



DBH COVID Guidance Document #2 – UPDATED April 1, 2020

Medically Necessary Travel:

With various travel restrictions at the local, state and national levels, DBH made the following decisions on what is considered Medically Necessary Travel. When making this determination DBH had to consider the health and safety of everyone involved:

- Patient traveling
- Escort
- Receiving facility

We also had to consider mandated quarantines being established at the local, state and national levels and the ability for facilities / providers to offer the needed quarantine space. Currently, within Alaska 23 villages have issued travel bans to meet the health and safety of the population.

Based on all this DBH has determined that the only Medically Necessary travel meets the criteria for both Medicaid and DET Travel:

- Travel for an Acute Psychiatric Placement (Level VI, DET Beds)
- Travel for Withdrawal Management – Clinically and Medically Managed
- Travel for placement in a Psychiatric Residential Treatment Facility (PRTF – Level V)
- Travel from an Acute/DET or PRTF placement to a Lower Level of care upon discharge
- Travel from a lower level of care (Level II – IV) to another lower level of care – home or Therapeutic Foster Care upon discharge
- Travel from the lowest level of care (TFC) to home of parent and/or guardian upon discharge

Residential Substance Use Disorder (SUD) providers Residential Youth Mental Health providers will notice that travel to these facilities is not considered Medically Necessary. It was through much thought that DBH came to this conclusion; however, understanding that most individuals traveling to a Residential SUD or Residential Youth Mental Health program via air transport come from rural villages. At this time several villages have restricted travel both in and out and this will restrict travel. With this in mind DBH made the determination based on the following:

- To reach a Residential facility an individual (and escort if youth traveling) will travel through multiple airports with multiple layovers. Each stop increases contact and risk.

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- Unlike Acute and PRTF facilities that operate as hospitals, most residential programs are not set up to quarantine individuals for the required fourteen (14) day time frame.
- Finally, there is the risk of individuals being able to leave home, but then not able to return home if their home community places a travel restriction while the individual is in care.

These Travel Restrictions do not require Residential programs to end services during this time. With the expansion of telehealth services for:

Comprehensive Community Support Services (CCSS)

Therapeutic Behavioral Health Services (TBHS)

1115 SUD Intensive Outpatient (IOP)

1115 SUD Community Recovery Support Services (CRSS)

Residential providers can begin services with a client via telehealth utilizing outpatient Behavioral Health Services via telehealth. The treatment plans must reflect the outpatient services as follows:

Service Type

Unit and Frequency

Billing must follow appropriate time based billing per 7 AAC 105.230 and documented clearly.

Documentation should demonstrate the use of a lower level of care to accommodate for the lack of travel, due to COVID-19, to serve the client in the recommended level of care.

Programs that operate both Residential and Outpatient programs may wish to divert potential Residential program participants to their Outpatient programs.

During this time of pandemic and uncertainty, providers must work amongst the various programs offered to meet the needs of patients and staff.

Through the use of expanded telehealth options the safety of both program staff and patients can be met.

Questions regarding this guidance may be directed to mpassunit@alaska.gov in the Subject Line please note: COVID Guidance