



**AK | DFCS**

ALASKA DEPARTMENT OF  
FAMILY AND COMMUNITY  
SERVICES

**State of Alaska**  
**Designated Facility Manual**

March 2024

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## Program Information

### Designated Facilities

Under [AS 47.30 - Mental Health](#), designated facilities provide mental health services for individuals experiencing a mental or behavioral health crisis who are admitted voluntarily or under an involuntary court order. A facility must receive designation from the Department of Family and Community Services (hereinafter referred to as “the Department”) to provide services to an individual under a mental health involuntary commitment court order, commonly referred to as a Title 47.

There are currently two designation types:

- **Designated Evaluation and Stabilization (hereinafter referred to as “DES”)**
  - As defined in [AS 47.30.915\(9\)](#), DES means a hospital or crisis residential center that has been designated or is operated by the Department to perform the evaluations described in AS 47.30.660 - 47.30.915 or a medical facility operated under 25 U.S.C. 5301 - 5423 (Indian Self-Determination and Education Assistance Act), as amended, that performs evaluations.
  - A DES provides psychiatric evaluation services.
  - A DES also provides stabilization and transitional services to community-based services.
- **Designated Evaluation and Treatment (hereinafter referred to as “DET”)**
  - As defined in [AS 47.30.915\(7\)](#), DET means a hospital, clinic, institution, center, or other health care facility that has been designated by the Department for the treatment or rehabilitation of mentally ill persons under AS 47.30.670 – 47.30.915 but does not include correctional institutions.
  - A DET provides inpatient psychiatric evaluation and treatment services.
  - Under [7 AAC 72.012](#) - *Adoption by reference*, a DET requires psychiatric, occupational, and psychiatric inpatient hospital services, while a DES does not.
  - A DET facility also provides stabilization and transitional services to community-based services.

#### Special Notes:

- Per [7 AAC 72.015\(b\)](#), a facility designated as a DET is also designated as a DES.
- DES and DET facilities are collectively referred to as designated facilities.

State regulations applicable to a facility seeking designation can be found in [7 AAC 72 Article 2 - Designation of Facilities](#).

## Requirements for Designated Facilities

Under [7 AAC 72.080](#) - *General requirements for a designated facility*, designated facilities are required to ensure the following is provided:

1. Staff members receive training to develop appropriate interactions with patients.
2. Properly trained and qualified staff handle the protection, security, and observation of patients.
3. Children under 18 years of age do not share a room with adults.
4. Discharge plans are initiated early in the evaluation or treatment process and the facility provides stabilization, establishes diagnoses, and initiates care with the goal of permitting the patient's early return to the community for follow-up care. Discharge planning at an evaluation facility includes determining whether a patient should be released or transferred to a treatment facility and whether the patient needs medication.
5. Treatment is individualized and as necessary, and the administrator shall hire or contract with staff to deliver necessary specialized care.
6. Subject to the disclosure requirements of [42 CFR part 2](#), for a patient who is also receiving treatment for alcohol or drug abuse at a facility that receives federal financial assistance as described in [42 CFR part 2](#), that the local community mental health center or other after-care agency is notified within 48 hours if a client from that center or agency, or an unassigned patient, is admitted for care, after obtaining a release for this notification from the patient.
7. A determination is made as to whether a patient is a candidate for placement in the least restrictive program in the community the patient resides and, if that is the case, ensure that the patient is placed in that program as soon as possible.
8. Per [7 AAC 72.085](#) - *Determination regarding declarations for mental health treatment*, staff shall make a reasonable effort to determine if the patient has preferences or instructions for their care by consulting with the patient, the patient's health care provider, the patient's spouse or parent, a person in the patient's household, or a person designated by the patient.

## Written Agreement with Community Behavioral Health Service Providers

To ensure coordination and continuity of services related to the admission and discharge of patients, designated facilities must enter into a written agreement with each Community Behavioral Health Service Provider (hereinafter referred to as "CBHSP") ([7 AAC 72.110](#) - *Written agreements*) served by the facility to provide coordination and continuity of services related to the admission and discharge of patients receiving psychiatric care. The written agreement must contain the following:

1. After being notified by the facility of a patient's discharge from the facility, the CBHSP will schedule an appointment at their center for the patient.
  - a. Clinical services will start within one week after a patient's discharge from the

- designated facility.
  - b. Medication management services will begin before the depletion of any psychotropic medication dispensed or prescribed for a patient upon discharge.
  - c. Whenever possible, medication management services are to include a psychiatric evaluation.
2. If a single-point-of-entry psychiatric emergency facility is located in the area served by a designated facility, the designated facility will have a written agreement with the single-point-of-entry that is similar to the one described above under number 1 of this section.

## Clinical Records

The designated facilities shall maintain a clinical record of each patient in compliance with [7 AAC 72.150](#) - *Patient records*. The clinical records need to document the facility's use of the emergency examination or the evaluation procedure. The facility shall safeguard patient records against loss, defacement, tampering, and use by unauthorized persons. Information from patient records may be released only in accordance with [AS 47.30.845](#) - *Confidential records*.

For a patient being treated for alcohol or drug abuse in a facility that receives federal assistance as described in [42 C.F.R. 2.12](#) - *Applicability*, disclosure of the patient's records must be in compliance with [42 C.F.R. Part 2](#) - *Applicability*.

Finally, patient records that are required to be submitted to the Department are subject to the applicable requirements of [7 AAC 85](#) - *Electronic and Other Records Containing Behavioral Health Information* for records that contain behavioral health information

## Designated Facility Admission Definitions

Under [AS 47.30.700](#) - *Initial involuntary commitment procedures* an individual must present a likelihood of serious harm to self or others or is gravely disabled as a result of mental illness to be admitted to a DES or DET under an involuntary commitment order.

## Determination of Mental Illness

The patient must have a diagnosed or suspected mental illness. Mental illness as defined in [AS 47.30.915\(17\)](#) means an organic, mental, or emotional impairment that has substantial adverse effects on an individual's ability to exercise conscious control of the individual's actions or ability to perceive reality or to reason or understand intellectual disability, developmental disability, or both. Epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness.

## Gravely Disabled

For “gravely disabled” individuals, there must be reason to believe that the patient’s mental condition could be improved by the course of treatment sought. (It is not that a patient’s mental condition will definitely be improved; it is whether there is “reason to believe” a patient’s mental condition *could* be improved.)<sup>1</sup> This criterion is *not* required for “likely to cause harm” patients.

Gravely disabled as defined in [AS 47.30.915\(11\)](#) means a condition in which a person as a result of mental illness:

- (A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken; or
- (B) is so incapacitated that the person is incapable of surviving safely in freedom;

And if not treated, will suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior causing a substantial deterioration of the person’s previous ability to function independently. This distress refers to a level of incapacity that prevents the person from being able to live safely outside of a controlled environment.<sup>2</sup>

## Likely to Cause Harm

Likely to cause harm as defined in [AS 47.30.915\(15\)](#) means a person who:

- (A) poses a substantial risk of bodily harm to that person's self, as manifested by recent behavior causing, attempting, or threatening that harm;
- (B) poses a substantial risk of harm to others as manifested by recent behavior causing, attempting, or threatening harm, and is likely in the near future to cause physical injury, physical abuse, or substantial property damage to another person; or
- (C) manifests a current intent to carry out plans of serious harm to that person's self or another;

## DES Policies and Procedures

### DES Admission Criteria

Admission into a DES facility **does not** include a comprehensive assessment; however, a patient must go through a professionally conducted emergency examination and evaluation after arrival at the facility and meet all three criteria for admission. Which are:

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<sup>1</sup> *In the Matter for the Necessity of the Hospitalization of Darren M.*, 426 P.3d 1021 (Alaska 2016).

<sup>2</sup> *Wetherhorn v. Alaska Psychiatric Institute*, 156 P.3d 371 (Alaska 2007).

1. determined to be mentally ill, *and*
2. presents a likelihood of serious harm to self or others, or is psychologically gravely disabled, *and*
3. cannot be treated in a less restrictive environment.

## **Procedures for Emergency Examinations**

DES facilities must comply with [7 AAC 72.220 - 7 AAC 72.260](#) - *Procedures for Emergency Examinations* for completing emergency examinations.

Under these procedures, DES facilities need to examine and evaluate a patient by a physician and a mental health professional within 24 hours of the patient's arrival at the facility per AS 47.30.710—*Examination; hospitalization*.

The physician's examination will determine if there are any physical problems that require specialized care and treatment, or cause or aggravate the patient's psychiatric problems. Per [7 AAC 72.250](#), the physical examination must include:

1. an examination of the patient's chief complaint
2. review of the patient's history
3. a review of systems
4. a routine physical examination
5. a diagnosis
6. recommendations

The mental health evaluation will determine the specific mental health problems and needs of the patient and if the patient meets involuntary commitment criteria established in [AS 47.30.730](#) - *Petition for 30-day commitment*. A mental health evaluation must include, when reasonably possible, the following:

1. an interview with the peace officers or secure transport officers who brought the patient to the facility for examination;
2. a brief history of the patient, including observations or information obtained by other persons relating to the background, development, and circumstances of the patient's current problems;
3. a brief evaluation of the patient's mental status;
4. a history of the patient's previous treatment and medication;
5. a diagnosis; and
6. a determination of whether the patient meets the involuntary commitment criteria established in [AS 47.30.730](#) - *Petition for 30-day commitment*.

The mental health professional conducting the mental health evaluation will determine if the patient meets involuntary commitment criteria.

If the patient does meet the criteria and will not accept treatment on a voluntary basis, then the mental health professional shall develop a treatment plan for the patient's care in the least restrictive setting and pursue a court order.

If the Patient does not meet criteria, the facility will develop an appropriate outpatient referral plan for the purpose of follow-up and continuing care.

## **Procedures for Evaluations**

When evaluating a patient after an emergency examination or after admitting a patient for a 72-hour evaluation period under [AS 47.30.715](#) - *Procedure after order*, DES facilities need to comply with the following evaluation procedures [7 AAC 72.270](#) - [7 AAC 72.290](#) - *Procedures for Evaluations*:

1. Perform routine laboratory studies ordered by the attending physician.
2. Follow-up and further evaluate physical problems noted at the time of the patient's emergency examination, if any.
3. Obtain available background information relating to the patient's present condition, including relevant developmental, family, social, and occupational history.
4. Develop an initial treatment plan appropriate to the patient's target symptoms and behavior.
5. Note and record pertinent behavioral manifestations that indicate whether the patient continues to meet the involuntary commitment criteria established in [AS 47.30.730](#) - *Petition for 30-day commitment*.
6. Record progress notes that document the effectiveness of treatment interventions, incidents, complications, and adverse effects.

If it is determined that the patient does not meet the involuntary commitment criteria, then upon the patient's release, ensure that an appropriate outpatient referral plan for the purpose of follow-up and continuing care is provided to the patient.

## **DES Continued Stay Criteria**

When an evaluation facility receives a proper order for evaluation, it shall accept the order and the respondent for an evaluation period not to exceed 72 hours. The evaluation facility shall promptly notify the court of the date and time of the respondent's arrival. [AS 47.30.715](#) - *Procedure after order*.

If at any time in the course of the 72-hour period, the mental health professionals conducting the evaluation determine that the respondent does not meet the standards for commitment specified in [AS 47.30.700](#) - *Initial involuntary commitment procedures*., the respondent shall be discharged from the facility or the place of evaluation by evaluation personnel and the petitioner and the court notified. [AS 47.30.720](#) - *Release before expiration of 72-hour period*.



**Note:** A patient may continue to stay voluntarily at the evaluation facility although they do not meet involuntary commitment criteria.

## Transfer of Patients to a DET or Alaska Psychiatric Institute

Under [7 AAC 72.165](#) - *Transfer of patients between designated facilities*, transfers of a patient from a DES to a higher level of care at a DET or the Alaska Psychiatric Institute (herein after referred to as "API"), is contingent upon:

1. A mental health professional must complete the following before the transfer:
  - a. determine that the transfer is in the best interest of the patient,
  - b. obtain certification from the patient's attending physician that the patient is medically stable, and;
  - c. contact authorized admitting personnel at the receiving facility or hospital and explain why the patient's mental condition or behavior necessitates transfer to another facility or hospital.
2. Prior to transferring the patient, the administrator of the facility proposing the transfer needs to obtain permission for accepting the patient from the administrator of the receiving facility or hospital.

## DET Policies and Procedures

### DET Criteria for Admission

Admission into a DET facility **does not** include a comprehensive assessment; however, a patient must go through a professionally conducted emergency examination and evaluation after arrival at the facility, and meet all three criteria for admission:

1. determined to be mentally ill, *and*
2. presents a likelihood of serious harm to self or others, or is psychologically gravely disabled, *and*
3. cannot be treated in a lesser restrictive environment.

### Procedures for Emergency Examinations

DET facilities must comply with [7 AAC 72.220 - 7 AAC 72.260](#) - *Procedures for Emergency Examinations* for completing emergency examinations.

Under these procedures, DET facilities need to examine and evaluate a patient by a physician and a mental health professional within 24 hours after arrival at the facility per [AS 47.30.710](#) - *Examination; hospitalization*.

The physician's examination will determine if there are any physical problems that require specialized care and treatment, or cause or aggravate the patient's psychiatric problems. Per [7 AAC 72.250](#), the physical examination must include:

1. an examination of the patient's chief complaint
2. review of the patient's history
3. a review of systems
4. a routine physical examination
5. a diagnosis
6. recommendations

The mental health evaluation will determine the specific mental health problems and needs of the patient and if the patient meets involuntary commitment criteria established in [AS 47.30.730](#) - *Petition for 30-day commitment*. A mental health evaluation must include, when reasonably possible, the following:

1. an interview with the peace officers or secure transport officers who brought the patient to the facility for examination;
2. a brief history of the patient, including observations or information obtained by other persons relating to the background, development, and circumstances of the patient's current problems;
3. a brief evaluation of the patient's mental status;
4. a history of the patient's previous treatment and medication;
5. a diagnosis; and
6. a determination of whether the patient meets the involuntary commitment criteria established in [AS 47.30.730](#) - *Petition for 30-day commitment*.

The mental health professional conducting the mental health evaluation will determine if the patient meets involuntary commitment criteria.

If the patient does meet the criteria and will not accept treatment on a voluntary basis, then the mental health professional shall develop a treatment plan for the patient's care in the least restrictive setting and pursue a court order.

If the Patient does not meet criteria, the facility will develop an appropriate outpatient referral plan for the purpose of follow-up and continuing care.

## **Procedures for Evaluations**

When evaluating a patient after an emergency examination or after admitting a patient for a 72-hour evaluation period under [AS 47.30.715](#) - *Procedure after order*, DET facilities need to comply with the following evaluation procedures [7 AAC 72.270-7 AAC 72.290](#) - *Procedures for Evaluations*:

1. Perform routine laboratory studies ordered by the attending physician.
2. Follow-up and further evaluate physical problems noted at the time of the patient's emergency examination, if any.

3. Obtain available background information relating to the patient's present condition, including relevant developmental, family, social, and occupational history.
4. Develop an initial treatment plan appropriate to the patient's target symptoms and behavior.
5. Note and record pertinent behavioral manifestations that indicate whether the patient continues to meet the involuntary commitment criteria established in [AS 47.30.730](#) - *Petition for 30-day commitment*.
6. Record progress notes that document the effectiveness of treatment interventions, incidents, complications, and adverse effects.

If it is determined that the patient does not meet the involuntary commitment criteria, then upon the patient's release, ensure that an appropriate outpatient referral plan for the purpose of follow-up and continuing care is provided to the patient.

### **DET Continued Stay Criteria**

Following admission, the continued stay in the DET needs to include a comprehensive assessment, treatment plan, close daily psychiatric supervision, and 24-hour medical supervision. Treatment should be in the least restrictive type of service consistent with the person's need and therefore should not be instituted unless there is documentation of a failure to respond to or professional judgment of an inability to be safely managed in a less restrictive type of service. The following criteria must be met for a continued stay in the DET facility:

1. The admission criteria must continue to be met, or
2. The current treatment plan requires inpatient care. Any one of the following aspects must be met.
  - a. Acute symptoms of the disorder(s), which caused the admission, still remain, and the patient's safety would be compromised if a lower level of care is utilized;
  - b. New problems have developed that require continued inpatient care to re-stabilize, consolidate treatment gains, and integrate the patient back into the community; or
  - c. Medications adjustments require inpatient care for monitoring.

### **Transfer of Patients to another DET or the Alaska Psychiatric Institute**

Under [7 AAC 72.165](#) - *Transfer of patients between designated facilities*, transfers of a patient from a DET to another DET or Alaska Psychiatric Institute (hereinafter referred to as "API") is contingent upon:

1. A mental health professional must complete the following before the travel:
  - a. determine that the transfer is in the best interest of the patient,
  - b. obtain certification from the patient's attending physician that the patient is

- medically stable, and;
  - c. contact authorized admitting personnel at the receiving facility or hospital and explain why the patient's mental condition or behavior necessitates transfer to another facility or hospital.
2. Prior to transferring the patient, the administrator of the facility proposing the transfer needs to obtain permission for accepting the patient from the administrator of the receiving facility or hospital.

## Designated Facility Reporting

### Reporting Requirements

Per regulations, the Department must collect information from the designated facilities to ensure the program continues to meet standards and designated facilities remain in compliance with statutes and regulations, as well as for ongoing program quality improvement efforts and monitoring purposes.

Information is reported by the designated facility to the Department DES/DET Program Manager, (hereinafter referred to as "Program Manager") through the required annual attestation report regarding facility designation (annual attestation), quarterly report of patient information, and any other request made by the Program Manager.

### Annual Report

Each designated facility administrator must submit an annual report to the Department per [7 AAC 72.050](#) - *Annual report regarding facility designation*. The annual report will be submitted on a form supplied by the Department on or before June 30 of each year.

The annual report shall contain the following:

1. For a general acute care hospital described in [7 AAC 72.015\(a\)\(1\)](#) - *General requirements for designation*, the following must be included in the report:
  - a. A copy of the hospital's current license. If the hospital is operating under a provisional license issued then, the administrator also shall provide a written report of the nature of each violation and of the efforts to achieve compliance.
2. For an exempt facility described in [7 AAC 72.015\(a\)\(2\)](#) - *General requirements for designation*, the following must be included in the report.
  - a. A copy of the facility's current accreditation.
  - b. A copy of the most recent accreditation report issued by the Joint Commission on Accreditation of Health Care Organizations.

- i. If the report describes a Type I deficiency, the administrator shall provide a written report of the nature of each Type 1 deficiency and of the efforts to achieve compliance.

The annual report for general acute care hospitals and exempt facilities will also contain the following:

1. Certification of compliance with [7 AAC 72.015](#) - *General requirements for designation*, on a form supplied by the Department; however, if a waiver has been granted the administrator shall also submit a report setting out the status of the attempts to meet the required schedule of compliance.
2. A copy of each written agreement prepared under [7 AAC 72.110](#) - *Written agreements*, or a certification attesting that each written agreement already submitted to the Department is still in effect.
3. A list of any policies and procedures described in [7 AAC 72.020\(b\)](#) - *Application for facility designation*, that have been updated during the previous year and a copy of the current table of contents for the policies and procedures.

The Department will review the information submitted under this section and will advise the administrator in writing that the Department finds the facility to be in compliance with [7 AAC 72](#) - *Civil Commitment*, or that the Department finds that the facility no longer meets the requirements as a designated facility. If the Department determines the facility is in non-compliance with 7 AAC 72 - *Civil Commitment*, the Department has the authority to revoke the facility's designation per [7 AAC 72.070](#) - *Revocation of designation*. Any notice of revocation will be issued in writing.

## Quarterly Reports

On a form supplied by the Department, the designated facility administrator will submit a quarterly report within 60 days after the end of each quarter. Per [7 AAC 72.155](#) *Quarterly report of patient information*, the quarterly report will contain the following:

1. The number of patients admitted voluntarily
2. The number of patients admitted voluntary in-lieu
3. The number of patients admitted involuntarily
4. The number of patients admitted who had insurance or self-pay coverage that was billed
5. The average length of stay for all patients admitted during the quarter, whether voluntary or involuntary.
6. The number of patients who were readmitted during the quarter

## Other Information Requests

On occasion there may be a need for the Program Manager to request additional information outside of the annual attestation and quarterly reporting requirements. For such requests, the Program Manager will provide the designated facility with a due date. It is the Department's expectation that all designated facilities will respond to such requests in a timely manner.

## Mental Health Treatment Assistance Program (MHTAP)

### Program Information

The Mental Health Treatment Assistance Program (hereinafter referred to as "MHTAP") reimburses designated facilities as the payer of last resort for uncompensated care for patients who meet involuntary commitment criteria, have no other payor source (non-resourced), and meet the low-income threshold set out in regulation.

### Funding

Currently, two funding sources support MHTAP; State General Funds and Medicaid Disproportionate Share Hospital (DSH) payments. DSH is federal funding provided to hospitals to treat indigent patients. DSH funding is only available to eligible facilities that have a current DSH agreement with the State. MHTAP reimbursements for hospitals under a DSH agreement is a combination of State General Funds and Federally matched DSH funds. Non-DSH Facilities are reimbursed with only State General Funds.

All funding is contingent upon the availability of appropriations from the legislature. The designated facility staff and Department Program Manager work together to ensure MHTAP funds are only used for eligible patients.

### Regulations

7 AAC 72 Article 10 Mental Health Treatment Assistance Program ([7 AAC 72 .500 - 7 AAC 72.540](#)) establishes the following:

- Eligibility criteria
- Application process
- How decisions about eligibility are determined
- Information about eligible services and rates
- How payment for services is made
- Appeals process

## Procedures

Designated facility administrators will work with the DFCS DES/DET Program Manager in order to access MHTAP reimbursement funds. The Program Manager and DES/DET Coordinator will assist the designated facility administrator in understanding the facility's responsibilities as a DES and/or DET provider and train facility staff on how to complete and submit an MHTAP application. The designated facility may request training at any time from the Program Manager to ensure the success of the program. The Program Manager makes the final eligibility determinations for MHTAP applications.

The Program Manager will create and manage a master list of each application submitted by the designated facility and document the necessary program information for each application submitted. The Program Manager will provide a monthly meeting time to each designated facility. The designated facility administrator, staff and Program Manager will utilize this meeting time to go over the master list, provide updates on applications, and work through any discrepancies or concerns. An updated master list will be provided to the designated facility approximately one week before the scheduled meeting.

As applicable, the designated facility will apply for Medicaid Hospital Presumptive Eligibility (HPE) within two (2) days of admission. The designated facility has 180 days from the discharge date to submit all MHTAP application documents to the Program Manager. All documentation related to the MHTAP application is confidential and must be sent via encrypted email to the Department ([fcs.des.det@alaska.gov](mailto:fcs.des.det@alaska.gov)).

**SPECIAL NOTE:** if the patient is being treated for alcohol or drug abuse in a facility that receives federal assistance as described in [42 CFR part 2](#), the facility may not be able to supply certain records to the Department, and Department staff may have to visit the facility in person. The Department should provide reasonable notice to the facility prior to a visit.

All MHTAP applications for each state fiscal year (July 1 to June 30) must be submitted to the Department within 60 days after the end of the reporting period to be eligible for reimbursement during that fiscal year.

## Certifications

The designated facility needs to certify that the patient meets involuntary commitment criteria upon admission and throughout the hospital stay to qualify for MHTAP by providing the certifications below.

1. **Certificate of Need for MHTAP (CON)** - Form MHP-03 (CON) certifies the patient's initial need for mental/behavioral health treatment. To ensure full use of the MHTAP program, it is recommended that a CON is submitted for any person who may potentially qualify. The CON must be submitted within 24 hours of admission or on

the next business day following a weekend or holiday. If limited information is available, then it should be noted and submitted with what information is available at the time of admission and then resubmitted after any revisions have been made. If the CON cannot be completed in 24 hours due to waiting for confirmation of insurance coverage, it can be noted on the form by checking the box “Waited for Insurance Confirmation” and submitted after confirmation has been received.

**2. Physician’s Certification Regarding Voluntary-In-Lieu or Involuntary Admission.**

Certification that the patient meets involuntary commitment criteria and must be completed if the patient is on voluntary-in-lieu status, or when the patient transitions from involuntary to voluntary status to document the patient continues to meet involuntary commitment criteria. Per [AS 47.31.010](#) - *Eligibility for assistance*, this certification must be completed every 7 days until the patient is discharged or becomes covered by Medicaid.

**MHTAP Application Forms**

In order to qualify for MHTAP, the application must be filled out in its entirety and must include all supporting documents.

The following is a summary of the forms and supporting documents to be submitted to the Department, along with submission times. The required forms are provided by the Program Manager. The supporting documents are provided by the patient and/or facility.

Form/Document	Description/Purpose	Submission Completion Times
<b>MHP-01</b> Patient Application for MHTAP	Patient application including: A. Income information B. Authorization for release of information	Ideally completed before discharge and submitted by the facility with the MHTAP Application packet within 180 days of the discharge date
<b>MHP-02a</b> Patient Eligibility and Application Checklist	A resource tool for the facility to assist in outlining MHTAP requirements, forms provided by the Department, and documents needed from the patient and/or facility	This form does <b>not</b> need to be submitted with MHTAP Application Packet.
<b>MHP-02</b> Facility Application for Reimbursement	To be completed by the facility only if the patient lacks the mental capacity to apply, fails to apply for MHTAP, or payment has been denied by another insurance.	Submit with the MHTAP Application packet within 180 days of the discharge date



Form/Document	Description/Purpose	Submission Completion Times
<b>MHP-03</b> Certification of Need for MHTAP (CON)	Documentation that provides information regarding the patient’s initial need for MHTAP for their mental/behavioral health treatment	Complete and submit within 24 hours of admission or on the next business day following a weekend or holiday
<b>MHP-04</b> Physician Certifications  MHP-04 continued...	<i>If applicable: When the patient <b>does not</b> arrive on a court order, the physician must certify the patient meets involuntary commitment criteria.</i> -AND/OR - <i>If applicable: The physician must certify that the patient lacks the mental capacity to apply for financial assistance via MHTAP</i>	To be completed upon admission and every 7 days thereafter if the patient is on voluntary-in-lieu status or, following a change from involuntary to voluntary status  Submit with MHTAP Application Packet within 180 days of the discharge date
<b>MHP-05</b> <i>If applicable:</i> Administrator Certification Patient Failed to Apply for Benefits	The patient failed to apply for benefits per <a href="#">AS 47.31.015(b)(1)</a>	To be completed after 150 days from date of discharge  Submit with MHTAP Application Packet within 180 days of the discharge date
Copy of the Original Billing Form <b>*Provided by the Facility</b>	The original billing form from the facility detailing the description of services and charges incurred (e.g. UB-04 or HCFA-1500)	To be completed and submitted with the MHTAP application packet within 180 days of the discharge date
<i>If applicable:</i> Proof of Insurance Denial <b>*Provided by the Facility</b>	Another insurance was billed, and the claim was denied	Submit a copy of the denial notification with the MHTAP application packet within 180 days of the discharge date
Discharge Summary from the Hospital <b>*Provided by the Facility</b>	Summary which provides diagnosis and plan of care after discharge	Submit Discharge Summary from the Hospital with the MHTAP application packet within 180 days of the discharge date

Form/Document	Description/Purpose	Submission Completion Times
<p><i>If applicable:</i> Court Orders <b>*Provided by the Facility</b></p>	<p>All Court Order documents that involuntarily detain or commit an individual for evaluation and/or treatment at a designated evaluation or treatment facility</p>	<p>Provide in the initial MHTAP application packet within 180 days of the discharge date</p>

## Eligibility

Under [AS 47.31.010](#) - *Eligibility for Assistance*, to be eligible for MHTAP, a patient must meet the following criteria:

1. The patient does not have the financial resources to pay for or significantly contribute to the payment of charges resulting from an inpatient stay at a psychiatric facility.
2. The patient has no medical insurance coverage or third-party payer that provides coverage for evaluation or treatment provided under the civil commitment statutes.
3. The patient has been admitted for inpatient evaluation or treatment at a designated evaluation or treatment facility after either an involuntary commitment or a voluntary admission if the patient meets the involuntary commitment criteria.
4. The patient’s gross monthly household income does not exceed 185 percent of the federal poverty guideline for the calendar month in which service was provided (this includes all earned or unearned income from any source of a member of the patient's household).

The designated facility needs to work with the patient, if possible, to determine eligibility for the MHTAP. The designated facility must do its due diligence to submit a complete MHTAP application and to determine the following requirements for eligibility:

1. **Income.** Proof of gross monthly household income, to the extent possible, must be determined.
  - a. The following is a list of potential documents that can suffice for proof of income: paycheck stubs, tax records, unemployment check stubs, a signed statement from an employer, or any other document that shows evidence of income for the month during which a patient received care provided by a designated facility.
  - b. Income should **not** include the PFD
  - c. Income should include tribal corporation dividends if the individual is eligible to receive them.
  - d. The designated facility is responsible for determining if the patient’s gross monthly household income, as reported on the application form, exceeds 185 percent of the federal poverty guideline for Alaska, for the calendar month in

which services were provided. [Federal Poverty Guidelines are referenced here](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines) (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>), please make sure to reference the year in which services were rendered.

2. **Third Party Payers.** The designated facility will also provide proof of any other insurance, and if the claim is denied it will forward the notification of denial and information to the Program Manager to further analyze the application. Under [7 AAC 72.530](#) - *Application for financial assistance*:
  - a. A private insurance company is not considered to be a third-party payer if there is proof that the company does not cover mental health inpatient treatment or that the maximum benefit level has been reached.
  - b. The Bureau of Indian Affairs and the Indian Health Service are not considered to be third-party payers.

If the third-party insurance is located and has denied payment, the designated facility will complete and submit the form *MHP-02 Facility Application for Reimbursement*, along with any and all documentation from the third-party insurance surrounding the denial and include it in the MHTAP application packet.

3. **MHTAP Physician's Certification That Patient Lacks Mental Capacity to Apply for Benefits.** Given the circumstances of the required hospitalization, it is not always possible to obtain required information for the application. If the patient is unable or willing to participate in the application process, please complete, sign, and submit this form with the MHTAP application packet.
4. **Post-Discharged Application by Patient.** While hospitalized in the DET, if the patient is unable to unwilling to apply for MHTAP funding, then the patient or patient's representative may apply for them to receive financial [7 AAC 72.530](#) *Application for financial assistance*. A patient must apply for assistance within 180 days after the date of discharge, in writing and on a form provided by the Department. The application needs to include a copy of the hospital invoice and all relevant documentation under numbers 1 and 2 of this section. The money will be paid directly to the designated facility and not to the applicant or any representative of the applicant.
5. **Release of Records to Verify Eligibility.** A patient, the patient's spouse, or a person in the patient's household who has applied for financial assistance will need to release records and information to the Department to verify eligibility for assistance. If the records and information are not provided, the Department may issue an administrative order imposing full liability for the patient's cost of care and treatment to the designated facility [AS 47.31.015\(c\) and \(d\)](#) *Application for assistance*.
6. **Decision on Eligibility.** The Program Manager will review all information submitted with the application within 30 days and will, if necessary, review records at the facility to verify that the patient meets the eligibility requirements and that each service for financial assistance is an eligible service under [AS 47.31.020](#) *Decision on eligibility* and [7 AAC 72.540](#) *Decision regarding eligibility for financial assistance*.

- a. If the patient is eligible for financial assistance, payment will be made directly to the designated facility for all eligible services provided to the patient.
  - b. If the patient is found ineligible, a written notice will be sent to the patient and facility and the notice must contain the reason for the denial and an explanation of the patient's right to an administrative appeal of the denial under [AS 47.31.035](#) - *Appeals*.
7. **Application Submission Deadline.** The designated facility has 180 days from the date of discharge to submit all MTHAP application forms and supporting documents to the Program Manager.

## Reimbursement of Services

The statute directs the Department to identify the type and level of services for which assistance is available under [AS 47.31.025](#) - *Eligible services rates*. The statute limits reimbursement to the Medicaid rate and directs the Department to establish this in regulation. The Department established the rate as the Medicaid rate that is set by under [7 AAC 150.180](#) - *Methodology and criteria for additional payments as a disproportionate share hospital* and in effect for the facility at the time the service was rendered, prior to year-end review (usually referred to as year-end conformance adjustment) per [7 AAC 72.510](#) - *Rate of reimbursement for mental health services*. The Program Manager will:

1. Review all claims received and make a determination.
  - a. If the patient qualifies for MHTAP, mail out an approval letter to the patient and send a copy to the designated facility.
  - b. If the patient did not qualify for MHTAP, mail the appropriate denial letter for each claim and send a copy to the designated facility.
2. Pay claims at the Medicaid rate and log those approved charges on the spreadsheet for the hospital.:
3. Note on the claim for the amount approved (Medicaid rate) and the amount that is not covered (amount billed subtracted from Medicaid rate). These claims will be submitted to finance.

## Eligible Services

The following are considered eligible services if the services were directly related to a patient's mental health condition. A designated facility, having served a disproportionate share of low-income patients with special needs, qualifies for Medicaid disproportionate share incentive payments for hospitals (DSH) described in [7 AAC 150.180](#) - *Methodology and criteria for additional payments as a disproportionate share hospital*. A hospital agrees that it will provide a negotiated and specific number of encounters (inpatient days) to persons otherwise eligible under [AS 47.07.030](#) - *Medical services to be provided*. The following table contains services inclusive of a DSH DES or DET agreements with the Department of Family and Community Services.

**ELIGIBLE SERVICES FOR REIMBURSEMENT**

Paid via Claim Submissions	Paid via MHTAP Application (Medicaid Rate)
Physician services, if those services require the action of a physician who is not a member of the designated facility's staff	Emergency room costs
Physician court time costs for participation in a commitment hearing	Staff physician services if those services are not already included in the facility's daily rate
Laboratory costs that are required for all patients entering a facility and laboratory costs related to mental health evaluation, diagnosis, and treatment	Medical costs, if related to the evaluation, diagnosis, and treatment of a patient's mental illness
Medication costs related to mental health diagnosis and treatment	Room and board costs related to the evaluation, diagnosis, and treatment of a patient's mental illness
Transportation costs that are not covered by AS 47.30.870 or AS 47.30.905 (certain transportation and related costs are reimbursed by the Department under the civil commitment statutes)	
Other services related to the admission being billed, as determined by the division on a case-by-case basis	

**Ineligible Services**

The Department will not reimburse for the following services ([AS 47.31.025](#) - *Eligible services; rates* and [7 AAC 72.520](#) - *Mental health services eligible for financial assistance*):

1. Physician time spent performing administrative or supervisory duties; this exclusion does not include time spent participating in a commitment hearing.
2. Facility costs for space, overhead, supplies, or equipment.
3. Local ambulance service, unless there is also a need for emergency medical care, and only when directly related to the patient's mental condition; or ambulance service is necessary to meet the requirements of Emergency Medical Treatment and Active Labor Act (EMTALA).
4. The co-pay portion of a third-party reimbursement.
5. Any transportation or other expense to be paid by the court system for civil commitment proceedings.
6. Any service that is not directly related to the patient's mental condition.

## Covered Time Period

The Department will reimburse a DES facility for no more than seven (7) days for evaluation and stabilization or for transition to community-based services and a DET for no more than forty (40) days for evaluation, treatment, and stabilization or for transition to community-based services, if the Department determines the amount of time is clinically appropriate under [7 AAC 72.520](#) - *Mental health services eligible for financial assistance* and

1. the patient continues under a court order, or has transferred to voluntary treatment, and the treating physician has certified on MHP-04 Physician Certifications that the patient continues to meet the involuntary commitment criteria; or
2. the court extends the time for evaluation and treatment for a patient who continues to meet the involuntary commitment; or
3. in the case of a DET, the patient is authorized to remain at the facility under [AS 47.30.745](#) - *90-day commitment hearing rights; continued commitment*.

## Payment

Payment will be made directly to the designated facility as established under [AS 47.31.030](#) - *Payment*. By endorsing the check, the facility certifies that the claim is true and accurate, unless written notice of an error is sent to the Department by the facility within 30 days. If the facility receives payment from a patient or a third-party payer after being reimbursed by the division under this chapter, the designated facility administrator shall return the money to the Department.

## Denials & Appeals

Under [7 AAC 72.540](#) - *Decision regarding eligibility for financial assistance*, If the department determines that the patient is ineligible for financial assistance, or that a service provided is not eligible under [7 AAC 72.520](#) - *Mental Health Services eligible for financial assistance* the department will, as required by [AS 47.31.020](#) - *Decision on Eligibility*, notify the patient and the designated facility that the application for financial assistance has been denied, and will advise the patient, the patient's legal representative, if any, and the designated facility of the right to appeal the denial of assistance under [AS 47.31.035](#) - *Appeals*.

Under [AS 47.31.035](#) - *Appeals*, a patient or the patient's legal representative may appeal a denial of assistance by sending written notice of objection to the department within 30 days after the date of the notice of denial. The written notice of objection must include an explanation of the reasons for the objection and may include documentation supporting the objection.

The Department shall review the objection and issue a decision within 90 days after its receipt. The Department may request additional information on the appeal from the patient, the designated facility, or department staff. A request for additional information suspends the time period for the appeal until the Department determines that the additional information has been received. If more than 180 days have passed from the date of submission of a notice of appeal and the additional information requested by the Department has not been received from a patient, the evaluation facility, the designated treatment facility, or the department, the appeal shall be considered denied.

The final decision from the department may be appealed to the superior court under the Alaska Rules of Appellate Procedure.

### **Secure Transport and Escort Services**

When a person is involuntarily committed and accepted into a designated facility, the facility shall work with the Department to arrange for the person's necessary transportation to the designated facility accompanied by appropriate persons and, if necessary, by a peace officer. The Department is authorized to pay for transport services upon approval. Secure transport and escort services require prior authorization by the CBHSP for transportation to a hospital. The escort must have a current and approved provider agreement and be on the list of current providers with the State of Alaska.

Ambulance and alternative means of transport may be requested in situations when the individual who will be transported requires medical care to ensure their health and safety during the transport. All ambulance and alternative means of transport are requested on a case-by-case basis and require prior approval from the Alaska Psychiatric Institute (API) Admission Screening Office (ASO) Department of Family and Community Services. Any travel over the amount of \$25,000 must be approved by the DES/DET/Secure Transport Program Manager.

The Department shall pay for return transportation for eligible patients under [AS 47.30.870](#) - *Transportation* and may include the person's escorts, after a determination that the person is not committable, at the end of a commitment period, or at the end of a voluntary stay at a treatment facility following an evaluation conducted in accordance with [AS 47.30.715](#) - *Procedure after order*.

### **Community Behavioral Health Service Providers (CBHSP)**

CBHSP's that receive Psychiatric Emergency Services (PES) grant funding from the Division of Behavioral Health (DBH) in the Department of Health (DOH), and hospital emergency rooms, provide emergency evaluation services that include diagnosis classification (ICD-10) for

persons being considered for involuntary commitment under [AS 47.30.700 - AS 47.30.915](#) - *Initial involuntary commitment procedures, Definitions*. This service is to include both court-ordered screening investigations and evaluations for commitment to designated facilities or to API. Twenty-four-hour inpatient psychiatric treatment for both voluntary and involuntary patients should be considered as close to the patient's home as possible. For involuntary patients, this service must include a written cooperative agreement with API or other state-designated inpatient psychiatric facility. ([AS 47.30.530](#) - *Duties of department*, [AS 47.30.540](#) - *Local government entities*).

## Forms for Facility Designation Application

Forms to be provided by the Program Manager.

1. MHP-00a Facility Application for Designation under [AS 47.30](#) Mental Health and [7 AAC 72](#) Civil Commitment
2. MHP-00b Certification of Compliance for Designation

## Forms for Mental Health Treatment Assistance Program

All forms listed on pages 14-15 for MHTAP will be provided to the facility by the Program Manager. **Note:** The Department will provide a hard copy of these forms for use upon request.



## Contact Information

Program Area/Subject	Contact	Email	Phone Number
Mental Health Assistance Treatment Program Information	DFCS DES/DET Program Manager	fcs.des.det@alaska.gov	907-419-4815
To Arrange for Secure Transport	Alaska Psychiatric Institute (API)	Not Applicable	907-269-7114
All mental health, Title 47 matters	DFCS DES/DET Coordinator	det.des.coordinator@alaska.gov	907-269-5444
Designated Evaluation and Treatment Program Information	DFCS DES/DET Program Manager	fcs.des.det@alaska.gov	907-419-4815
Information for Medicaid Travel	DFCS DES/DET Program Manager	fcs.secure.transport@alaska.gov	907-419-4815

## Statute and Regulation References

The list below is not a comprehensive list of statutes and regulations governing this program but are the most commonly referred to.

### Designated Evaluation and Treatment Facilities Regulations

Title	Description
<a href="#">7 AAC 72.010 - 7 AAC 72.900</a>	Civil Commitment
<a href="#">7 AAC 72.010</a>	Scope and Applicability
<a href="#">7 AAC 72.012 - 7 AAC 72.070</a>	Designation of Facilities
<a href="#">7 AAC 72.080 - 7 AAC 72.165</a>	Requirements for Designated Facilities
<a href="#">7 AAC 72.220 - 7 AAC 72.260</a>	Procedures for Emergency Examinations
<a href="#">7 AAC 72.270 - 7 AAC 72.290</a>	Procedures for Evaluations
<a href="#">7 AAC 72.300 - 7 AAC 72.350</a>	Procedures for Designation of Evaluation Personnel
<a href="#">7 AAC 72.360 - 7 AAC 72.390</a>	Procedures for Evaluations Conducted by Evaluation Personnel
<a href="#">7 AAC 72.410 - 7 AAC 72.440</a>	Appeals

**Mental Health Treatment Assistance Program Regulations**

Title	Description
<a href="#">7 AAC 72.500 - 7 AAC 72.540</a>	Mental Health Treatment Assistance Program

**Alaska Statute Title 47 Welfare, Social Services, and Institutions**

Title	Description
<a href="#">AS 47.30</a>	Mental Health
<a href="#">AS 47.30 Article 6</a>	Voluntary Admission for Treatment
<a href="#">AS 47.30 Article 7</a>	Involuntary Admission for Treatment
<a href="#">AS 47.30.700</a>	Initial Involuntary Commitment Procedures
<a href="#">AS 47.30.715</a>	Procedures After Order
<a href="#">AS 47.30.915</a>	Definitions
<a href="#">AS 47.30.915 (9)</a>	Gravely Disabled
<a href="#">AS 47.31</a>	Mental Health Treatment Assistance Program
<a href="#">AS 47.31.010</a>	Patient Eligibility for Mental Health Treatment Assistance Program
<a href="#">AS 47.30.870</a>	Transportation