.3)
- Clinically Managed High Intensity Residential Treatment (Level III.5)
- Medically Monitored Intensive Residential Programs for Adults (Level III.7)
- Medically Monitored Residential Detoxification Program (Level III.7-D)
- Medically Monitored Residential Detoxification Narcotic Treatment Program (Level III.7-D NTP): Uses buprenorphine unless licensed as an OTP and able to dispense methadone.

In addition, there are specific programs for pregnant women and women with dependent children at the low, medium, and high intensity levels, as well as at the medically monitored intensive level. Similar levels of programs exist for persons with co-occurring substance use and mental illness disorders.

*Unregulated Facilities:* No unregulated facility types under the purview of this summary were found. We exclude from this summary the following regulated facility types because they do not include the level of clinical treatment within the scope of this summary: adult residential care homes without specialized medical services or without specialized behavioral services.

## **Approach**

*Mental Health (MH) and Substance Use Disorder (SUD):* The Alabama Department of Mental Health (DMH) regulates and certifies non-exempt MH and SUD treatment programs. Exempt entities include but are not limited to federal or state agencies and providers certified by another state agency.

## **Processes of Licensure or Certification and Accreditation**

*Mental Health (MH) and Substance Use Disorder (SUD):*

- For all non-exempt mental health and substance use treatment programs, certification by the Alabama Department of Mental Health (DMH) is required for operation. An application and inspection are required for certification and recertification. If a program does meet requirements, certificates may be issued for up to 2 years.
- Accreditation is not required but, for residential SUD disorder treatment, if a provider is deemed to have an acceptable alternative certification/license/accreditation, the certification procedures usually performed by DMH will not be conducted, and the provider will be sent a letter from the Commissioner indicating that the alternative form of certification is acceptable to DMH for the period of time that the alternative is effective. If a residential SUD disorder treatment facility is contracted with DMH, site visits may still occur despite deemed status. Deemed status is not allowed for residential MH treatment facilities.
- A certificate of need is not required for these facilities.

## **Cause-Based Monitoring**

*Mental Health (MH) and Substance Use Disorder (SUD):* Certifications may be suspended or revoked. DMH has the authority to periodically monitor entities' continuing compliance with standards or contract requirements, and to conduct reviews and investigations at any time or to investigate a complaint.

## **Access Requirements**

*Mental Health (MH):* Requirements regarding residential services were not explicitly described in the state regulations.

*Substance Use Disorder (SUD):* Each program must demonstrate accessibility planning that addresses the needs of clients, family members, visitors, personnel, and other stakeholders; establish policies governing, and the processes utilized to ensure access to care for individuals with co-occurring mental illness and substance use disorders; describe the procedures utilized to publicize the organization's co-occurring capabilities; and establish policies governing, and the processes utilized to ensure access to care for individuals with disabilities, speech, language, and/or hearing impairments. The entity shall establish a formal process to address

requests for services when space is unavailable in the program. The process will satisfy standards in the regulations.

## **Staffing**

*Mental Health (MH) and Substance Use Disorder (SUD):* For all treatment programs, there shall be a full-time executive director who has overall responsibility for the operation of the agency with specific education and experience requirements. There shall also be a full-time Clinical Director (in addition to the Executive Director) with specific education and experience requirements who has full-time responsibility for the quality of clinical care and the appropriateness of clinical programs as delineated in the job description. For agencies who provide substance abuse treatment services, the Clinical Director shall have a license or 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.

Specific to substance abuse staff, Human Service Needs Assessment and Case Planning shall be performed by a person who has successfully completed a Case Manager Training Program equivalent to that provided by the DMH Substance Abuse Division; who possesses a valid Alabama driver's license; or a person who meets the qualifications of a Qualified Substance Abuse Professional III (QSAP III).

During each calendar year, the entity shall provide training for each employee.

*Mental Health (MH):* All community MH programs must have a psychiatrist as a full-time or part-time employee or a consultant to the provider who is responsible for medical aspects of consumer psychiatric care as delineated in the job description or employment contract. Access to on-call psychiatric services must be available 24 hours a day, 7 days a week and must be documented. Each direct treatment service functional area of responsibility on the organizational chart shall be coordinated by a member of the staff who has a master's degree in a mental health related field and at least 2 years post master's supervised experience in a direct service area.

All treatment staff who provide therapy and clinical assessments for mental illness consumers must have a master's degree in a mental health related field. Additional requirements relate for staff who lack a certain amount of experience, who provide services to specific subgroups, and case managers. Direct care staff must have specific initial training and all staff must have training on reporting abuse or neglect. Residential facilities, with the exception of apartments, shall demonstrate on-site staff coverage 24 hours a day, 7 days per week as indicated by staff duty rosters. Additional requirements related to First Aid and CPR, infection control training, and having a current driver's license, among other things.

Residential services must have a registered nurse or licensed practical nurse as a full-time or part-time employee or a consultant to the provider who is responsible for supervision of delegation of medication assistance to the unlicensed personnel. Access to an on-call nurse must be available 24 hours a day, 7 days a week. There must be written procedures for handling the disruptive behavior of consumers which staff shall be trained in.

For a Psychiatric Assessment Center, the program coordinator shall have a Master's degree in a mental health related field and 2 years post-Master's experience in a direct service functional area or be a Registered Nurse with 2 years of psychiatric inpatient experience. All staff shall receive initial and at least annual training related to the needs of the population served. The program has a defined staffing pattern for a maximum of 10 beds.

For an Intermediate Care Program, the program coordinator shall have a master's degree in a mental health related field and at least 2 years' experience post-master's in a direct service position or be a registered nurse with at least 2 years of psychiatric inpatient experience. All staff shall receive initial and at least annual training related to the special needs of the population served. A psychiatrist shall make daily rounds Monday through Friday and shall be on call 7 days per week. The program has a defined staffing pattern for 16 beds.

For a crisis residential program with 10 or less beds, the program coordinator shall have a master's degree in a mental health related field and 2 years post master's experience in a direct service functional area or be a registered nurse with 2 years of psychiatric inpatient experience. All staff shall receive initial and at least annual training related to the special needs of the population served. The program has a defined staffing pattern.

For an Adult Therapeutic Group Home, the program coordinator shall have a master's degree in a mental health related field and at least 2 years post master's experience in a direct service position. All staff shall receive initial and at least annual training related to the special needs of the population served. The program has a defined staffing pattern for 10 beds.

For a Transitional Age Residential Care Program, the program coordinator shall have either a Bachelor's degree in a mental health related field or be a Registered Nurse and have at least 2 years post-degree experience in a direct service functional area. One of the two years post-degree experience must be with adolescents/youth. All staff shall receive initial training and 20 hours of annual training related to the target population, with 2 of those hours involving the perspective of families and consumers with regard to residential treatment. The program has a defined staffing pattern for 10 beds.

For an Adult Small Capacity Residential Home, the program coordinator shall have a bachelor's degree in a mental health service related field and shall have 2 years' experience in a direct service area. Alternatively, the coordinator shall have 3 years' experience in a mental illness residential setting, demonstrate the ability to communicate clearly orally and in writing, and demonstrate the ability to maintain clinical records in accordance with standards. All staff must

receive initial and at least annual training related to the special needs of the population served. The program has a defined staffing pattern for 3 beds.

For an Adult Residential Care Home with Specialized Medical Services, the program coordinator shall be a registered nurse. All staff shall receive initial and at least annual training related to the special needs of the population served. The program has a defined staffing pattern for 10 beds.

For an Adult Residential Care Home with Specialized Behavioral Services, the program coordinator shall have a bachelor's degree in a mental health related field and 2 years' experience in a direct service functional area. All staff shall receive initial and at least annual training related to the special needs of the population served. The program has a defined staffing pattern for 10 beds.

For a Medication/Observation/Meals Program, the program coordinator shall have a bachelor's degree in a mental health related field and 2 years' experience in a direct service functional area. All staff shall receive initial and at least annual training related to the special needs of the population served. The program has a defined staffing pattern for 20 beds.

*Substance Use Disorder (SUD):* Specific requirements are in place for staffing related to medication administration, in particular if unlicensed personnel are administering medication. In addition, Alabama SUD regulations and certification regulations include specific staffing requirements for the different levels of care, including requirements regarding type of personnel, adequate levels of personnel, and training.

## **Placement**

*Mental Health (MH):* Residential programs must have inclusionary admission criteria that:

1. Require the consumer's willingness to participate in daily structured activities.
2. Require a principal psychiatric diagnosis.
3. Require a setting that has staff on the premises 24 hours/day when consumers are present and a combination of the specific criteria whose severity would preclude treatment in a less restrictive environment (for a number of specified reasons).

Exclusionary criteria must include the following:

1. Principal diagnosis of alcoholism or drug dependence.
2. Primary physical disorder (serious illness requiring hospital care, nursing care, home health care, or impaired mobility that prohibits participation in program services).
3. Primary organic disorder (brain damage).
4. Principal diagnosis of mental retardation.

There is a policy that consumers will not be discharged solely on the basis of one positive urine analysis showing the presence of alcohol, illegal drugs, or medication not prescribed. The LOCUS tool is not referenced.

*Substance Use Disorder (SUD):* For all substance use treatment providers, all entities seeking to have a client admitted to a DMH certified facility shall develop, maintain, and document implementation of written policies and procedures to conduct, or receive from another entity, a written Placement Assessment containing an evaluation of each client's level of functioning in the six ASAM dimensions; develop a level of care recommendation based upon the Placement Assessment; and initiate service delivery including referral, as appropriate, based upon the client's level of care recommendation.

For all substance use treatment providers, each entity shall develop, maintain, and document compliance with written criteria that shall govern admission to each respective level of care provided by the organization. Each entity shall provide written documentation of criteria used to deny admission or readmission of clients into the program. Additional criteria are specified for intake of those with co-occurring disorders and for women who are pregnant and/or have dependent children. Continuing Stay Criteria. The entity shall develop, maintain, and document implementation of written policies and procedures governing continuing stay for each level of care provided.

In addition, Alabama SUD regulations and certification regulations include specific placement requirements for the different levels of care.

## **Treatment and Discharge Planning and Aftercare Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* For all treatment providers, treatment planning and discharge planning, beginning at admission, are required.

*Mental Health (MH):* A written treatment plan that includes specified elements must be completed by the fifth face-to-face outpatient service, within ten working days after admission in all residential programs. Written assessments of progress are required every two weeks. The treatment plan should be updated at least every 3 months.

In a Transitional Age Residential Care Program, treatment plans are consistent with the admission criteria. Thirty days prior to discharge the residential facility will begin coordinating recommended transitional services. Upon discharge with the permission of the consumer and/or personal representative/legal guardian, the program shall set up appointments for the consumer for all recommended follow-up services.

*Substance Use Disorder (SUD):* Service and treatment planning should adhere to ASAM requirements. Development of the service plan is initiated within 24 hours of the placement assessment. Service plan revisions for each client shall be initiated at regular intervals in

accordance with the client's severity and level of function, progress or lack of progress, and the intensity of services in the level of care. The entity shall develop, maintain and document implementation of and compliance with written policies and procedures established to support continued service delivery after transfer or discharge from each level of care provided.

## **Treatment Services**

*Mental Health (MH):* Services must be individualized, well-planned, based on a comprehensive mental health evaluation and assessment of needed treatment and support, and should include treatment designed to enhance the consumer's abilities to recover and function in society as normally as possible.

For all residential services, the following services, at a minimum should be either provided in-house or arranged for by the residential staff, depending upon the needs of the individual consumer, including but not limited to:

1. Assistance in applying for benefits;
2. Assistance in improving social and communication skills;
3. Assistance with medication management;
4. Assistance in the development of basic living skills;
5. Vocational services;
6. Community orientation;
7. Recreation and activities;
8. Assistance in locating long term community placement in least restrictive setting;
9. Transportation to and from necessary community services and supports;
10. Education about psychiatric illness; and
11. Family support and education.

All residential programs must demonstrate their consumer's accessibility to a local licensed hospital for the purpose of providing emergency hospital care. Residential programs will assist consumers in obtaining necessary medical care.

At a Psychiatric Assessment Center, a psychiatrist shall make daily rounds 5 days per week and shall be on call 7 days per week. Adequate Intensive Case Management will be available within the organization to facilitate discharge planning and diversion from hospitalization in a state hospital.

An Intermediate Care Program shall provide specialized services that must include at a minimum the provision of partial hospitalization services within the home. In an Intermediate Care Program, a psychiatrist shall make daily rounds Monday through Friday and shall be on call 7 days per week.



A crisis residential program shall provide specialized services that must include partial hospitalization services provided within the facility. At a crisis residential program, a psychiatrist shall make daily rounds 5 days per week and shall be on call 7 days per week.

An Adult Therapeutic Group Home shall provide specialized services that must include the provision of intensive day treatment services within the home.

An Adult Small Capacity Residential Home, an Adult Residential Care Home with Specialized Medical Services, and an Adult Residential Care Home with Specialized Behavioral Services shall provide specialized services that are based on the admission criteria contained in the program description.

*Substance Use Disorder (SUD):* Alabama SUD regulations include specific treatment (core and therapeutic) service requirements for the different levels of care, including requirements related to medication assisted treatment for the Medically Monitored Residential Detoxification Narcotic Treatment Program.

## **Patient Rights and Safety Standards**

*Mental Health (MH) and Substance Use Disorder (SUD):* Among the rights afforded residents are treatment in the least restrictive setting, freedom from abuse, and access to complaint and grievance procedures. Prior to or promptly upon admission, each program should provide every recipient/lawful representative a concise written statement and verbal orientation, in their preferred language and terms appropriate for the recipient to understand, of rights and responsibilities and complaint procedures along with procedures to be followed to initiate, review, and resolve allegations of rights violations.

For all programs, in the case of an unexpected or unexplained death, the provider will report the death to the Department of Mental Health as soon as possible but at least within 24 hours; request the local police or sheriff to conduct an investigation; and report the death to the County Medical Examiner or assure that the death is reported to the County Medical Examiner. [State staff indicate that (b) and (c) are inapplicable to SUD facilities.]

Consumers treated in community programs by the Alabama Department of Mental Health have the right to be free of psychiatric restraint and seclusion. Restraint and seclusion are safety procedures to be used as a last resort. Consumers may be placed in seclusion or may be physically restrained only when psychiatrically necessary to prevent the consumer from physically harming self or others and after less restrictive alternative interventions have been unsuccessful or are determined not to be feasible and when authorized by a qualified physician. The provider must report to the Department of Mental Health immediately any death or injury that occurs while a patient is restrained or in seclusion, or where it is reasonable to assume that a consumer's death or injury is a result of restraint or seclusion. [State staff indicate that the

material on restraint and seclusion are inapplicable to SUD facilities and that those practices are not allowed in SUD facilities.]

*Mental Health (MH):* Clients have the right to receive services without discrimination.

## **Quality Assurance or Improvement**

*Mental Health (MH) and Substance Use Disorder (SUD):* For all treatment programs, the Performance Improvement (PI) System shall provide meaningful opportunities for input concerning the operation and improvement of services from recipients, family members, recipient groups, advocacy organizations, and advocates. It identifies and assesses important processes and outcomes, corrects and follows-up on identified problems, analyzes trends, improves the quality of services provided and improves recipient and family satisfaction. It covers all program service areas and functions, is reviewed by the Board of Directors at least every 2 years and when revisions are made, it outlines the agency's mission related to performance improvement, and contains the agency's goals and objectives related to performance improvement.

*Substance Use Disorder (SUD):* For all residential SUD programs, at a minimum, the entity shall collect information at time of assessment and at transfer or discharge to provide measures of outcome as specified in the following domains:

1. Reduced Morbidity;
2. Employment/Education;
3. Crime and Criminal Justice;
4. Stability in Housing;
5. Social Connectedness;
6. Access/Capacity;
7. Retention; and
8. Use of Evidence Based Practices.

## **Governance**

*Mental Health (MH) and Substance Use Disorder (SUD):* The provider must submit documentation of its source of authority. The governing authority must assure compliance with applicable federal, state, and local laws. The governing authority must annually review and approve written policies and procedures.

## Special Populations

*Mental Health (MH):* Requirements regarding residential services were not explicitly described in the state regulations.

*Substance Use Disorder (SUD):* For all SUD treatment programs, priority access for admission to treatment should be given, first, to pregnant women with intravenous substance use disorders; second, to pregnant women with substance use disorders; third, to individuals with intravenous substance use disorders; fourth, to women with dependent children; fifth, to individuals who are HIV positive; and sixth, to all others with SUDs.

The intake process for women who are pregnant and/or have dependent children shall be family centered and gender responsive addressing the assessment of primary medical care to include prenatal care, primary pediatric care and immunization for their children. Each entity shall specify in writing the procedures to ensure:

1. Pregnant women and/or women with dependent children are given preference in admission;
2. Sufficient case management to include transportation; and
3. Publicizing the availability of service to women. In addition, there are specific programs for pregnant women and women with dependent children and for persons with co-occurring substance use and mental illness disorders.

## Location of Regulatory and Licensing Requirements

Department of Mental Health. Regulatory data collected September 27, 2019.

<http://www.alabamaadministrativecode.state.al.us/docs/mhlth/index.html>

## Other Information Sources

K. Hammack, N. Walden (DMH); National Conference of State Legislatures CON Program Overview. <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>.

# ALABAMA MEDICAID

*This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.*

## Approach

*Mental Health (MH) and Substance Use Disorder (SUD):* The Alabama Medicaid Agency oversees the state Medicaid program. Alabama does not rely on the in lieu of provision or on Disproportionate Share Hospital (DSH) payments for Medicaid coverage of certain IMD services. The state also does not have a relevant Section 1115 waiver. Only rehabilitative services delineated in the applicable Alabama Medicaid Agency Provider Manual, Rehabilitative Services, Chapter 105 shall qualify for reimbursement under this program. The manual includes place of service codes for residential settings which, presumably, would not include an IMD.

## Types of Facilities

*Mental Health (MH) and Substance Use Disorder (SUD):* Alabama reimburses for specific rehabilitative services, which are specialized services of a medical or remedial nature delivered by uniquely qualified practitioners designed to treat or rehabilitate persons with mental illness or substance abuse diagnoses. Direct rehabilitative services can be provided in any setting, except in licensed hospital beds, that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality. They include:

- Psychiatric Residential Treatment Center
- Residential Substance Abuse Treatment Facility

## Processes of Medicaid Enrollment

*Mental Health (MH) and Substance Use Disorder (SUD):*

- A provider of medical services (including an out-of-state provider) who wants to be eligible for Medicaid reimbursement must complete the required Medicaid provider enrollment application and enter into a written provider agreement with the Alabama Medicaid Agency. Federal requirements mandate providers re-enroll periodically with the Alabama Medicaid program. Providers will be notified when they are scheduled to re-

enroll. Providers are subject to inspection and audit as requested. Provider enrollment may be terminated.

- A Rehabilitative Services provider must demonstrate that they meet either of the following criteria:
  - Be certified as a 310-board community mental health center by DMH and must have demonstrated the capacity to provide access to inpatient or substance abuse services, including intensive outpatient and residential services; and receive approval from DMH to provide mental health rehabilitative services under the Medicaid Rehabilitative Option program;
  - Be an organization that is currently certified by the Alabama Department of Mental Health (DMH) to provide alcohol and other drug treatment services and receive approval by DMH to provide Substance Abuse Rehabilitative Services under the Medicaid Rehabilitative Option program.
  
- The state's agent enrolls Rehabilitative Services providers and issues provider contracts to applicants who meet the licensure and/or certification requirements of the State of Alabama, the Code of Federal Regulations, and the Alabama Medicaid Agency Administrative Code.

*Substance Use Disorder (SUD):*

- For the provision of Substance Abuse Rehabilitative Services, an entity must be an organization that is currently certified by the Alabama Department of Mental Health (DMH) to provide alcohol and other drug treatment services under the provisions of Chapter 580 of the Alabama Administrative Code; and must submit an application to and receive approval by DMH to provide Substance Abuse Rehabilitative Services under the Medicaid Rehabilitative Option program.

## **Staffing**

*Mental Health (MH) and Substance Use Disorder (SUD):* Requirements were not explicitly described in the state Medicaid regulations but the regulations incorporate by reference the requirements in the applicable Alabama Medicaid Agency Provider Manual, which include specific minimum education, experiential, and credential requirements for individual professional staff categories. Each covered service may only be reimbursed if provided by specified provider types.

## **Placement**

*Mental Health (MH) and Substance Use Disorder (SUD):* The regulations incorporate by reference the requirements in the applicable Alabama Medicaid Agency Provider Manual, which states that treatment eligibility for MI/SA Rehabilitative Services is limited to individuals with a diagnosis within the range of F0150-F1699 and F18-F99 for ICD-10, assigned by a licensed physician, a licensed psychologist, a licensed physician's assistant, a certified nurse practitioner, or a licensed professional counselor of mental illness or substance abuse as listed in the most current ICD-10.

The Behavioral Health Placement Assessment is 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.

An Intake Evaluation is the initial clinical evaluation of the recipient's request for assistance. Substance abuse recipients undergo standardized psychosocial assessment. The intake evaluation presents psychological and social functioning, recipient's reported physical and medical condition, the need for additional evaluation and/or treatment, and the recipient's fitness for rehabilitative services.

The Mental Health and Substance Use Disorders Assessment Update is 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.

## **Treatment and Discharge Planning and Aftercare Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* The regulations incorporate by reference the requirements in the applicable Alabama Medicaid Agency Provider Manual, which states that the intake evaluation process also results in the development of a written treatment plan that should be completed within ten working days after admission in all residential programs and prior to provision of treatment services. The recipient's treatment plan must be reviewed at least every three months.

## **Treatment Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* The regulations incorporate by reference the requirements in the applicable Alabama Medicaid Agency Provider Manual,

which states that Rehabilitative Services will be provided to recipients on the basis of medical necessity. The following relevant services are covered: Intake Evaluation; Medical Assessment and Treatment; Diagnostic Testing; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Medication Administration; Medication Monitoring; Treatment Plan Review; Mental Health Care Coordination; Adult In-home Intervention; Mental Health and Substance Use Disorders Update; Behavioral Health Placement Assessment; Basic Living Skills; Psychoeducational Services; Assertive Community Treatment (ACT); Program for Assertive Community Treatment (PACT); Opioid Use Disorder Treatment; Adult Peer Support Services; Family Peer Support Services; Psychosocial Rehabilitation Services -- Working Environment; Screening; Brief Intervention; Nursing Assessment and Care; Outpatient Detoxification; and Therapeutic Mentoring.

*Substance Use Disorder (SUD):* Among the services covered as Rehabilitative Services is Opioid Use Disorder Treatment, which is 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 and clinical services.

## **Care Coordination**

*Mental Health (MH) and Substance Use Disorder (SUD):* As a condition of enrollment in the Medicaid Program, a provider must ensure that Medicaid recipients receive quality services in a coordinated manner and have reasonable access to an adequate array of services delivered in a flexible manner to best meet their needs.

*Mental Health (MH):* Covered Rehabilitative Services include mental health care coordination, which are 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.

## **Quality Assurance or Improvement**

*Mental Health (MH) and Substance Use Disorder (SUD):* As a condition of enrollment in the Medicaid Program, a provider must ensure that Medicaid recipients receive quality services in a coordinated manner and have reasonable access to an adequate array of services delivered in a flexible manner to best meet their needs. Each agency, organization, or institution providing

care or services in the Medicaid program, must have a utilization review plan approved by Medicaid or its designated agent.

Medicaid may convene standing Quality Assurance Committees to provide guidance, insight and technical assistance as appropriate. Additionally, the Program Integrity Division is responsible for planning, developing, and directing Agency efforts to identify, prevent, and prosecute fraud, waste, and/or abuse in the Medicaid Program.

## Special Populations

*Mental Health (MH) and Substance Use Disorder (SUD)*: Requirements regarding residential services were not explicitly described in the state Medicaid regulations; see above for detailed licensure-related standards.

## Location of Medicaid Requirements

Alabama Medicaid Administrative Code; Alabama Provider Billing Manual - January 2020. Regulatory data collected January 15, 2020.

[https://medicaid.alabama.gov/content/9.0\\_Resources/9.2\\_Administrative\\_Code.aspx](https://medicaid.alabama.gov/content/9.0_Resources/9.2_Administrative_Code.aspx).

## Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>.

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.