

**Crisis Stabilization and Residential Program
Amendment 1, Answers to written inquiries
Issued 4/15/22**

Question 1. *I wanted to confirm that it is indeed aimed at supporting delivery of services through personnel service funding and no other purpose.*

Answer 1: For Fiscal Year 2023 program funds may be used to support start-up and operating costs. Startup costs can include furnishings, or other non-service items for the grant project. Proposed startup costs should be clearly identified in the budget narrative. Funds are not intended for capital projects and cannot be used for the purpose or construction of any building or structure to house any part of the program. Please refer to section 1.03 for service delivery start date.

Question 2. *The target population for both SUD and MH CSS in the Administrative Procedures is the same. "Individuals under 7 AAC 139.010 presenting with acute mental or emotional disorders requiring psychiatric stabilization and care." Does an individual presenting to CSS for primarily SUD crisis meet the definition of someone who needs psychiatric stabilization and care? We assume so since the RFP specifically states it will fund an SUD provider.*

Answer 2: Yes, see Medicaid Substance Use Disorder 1115 Waiver Services under 7 AAC 138.450(b) which can be accessed at the [The Department of Law Library](#). Additionally, the Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services (Attachment #3) identifies the target population as: Individuals eligible under 7AAC 139.010 presenting with acute mental or emotional disorders requiring psychiatric stabilization and care.

Question 3. *What does "medically monitored" mean in the context of the CSS service? For example, If a client saw a Dr. within 24 hours, and as needed based on their individual situation, with emergency medical support available case by case and the remainder of the services provider under the direction of a Dr. would this satisfy the medically monitored requirement?*

Answer 3: Here is the relevant information from The Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services (Attachment #3) regarding your question regarding medically monitored as defined in the manual:

- Relevant service components: Stabilization of withdrawal symptoms, psychiatric evaluation services, nursing services, medication services including medication prescription, review of medication, medication administration, and medication management.
- Relevant Service Requirements Expectations:
 - Crisis stabilization services must be provided as a medically monitored stabilization service designed to restore the individual to a level of functioning that does not require inpatient hospitalization; and to assess the need for medication services and other post-discharge treatment and support services.
 - Clients must be seen by a physician, physician assistant, psychiatrist, or advanced nurse practitioner within 24 hours of admission to conduct an assessment, address issues of care, and write orders as required.

Additionally, you may refer to your accreditation body's requirements for this service type. Since accreditation is required by regulation, an accreditation body's requirements are also regulation.

Question 4. *"Nursing services" are a required service component and services must be available 24/7. Does this mean a nurse must be on site 24/7, or can this requirement be met via a combination of on-site/on-call coverage? For example, if a client saw a nurse as appropriate based on their individual need and had access to services in case of an emergency. Would this meet the criteria for nursing without a 24/7 nurse on site?*

Answer 4: The regulations do not stipulate specific requirements for staffing on site. Please refer to the information and noted requirements in The Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services Manual (Attachment #3) to determine the appropriate staffing for your agency based on the target population (individuals in crisis), stated service description (24/7 services, etc.), and noted requirements. Additionally, you may refer to your accreditation body's requirements for this service type. Since accreditation is required by regulation, an accreditation body's requirements are also regulation.

Question 5. *Are there specific requirements for the availability of nursing services? (Ex. on site a specific number of hours per week).*

Answer 5: The regulations do not stipulate specific requirements for staffing on site. Please refer to the information and noted requirements in The Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services Manual (Attachment #3) to determine the appropriate staffing for your agency based on the target population (individuals in crisis), stated service description (24/7 services, etc.), and noted requirements. Additionally, you may refer to your accreditation body's requirements for this service type. Since accreditation is required by regulation, an accreditation body's requirements are also regulation.

Question 6: *Are there specific requirements for staff availability for overnight shifts?"*

Answer 6: The regulations do not stipulate specific requirements for staffing on site. Please refer to the information and noted requirements in The Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services Manual (Attachment #3) to determine the appropriate staffing for your agency based on the target population (individuals in crisis), stated service description (24/7 services, etc.), and noted requirements. Additionally, you may refer to your accreditation body's requirements for this service type. Since accreditation is required by regulation, an accreditation body's requirements are also regulation.

Question 7: *Regarding the approved facility that provides 24/7 psychiatric stabilization, would having a MHC 24/7, an ANP on-call, and psychiatrist once/week meet this requirement?*

Answer 7: The regulations do not stipulate specific requirements for staffing on site. Please refer to The Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services Manual (Attachment #3) to determine the appropriate staffing for your agency based on the target population, stated service description, and noted requirements. Additionally, you may refer to your accreditation body's requirements for this service type. Since accreditation is required by regulation, an accreditation body's requirements are also regulation.

Question 8: *What exactly does medically monitored mean? If the psychiatrist completes the assessment and the client is monitored by an ANP, would that meet requirements?*

Answer 8: For relevant service components and requirements, see Answer 3. Additionally, the Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services Manual (Attachment #3) defines the CSS service description as “A medically monitored, short-term, residential program in an approved facility that provides 24/7 psychiatric stabilization.”

Question 9: *What’s the difference between medically monitored and medically managed?*

Answer 9: The Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services Manual (Attachment #3) identifies the service description, a description of service components, and service requirements for CSS. CSS service standards uses the term “medically monitored” and does not include the use of the language or requirement of being “medically managed.” It does note contraindicated services as Medically Managed Intensive Inpatient Withdrawal Management-4.0 and Medically Managed Intensive Inpatient Services-4.0 which are defined in The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. Again, your accreditation body has specific definitions for monitored versus managed. The ASAM manual also gives detailed descriptions for monitored versus managed.

Question 10: *How do we (or partners) determine someone is eligible for CSS?*

Answer 10: The following regulations will clarify eligibility:

Medicaid Substance Use Disorder 1115 Waiver Services under 7 AAC 138.450(b) can be accessed at [The Department of Law Library](#).

Additionally, the Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services Manual (Attachment #3) identifies the target population as: Individuals eligible under 7 AAC 139.010 presenting with acute mental or emotional disorders requiring psychiatric stabilization and care.

7 AAC 139.010 can be accessed at the [The Department of Law Library](#).

Question 11: *What are the DBH/Medicaid requirements?*

Answer 11: See Medicaid Substance Use Disorder 1115 Waiver Services 7 AAC 138.450(b) which can be accessed at [The Department of Law Library](#).

Services must be documented in a progress note in accordance with 7 AAC 135.130 which can be accessed at [The Department of Law Library](#).

Question 12: *When during admission should we gain medical history? Our current process allows for 30 days for residential, but we also understand this will differ with a 7-day time frame.*

Answer 12: Clients must be seen by a physician, physician assistant, psychiatrist, or advanced nurse practitioner within 24 hours of admission to conduct an assessment, address issues of care, and write orders as required.

Additionally, Crisis Residential Stabilization services are identified as short-term, from 1-7 days, for the purpose of crisis stabilization and must meet medical necessity.

Question 13: *To what extent do we have to comply with SAMHSE [sic] standards?*

Answer 13: The Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services Manual (Attachment #3) states: "Qualified providers of crisis stabilization services are expected to follow the SAMHSA Essential Expectations for Crisis Services" which is Attachment B in the manual.

Additionally, see the SAMHSA core principles of best practices in crisis response services stated in the RFP under 1.03 Program Services/Activities.