

Alaska Medicaid Provider Update

Guidance Document for 1115 Substance Use Disorder Level 3.1 Treatment ages 18 – 21 December 31, 2021

Dear Alaska Medicaid Provider,

Attached is a Guidance Document for 1115 Substance Use Disorder Providers that are providing Level 3.1 Treatment for clients between the ages of 18-21 in Adolescent Programming. Providers must submit and a licensing variance application and receive approval for the variance prior to admitting a client aged between 18 (18 years, 0 days) and 21 (20 years, 364 days) into an adolescent treatment program. Variance requests are processed by the Residential Licensing Unit at the Division of Health Care Services.

A copy of the Residential Licensing General Variance Application is included with this notice.

Questions regarding this guidance may be directed to mpassunit@alaska.gov.

GENERAL VARIANCE APPLICATION for RESIDENTIAL LICENSING AS 47.32 and 7AAC 10.9500

Facility Type:	
Residential Child Care Facility Residential Psychiatric Treatment Center Maternity Ho	me Adult Assisted Living Home
Specialization, if applicable for Children's Residential Facilities: Population Type if an Assisted Living Home:	
☐ Emergency shelter care ☐ Pregnant and parenting adolescents ☐ Emergency shelter care for runaway ☐ Substance Use treatment for Children ☐ Boarding school ☐ Wilderness and Adventure experience ☐ Supervised transitional living	☐ Those who are elderly, who have dementia or who have a physical disability , but who are not chronically mentally ill ☐ Those with Mental Health Issues and/or Developmental Disabilities
Name of Facility:	Facility Phone:
Capacity:to	License number:
Administrator:	
Facility Physical Address:	
Facility Mailing Address:	
Name of Individual completing the request on behalf of the administrator:	
Facility Contact Phone: Facility Cont	act Fax:
7 AAC 10.9510. Request for a general variance. A request must contain the following Please see page 2 for specific regulatory language)	g (attach additional pages as necessary):
(1) Which Regulation or Statute are you requesting a variance from that cannot be n	net:
(2) Provide a description of the reason your facility is unable to meet the requirement compliance, and the extent to which compliance with the requirement will impose an	
medical hardship on the entity or recipients of services:	y substantial economic, technological, programmatic, legal, or
(3) What is the period of time variance requested:	

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What is your plan to achieve compliance before variance expires: What assurance are there that the conditions do not present an imminent danger to the health, safety, or welfare of recipients of services: If your request for a variance involves fire safety or another state or municipal requirement, you must attach evidence that the request has been dewed and approved by the appropriate authority. (Check one) Yes, it is attached \(\) No, it is not attached \(\) N/A, this requirement does not apply to me	(4) What are your proposed alternative ways to meet the requirement:	
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	8) If your request for a variance involves fire safety or another state or municipal requirement, you must attach evidence that the request hat evidence that the request hat evidence and approved by the appropriate authority. (Check one)	ıs bee
ou checked yes please provide a list of attached items	Yes, it is attached No, it is not attached N/A, this requirement does not apply to me	
	you checked yes please provide a list of attached items	\neg

(9) Provide a list of names of the recipients of service	es who would be affected by the variance, and the names and addresses of any	
representatives of those recipients of services.		
(10) For an Assisted Living Home, assurance that th	e notice requirements of 7 AAC 10.9515 (See FAQ) will be met. (Check one)	
☐ Yes, I provided Notice ☐ No, I did not provide notice ☐	N/A, this requirement does not apply to me	
Please attach a copy of the notice you provided. (Ch	eck one)	
☐ Yes, it is attached ☐ No, it is not attached ☐ N/A, this requirement does not apply to me		
(11) If requested by the department attach any additional information requested by the department: (Check one)		
Yes, it is attached No, it is not attached N/A, this requirement does not apply to me		
If you checked yes, please provide a list of attached items		
Signature of Administrator or Designee	Date	
Printed Name of Administrator or Designee		

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General Variance Application Instructions

- 1. Identify the regulation you are requesting the variance for. (example 7 AAC 75.210 (c) (2))
- 2. Explain why you are not able to meet the regulations you identified in #1.
- 3. Identify the amount of time you would like this variance to be approved for. (The Department may not approve a variance beyond the Homes current licensing period. When the license expires, the variance will need to be renewed with the Home's license. This will require you to submit a new variance request)
- 4. Identify any alternative ways the regulation you identified in #1 could be complied with.
- 5. Since the Home is requesting a variance for the regulation in #1, the Home needs to submit a plan that explains how they will ensure the health, welfare, and safety of the residents will be protected.
- 6. Submit a plan showing how the Home intends to comply with the regulation identified in #1 and therefore will no longer need the variance. (Keep in mind there are some variances where the Home may never be able to comply with the regulation identified in #1 talk with your Licensing Specialist if you have questions about this)
- 7. Submit an assurance that the conditions that would be present, since the Home cannot comply with the regulation identified in #1, would not present an imminent danger to the health, safety, or welfare of the residents.
- 8. If the regulation identified in #1 is related to fire safety, or is also required by another state of Municipal agency, then the Home needs to submit documentation showing those other agencies have reviewed and approve the Homes request for a variance of the regulation identified in #1.
- 9. Submit a list of the residents this variance request would affect.
- 10. Submit documentation that all the residents and/or guardians have or will be informed of the Home's variance request, what the variance is for, and how to contact the department to provide comment.
- 11. If the Department has asked you to submit anything else, you will list it here.

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PURPOSE: 7 AAC 10.9500. Purpose and applicability

PROCEDURE:

7 AAC 10.9510. Request for a general variance. An entity seeking a general variance under 7 AAC 10.9500 – 7 AAC 10.9535 must submit to the department, on a form supplied by the department, a request for a general variance as required by this section. A request must contain the following:

- (1) the requirement from which the variance is sought;
- (2) the reasons why the entity is unable to comply with the requirement, a description of how the entity is not in compliance, and the extent to which compliance with the requirement will impose any substantial economic, technological, programmatic, legal, or medical hardship on the entity or recipients of services;
 - (3) the period of time for which the variance is requested;
 - (4) the proposed alternative means of satisfying the purpose of the requirement for which the variance is sought;
 - (5) a statement as to how the health, safety, and welfare of recipients of services will be protected during the period of the variance;
 - (6) the plan for achieving compliance before the variance expires;
 - (7) assurance that the conditions at the entity do not present an imminent danger to the health, safety, or welfare of recipients of

services;

- (8) if the request for a variance involves fire safety or another state or municipal requirement, evidence that the request has been reviewed by the appropriate authority;
- (9) for a licensed entity, the names of the recipients of services who would be affected by the variance, and the names and addresses of any representatives of those recipients of services; the requirements of this paragraph do not apply to a child care facility subject to 7 AAC 57 unless this information is requested by the department;
 - (10) for an assisted living home, assurance that the notice requirements of 7 AAC 10.9515 will be met;
- (11) any additional information requested by the department to determine the effect of a variance on the health, safety, and welfare of recipients of services. (Eff. 6/23/2006, Register 178)
- 7 AAC 10.9515 Notice Requirements for General Variance Requests for Assisted Living Homes (a) If an assisted living home is requesting a general variance for a state statutory or regulatory licensing requirements, the home shall deliver to each affected resident or the resident's representative, no later than five days after submitting a request for a variance, a
 - (1) Copy or summary of the request; and
 - (2) Notice that states
 - (A) That the resident or representative has the right to submit comments to the department regarding the request; and
 - (B) The date by which any comments must be received by the department.
 - (b) The home shall provide to the department a statement indicating compliance with (a) of this section.
 - (c) The department will consider any timely comments received under this section in determining whether to grant a general variance.
- 7 AAC 10.9520. Evaluation of a request for a general variance
- 7 AAC 10.9525. Grant or denial of a general variance. (a) The department's decision to grant or deny a request for a general variance will be issued in writing and will be delivered to the person who made the request.
- 7 AAC 10.9530. Posting of a general variance. (a) If the department grants a request for a general variance, the entity shall post a copy of the general variance decision in a conspicuous place, with the entity's license as required by AS 47.32.080, during the period the variance is in effect, and shall make it available to any person who wishes to review it. A general variance remains in effect for the duration stated, unless the department revokes the variance