



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

**Steven L. Beshear**  
Governor

275 E. Main Street, 6C-B  
Frankfort, KY 40621  
(502) 564-6511  
Fax: (502) 564-3852  
www.chfs.ky.gov

**Janie Miller**  
Secretary

**Elizabeth A. Johnson**  
Commissioner

February 24, 2010

TO: EPSDT Psychiatric Facilities (45)  
Provider Letter A-17

RE: Referral for Out-of-State Residential Treatment Program

Dear Kentucky Medicaid Provider:

The following policies will be effective April 1, 2010 for requests for out-of-state placements:

- The referring in-state provider shall complete the diligent search list and attest to the accuracy of the information submitted;
- The referring physician's letter must contain specific documentation indicating the necessity for out-of-state treatment;
- A telephonic prior authorization request must contain documentation regarding the level of involvement of the family during the treatment plan. If the family refuses to participate in therapy, the request may be denied; and
- The diligent search list will be valid for one month.

A new form has been created to document the diligent search. A copy of the form is enclosed with this letter and can also be found at <http://chfs.ky.gov/dms/epsdt+special+services.htm>. Please remember all EPSDT Special Services must be prior authorized through SHPS, Quality Improvement Organization (QIO), by contacting 1-800-292-2392.

We appreciate your dedication and commitment to serving Kentucky's most vulnerable population. If you have further questions or would like additional information regarding this topic, please contact Linda Proctor in the Division of Provider Operations at 502-564-6890. :

If you have further questions or comments, please do not hesitate to contact the department at (502) 564-2687.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth A. Johnson".

Elizabeth A. Johnson  
Commissioner

Enclosure

EAJ/RDD/ll/pb/amd00904





