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KENTUCKY CABINET FOR  
HEALTH AND FAMILY SERVICES

**KY Department for Medicaid Services**

**Residential/Inpatient Provisional  
Certification Attestation**

Updated May 1, 2022

## Objectives



Update

Receive updates on SUD Residential/Inpatient Provisional Certification



Understand

New providers or current providers enrolling new residential/inpatient programs understand the DMS SUD Provisional Certification process and how to obtain certification.



Be Informed

Be informed of opportunities for American Society of Addiction Medication (ASAM) Criteria training and additional information



## Key Terms

Term	Definition
<b>American Society for Addiction Medicine (ASAM) Criteria</b>	The American Society of Addiction Medicine patient placement criteria for providing outcome-oriented and results-based care in the treatment of addiction and recovery services.
<b>Level of Care (LOC) Certification</b>	The ASAM Level of Care (LOC) Certification demonstrates a program's capacity to deliver a specific LOC, differentiating between the LOC available for addiction treatment.
<b>SUD Residential Provisional Certification</b>	A time limited residential/inpatient level of care certification issued by DMS upon completion and approval of provider attestation.
<b>Provisional Period</b>	Provisional Certification will be effective for at least 1 year.
<b>Self-Attestation</b>	An attestation will be required for each residential/inpatient program enrolling. Each program will submit the DMS approved attestation form, along with all required supporting documentation.
<b>Complete Attestation</b>	Submission of an approved DMS attestation form and all required supporting documentation outlined in Section G of the form to self-identify a residential program ASAM LOC.

## DMS Provisional Certification Updates



All residential/inpatient programs are required to obtain DMS Provisional Certification, or have obtained American Society of Addiction Medicaid (ASAM) Level of Care (LOC) Certification to enroll.



Each residential/inpatient program is required to obtain certification.



Procedure Codes H0018 and H0019 are no longer billable effective July 1, 2022.



Programs shall obtain ASAM LOC Certification prior to the provisional certification end date.



## Why is SUD Residential Provisional Certification required?

### Standardization



Under the *Kentucky Section 1115 Substance Use Disorder (SUD) Demonstration*, the Department for Medicaid Services (DMS) adopted the ASAM Criteria as the standard for SUD treatment for Medicaid beneficiaries.

### Quality



To ensure access to critical levels of care for OUD and other SUDs, DMS requires the ASAM Level of Care (LOC) Certification as a nationally recognized SUD-specific program standards to set provider qualifications for residential/inpatient treatment programs.

### Timeline



If SUD residential/inpatient treatment programs have not obtained the ASAM LOC Certification at time of enrollment, programs are required to obtain a provisional residential/inpatient certification.

## DMS Provisional Certification and ASAM LOC Certification

### DMS Provisional Certification

- DMS is not partner with ASAM to provide certification
- Provisional certification is a time-limited and administered by DMS to allow providers an opportunity to begin providing services and successfully obtain LOC Certification.
- Provisional certification process involves a desk review
- Certification is based on provider self-attestation and is not an agreement by DMS that the organization meets all aspects of the self-attested LOC.

### ASAM LOC Certification

- CARF has partnered with ASAM to provide certification.
- The ASAM LOC Certification is issued by CARF
- The ASAM LOC process requires an on-site survey conducted by CARF.
- Certification is issued by CARF after demonstration that the program has met all defining elements for each level of care requested.

- **The DMS SUD Residential Provisional Certification is not the “ASAM Level of Care Certification”.**
- By requiring the ASAM LOC Certification for SUD residential treatment providers, DMS hopes to improve the quality of addiction treatment and increase patient access to evidence-based treatment for Medicaid recipients across the state.



# Provisional Certification Process

## DMS Desk Review

All completed attestation submissions will undergo a DMS BH Policy Team review. Reviews utilizes a checklist outlining the ASAM criteria by residential/inpatient Level.

## Self-Attestation

If not ASAM Certified, an attestation is required for each residential/inpatient program prior to enrolling. Programs shall submit the DMS approved attestation form, along with supporting documentation.

## Meeting the Standard

All SUD residential treatment facilities enrolled with Medicaid as a BHSO/CMHC/ CDTC/SUD RCSU are **required to obtain ASAM Level of Care Certification.**

## Provisional Period

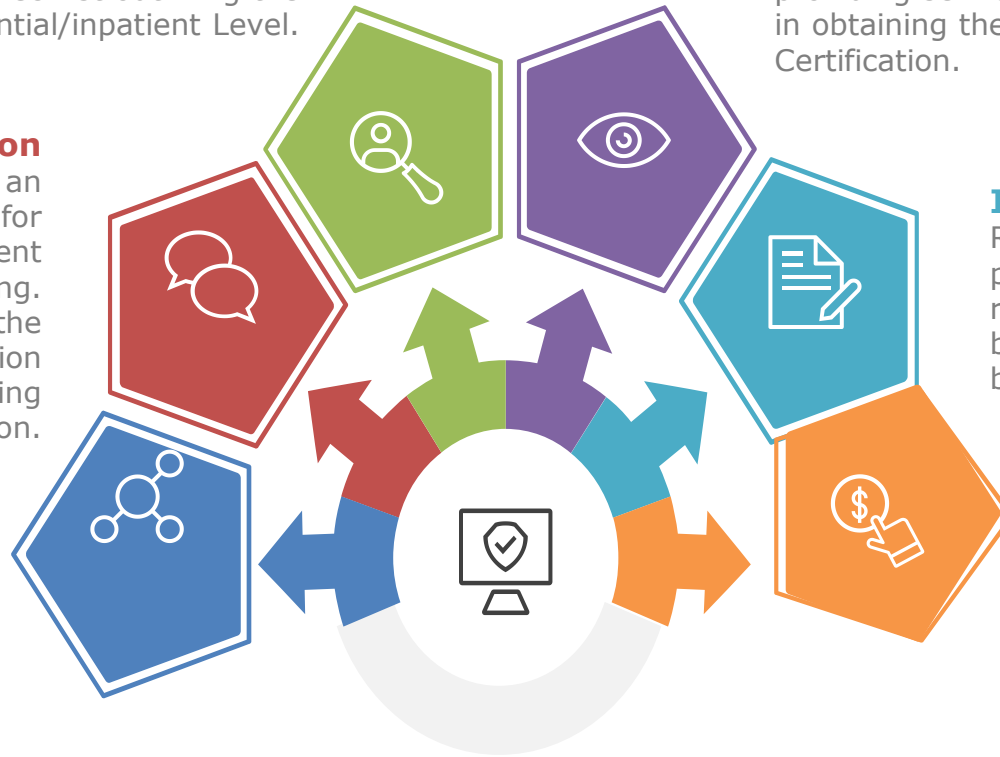
Allows time for programs to begin providing services and be successful in obtaining the ASAM LOC Certification.

## IMD Exclusion Waiver

Residential/Inpatient programs are eligible for reimbursement beyond 16 beds (up to 96 treatment beds) per facility.

## ASAM Levels of Care

Provisionally and ASAM Certified programs will utilize the appropriate residential/inpatient ASAM Level of Care procedures code according to the FFS Facility Fee Schedule.



## Provisional Certification Eligibility

### Behavioral Health Service Organization (BHSO) Tier III

- Provider Type 03
  - 3.1
  - 3.5

### Community Mental Health Center (CMHC)

- Provider Type 30
  - 3.1
  - 3.5
  - 3.7 (with CDTC License)

### Chemical Dependency Treatment Centers (CDTC)

- Provider Type 06
  - 3.5
  - 3.7

### Residential Crisis Stabilization Units (RCSU) treating SUD

- Provider Type 26
  - 3.7





## New Enrollees as of 7/1/2022

### Provisional Certification

- ✓ SUD Residential programs are required to obtain provisional certification through self-attestation to enroll with KY Medicaid (unless already obtained the ASAM LOC Certification).
- ✓ Provisional SUD residential programs are eligible for reimbursement up to 96 beds per program location.
- ✓ DMS will complete the initial review within 15 business days of a completed submission.
- ✓ Certification will be issued for the day the final review is completed.



## Enrolled Providers Opening Additional Programs as of 7/1/2022

### Provisional Certification

- ✓ SUD Residential programs are required to obtain provisional certification through self-attestation to enroll new program with KY Medicaid (unless already obtained the ASAM LOC Certification).
- ✓ DMS will complete the initial review within 15 business days of a completed submission.
- ✓ Provisional SUD residential programs are eligible for reimbursement up to 96 beds per program location.
- ✓ Certification will be issued for the day the final review is completed.

## ASAM Levels of Care

### 3.1 Clinically Managed Low-Intensity Residential Services

24-hour supervised residence that provide at least 5 hours of clinical service per week. Not intended to describe recovery housing where treatment services are not provided.

Examples of service delivery: Typically, freestanding facilities located in a community setting such as recovery halfway house, group home or other supportive living environment (SLE) with 24-hour staff and close integration with clinical services.

*\*Allowable in PT03 or PT30*

### 3.5 Clinically Managed High-Intensity Residential Services

24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu and therapeutic community.

Examples: Therapeutic community of variable length of stay with appropriately clinically trained staff; or a residential treatment center.

*\*Allowable in PT03, PT06, or PT30*

### 3.7 Medically Monitored Intensive Inpatient Services

24-hour professionally directed evaluation, medical monitoring, and addiction treatment in an inpatient setting.

Examples: Specialty unit within a healthcare facility, or freestanding facility which recipient does not require the full resources of an acute care general hospital or a medically managed inpatient treatment program.

*\*Allowable in PT06, PT26 treating SUD, or PT30 with CDTC License.*



# Attestation Form

Department of Medicaid Services  
275 East Main St. 6W-A  
Frankfort KY 40601



Email: [DMS.Issues.ky.gov](mailto:DMS.Issues.ky.gov)  
Phone: (502) 564-6890

## GENERAL INSTRUCTIONS

**Complete ALL items on the form unless otherwise instructed. Programs should attest to ALL levels of care (LOC) which services will be rendered. If attesting to more than one LOC, supporting documentation should clearly delineate between levels, including staffing and therapies.**

Each residential program must be uniquely identifiable when submitting claims according to data standards set out by the Health Insurance Portability Act and Accountability Act of 1996 (HIPAA) and its associated rules. Service facility information should be included on CMS 1500, Box 32 (837P Loop 2310C)

All DMS provisionally certified residential/inpatient programs are expected to obtain the American Society of Addiction Medicine (ASAM) Level of Care (LOC) Certification for each attested LOC prior to the provisional certification end date.

Please submit your DMS Attestation Form along with supporting documents to the [DMS.Issues@ky.gov](mailto:DMS.Issues@ky.gov) mailbox. When submitting, use the subject line "Facility Name: SUD Residential Provisional Certification Attestation"

Additional information regarding ASAM LOC Certification

- [ASAM LOC Certification](#)
- [ASAM LOC Certification - Facts and FAQs](#)
- [ASAM LOC Certification - Other Resources](#)

## Attestation Form

The Attestation Form is the downloadable document found on the DMS website to complete and submit for provisional certification.



## Provisional Residential Certification / Attestation

"I hereby certify that all information contained in this document and the supporting document is true and accurate. I further understand that any information entered in this document that subsequently is found to be false may result in termination of any agreements that the facility has or may enter into with DMS and/or its contractors.

In compliance with the DMS Provisional Residential Certification/Attestation Form, the Facility attests that it will permit only staff members who are fully licensed and/or meet DMS program requirements to see and treat Medicaid eligible members.

I hereby give permission and consent for DMS and/or its contractors, to obtain and verify information provided in this form and consent to the release by any person, organization or other entity to DMS and/or its contractors, of all information relevant to the evaluation of the facility's ability to render addiction recovery and treatment services in a cost-effective manner and agree to hold harmless any such person or organization from any cause or action based on the release of such information to DMS and/or its contractors.

I understand that DMS is not the ASAM Level of Care Certification surveying/certification body and this attestation may not represent all required elements for each level of care.

By signing this attestation, I agree that all statements are true and agree to abide by any contracted requirements for the services delivered under the authority of this agreement.

Printed Name:	<input type="text"/>			
Title:	<input type="text"/>	Phone (if different)	<input type="text"/>	
Signature:	<input type="text"/>		Date:	<input type="text"/>

Department of Medicaid Services  
275 East Main St. 6W-A  
Frankfort KY 40601



Email: [DMS.Issues.ky.gov](mailto:DMS.Issues.ky.gov)  
Phone: (502) 564-6890

## Attestation Form Components

Section A: Legal Entity Information

Section B: Program Description

Section C: Assessment/Treatment Plan

Section D: Support Systems

Section E: Staff Requirements/Programming Information

Section F: Therapies




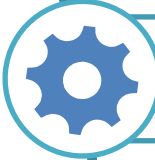
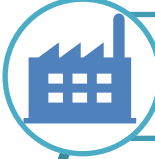

Completed  
Provisional  
Certification/  
Attestation  
Form\*

\*A completed Attestation Form includes corresponding attachments.

## Attestation Attachments

 <p>Description of evidence-based practices/therapies utilized</p>	 <p>Detailed weekly program schedule with descriptions of services.</p>	 <p>Documentation supporting access to 24/7 emergency services</p>	 <p>Drug Screening Policy</p>	<p>To be submitted with the provisional certification attestation form.</p>	
 <p>Procedure for care coordination, discharge planning and referrals</p>	 <p>Weekly staffing schedule including staff credentials</p>	 <p>Linkage agreement(s) with off-site or affiliated agency/providers</p>	 <p>Example of Treatment Plan and Discharge Summary</p>		<p>Withdrawal Management Policy (if applicable)</p>
 <p>Certifications for Non-Licensed/Non-Credentialed Staff</p>	 <p>Assessment Tool(s) and Treatment Planning Policy</p>	 <p>Yearly staff education/training requirements</p>	<p>Medical Director (if applicable) and Program Director qualifications</p>		<p>Appropriate program license</p>

## Submitting the Attestation Form

-  Submit completed attestation form and all supporting documentation to **DMS.Issues@ky.gov**
-  Include “**Facility Name: SUD Residential Provisional Certification Attestation**” in the subject line
-  Attestation form and all supporting documentation should be submitted **within the same day**
-  Direct questions regarding attestation process or inquires about receipt of attestation to **DMS.Issues@ky.gov**

## DMS Desk Review

Completed submissions will undergo a desk review conducted by the DMS BH Policy Team.

A checklist outlining the ASAM LOC Certification defining elements by residential level will be utilized to complete the review process.

Additional information, discussion and/or follow up may be requested before making a determination.

The initial review will be completed within 15 days business of receiving a completed submission.





## Notification of Provisional Certification

Upon determination, DMS will issue a provisional certification notification letter.

The effective date for provisional certification will be issued for the day the final review is completed.

Each approved program will be given at least one-year provisional certification; all provisional certifications will have a 6/30 end date.



## Provisional Certification Reminders

### Attestation Information

Providers are responsible for ensuring they meet *The ASAM Criteria* for the attested LOC, including the components for support systems, staffing, and therapies outlined in the most current edition of *The ASAM Criteria*.

### Updating Certification

Providers are responsible for completing a maintenance application in Kentucky Medicaid Partner Portal Application (KY MPPA) to include the DMS Provisional Certification and/or ASAM Certification once issued.

### Notifying MCOs:

Providers are encouraged to contact MCOs to ensure additional information is not required regarding credentialing or reimbursement for services.

### Program Changes

The following changes should be reported to DMS regarding provisionally certified programs:

Change in Medicaid ID/NPI

Change in Address(es)

Change in Level(s) of Care

Change in Licensure

## Additional Reminders

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### License and Certification

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All license and certification should be kept current on provider file, especially if more than one residential facility is enrolled under the same Medicaid ID to ensure contracts and ID remains active.

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### ASAM LOC Certification

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Each residential/inpatient program (ASAM Levels 3.1, 3.5, 3.7) are required to obtain ASAM LOC Certification. Each SUD residential/inpatient program shall obtain certification for each level(s) of care which it provides services.

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### Service Facility Information

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If different than Provider Billing address, facilities should include the following service facility location information on CMS 1500 (Box 32) and KY HealthNet FFS claims:

- Residential Program Name
- Residential Program Address
- Residential Program NPI

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### Accreditation

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National Accreditation and ASAM LOC Certification are two separate certifications. Both accreditation and ASAM LOC Certification is required for residential/inpatient programs. In addition to the ASAM LOC Certification, providers shall possess accreditation within one (1) year of initial enrollment by one (1) of the following: The Joint Commission, The Commission on Accreditation of Rehabilitation Facilities, The Council on Accreditation, or other nationally recognized accreditation organization.



## Resources



[ASAM LOC  
Certification](#)

[ASAM LOC  
Certification Facts](#)



[ASAM LOC  
Certification  
Resources](#)

**Request  
Preparation  
Materials:**



Send contact name and  
mailing address to  
[DMS.Issues@ky.gov](mailto:DMS.Issues@ky.gov)



# QUESTIONS

If you have questions after today, please send your question(s) to [DMS.Issues@ky.gov](mailto:DMS.Issues@ky.gov)



# THANK YOU!

We appreciate your hard work and your continued commitment towards substance use treatment and recovery.

