The Changing World of Behavioral Health Services: Rewriting the Rule Book

Kentucky Medicaid Managed Care Forum

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Our Changing World

A long-awaited day in Behavioral Health Services.....

- Center for Medicare and Medicaid Services (CMS) authorized a State Plan Amendment for Kentucky
- Additional mental health services were added
- Full continuum of substance use disorder services included for all members beyond pregnant women and adolescents
- Provider network expanded to include individual and group providers as well as licensed organizations beyond community mental health centers

Cabinet for Health and Family Services
BEHAVIORAL HEALTH SERVICES
Rehabilitation Services

- Screening
- Assessment
- Psychological Testing
- Crisis Intervention
- Mobile Crisis
- Residential Crisis Stabilization
- Day Treatment (Kids only)
- Peer Support
- Parent/Family Peer Support
- Intensive Outpatient Program
- Individual Outpatient Therapy
- Group Outpatient Therapy
- Family Outpatient Therapy
- Collateral Outpatient Therapy (Kids only)
- Partial Hospitalization
- Service Planning (MH only)
- Residential Services for Substance Use Disorders
- Screening, Brief Intervention and Referral to Treatment (SU only)
- Medication Assisted Treatment (SU only)
- Assertive Community Treatment (MH only)
- Comprehensive Community Support Services (MH only)
- Therapeutic Rehabilitation Program (MH only)
Targeted Case Management

• Children with Severe Emotional Disability (SED) and Adults with Severe Mental Illness (SMI)
• Adolescents and Adults with Substance Use Disorders (SUD Moderate to Severe)
• Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues (SMI, SED, or SUD and Physical Health conditions)

NOTE: State Plan Amendment has been approved but the DMS administrative regulations have not yet been filed or adopted.
NEW PROVIDER TYPES
Mental health and substance use services can now be provided by an array of providers...

Prior to January 1, 2014

After January 1, 2014

- CMHC
- Licensed Practitioner
- Licensed Organization
- Provider Group
Behavioral Health Services through DBHDID

• DBHDID intends to purchase services for individuals who have no insurance or are under-insured (i.e., for specific services not covered)

• DBHDID seeks to ensure the stability of a safety net, including crisis response services for adults and children

• DBHDID intends to be the payor of last resort – contractor is expected to seek reimbursement from all other sources prior to using DBHDID funding

• DBHDID intends to fund services for seven specific population groups

NOTE: Applies to all providers who contract with DBHDID for both mental health and substance use services.

Cabinet for Health and Family Services
New individual and group provider types specific to Behavioral Health Services include:

**Individual Provider Types**
- Licensed Clinical Social Worker (LCSW)*
- Licensed Psychologist (LP)*
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychological Practitioner (LPP)
  - Certified Psychologists with Autonomous Functioning
- Licensed Professional Art Therapist *(PENDING CMS APPROVAL)*
- Licensed Behavior Analyst *(PENDING CMS APPROVAL)*

**Group Provider Types**
- Multi-Specialty Group (MSG)
Provider Network Expansion

Providers who can perform services under supervision of a Medicaid-enrolled licensed practitioner:

- Licensed Professional Counselor Associate
- Marriage and Family Therapist Associate
- Certified Social Worker – Master’s Level
- Licensed Psychological Associate
- Licensed Professional Art Therapist Associate (PENDING CMS APPROVAL)
- Licensed Assistant Behavioral Analyst (PENDING CMS APPROVAL)
Behavioral Health Services Organization (BHSO)

- New licensure category developed by CHFS Office of Inspector General to provide clinical behavioral health services.
- If a BHSO provides outpatient behavioral health services to treat individuals with substance use disorders or co-occurring disorders in which substance use disorder is the primary diagnosis, the BHSO will be required to be dually licensed as an AODE.
- In addition to providing outpatient behavioral health services, BHSOs may provide residential services for substance use disorders, in which case the BHSO must also be dually licensed as an AODE.

BHSO Webinar Link:  
BHSOs will be licensed to provide one or more of the following behavioral health services as described in the Medicaid State Plan:

- Screening
- Assessment
- Psychological testing
- Crisis intervention
- Mobile crisis
- Day treatment
- Peer support
- Intensive outpatient services
- Individual, group, family, or collateral outpatient therapy
- Service planning for mental health disorders
- Screening, brief intervention and referral to treatment for substance abuse
- Assertive community treatment for mental health disorders
- Targeted case management
- Comprehensive community support services
- Residential Substance Use
- Therapeutic rehabilitation for adults with a serious mental illness or children with severe emotional disabilities.

Limited to Licensed Organizations

Cabinet for Health and Family Services
Provider Network Expansion

Residential Crisis Stabilization Units

• New separate licensure category being developed by CHFS Office of Inspector General for residential crisis stabilization units.

• Because Community Mental Health Centers and Psychiatric Residential Treatment Facilities may provide crisis stabilization under their existing licenses, CMHCs and PRTFs will not be required to obtain separate licensure as a residential crisis stabilization unit to provide the service.
Interactive Provider Network Map

http://dbhdid.ky.gov/ProviderDirectory/ProviderDirectory.aspx
Following the Rules
KY Medicaid State Plan Amendments

http://chfs.ky.gov/dms/State+Plan+Amendments.htm

SPA by Year

Rehabilitation – 13-022
Targeted CM – 14-002A

Status
Provider Type Regulations

• Medicaid
  • 907 KAR 1:044. Coverage provisions and requirements regarding community mental health center services.
  • 907 KAR 1:045. Reimbursement provisions and requirements regarding community mental health center services.
  • 907 KAR 15:005. Definitions.
  • 907 KAR 15:010. Coverage provisions and requirements regarding behavioral health services provided by independent providers.
  • 907 KAR 15:015. Reimbursement provisions and requirements for behavioral health services provided by independent providers.
  • 907 KAR 15:020E. Coverage provisions and requirements regarding services provided by behavioral health services organizations.
  • 907 KAR 15:025E. Reimbursement provisions and requirements regarding behavioral health services provided by behavioral health services organizations.

• DBHDID
  • 908 KAR 1:370. Licensing Procedures & Standards for Persons and Agencies Operating Nonmedical & Nonhospital Based Alcohol & Other Drug Abuse Treatment Programs (AODE)
  • 908 KAR 2:220. Kentucky peer support specialist.
  • 908 KAR 2:230. Kentucky family peer support specialist.
  • 908 KAR 2:240. Kentucky youth peer support specialist.
  • 908 KAR 2:250. Community support associate: eligibility criteria and training.

• OIG
  • 902 KAR 20:430E Facilities specifications, operation and services, behavioral health services organization.
  • 902 KAR 20:440E. Facilities specifications, operation and services; residential crisis stabilization units.
Non-Licensed Service Professionals

- Non-licensed professionals, including:
  - Targeted Case Managers
  - Community Support Associates
  - Peer Support Specialists

- Eligibility, training and supervision requirements outlined in regulation

- Training curricula must be approved by DBHDID
Community Support Associate

DBHDID Website for CSA:

Cabinet for Health and Family Services
### Core Competencies of the Quality Curriculum

<table>
<thead>
<tr>
<th>Core Competency 1. Engaging Consumers and Family Members (1 hour)</th>
<th>Specifics for the Curriculum</th>
<th>Does not Meet</th>
<th>Partially Meets</th>
<th>Meets</th>
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</thead>
<tbody>
<tr>
<td><strong>Effective Communication.</strong></td>
<td>Define OARS (Open-ended questions, Affirmations, Reflections and Summarizing)</td>
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<td>Provide evidence that OARS is practiced</td>
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<td><strong>Family and Consumer Centered Services.</strong></td>
<td>Define concepts of: family driven, youth guided, consumer driven and system of care</td>
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<td>Describe how these concepts (family driven, youth guided, consumer driven and system of care)</td>
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<td><strong>Effective Engagement of Natural Supports.</strong></td>
<td>Define natural supports and provide an example of these supports (i.e., natural supports)</td>
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<td>Provide instruction on engagement strategies (specifically how to identify natural supports)</td>
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<td><strong>Trauma-Informed Care.</strong></td>
<td>Define trauma to include: an understanding of the prevalence, the impact on healing and recovery</td>
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<td>Define trauma informed care</td>
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<td>Describe the 5 core values within a culture of trauma-informed care within collaboration and empowerment</td>
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<tr>
<th>Core Competency 2. Crisis Management (1 hour)</th>
<th>Specifics for the Curriculum</th>
<th>Does not Meet</th>
<th>Partially Meets</th>
<th>Meets</th>
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<tbody>
<tr>
<td><strong>Crisis Management.</strong></td>
<td>Define a behavioral health crisis</td>
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<td>Provide instruction on crisis intervention strategies</td>
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<td>Provide instruction on writing a crisis prevention plan</td>
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<td><strong>Suicide Prevention and Awareness.</strong></td>
<td>Define suicide risks, signs and behaviors (as described in the Zero Suicide Model)</td>
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<td>Identify 3-5 appropriate responses when working with a potential suicide</td>
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<td><strong>Self-advocacy Skills.</strong></td>
<td>Define self-advocacy skills for the CSA</td>
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<td></td>
<td>Provide examples of self-advocacy skills for the CSA</td>
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<td>Instruction on how to assist consumers in becoming a self-advocate</td>
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Managed Care Organizations

• For billing purposes, providers must always work with the client’s insurance carrier - such as the MCO - to determine preauthorization requirements, billing procedures, etc.

• Providers are strongly encouraged to read the MCO Provider Manuals available from their respective websites.
Building a Quality Continuum
If anything is certain, it is that change is certain…. Change should be a friend. It should happen by plan, not by accident.

Philip Crosby, Reflections on Quality
Service Standards


Click on a link below to access the service standard document.

- Assertive Community Treatment
- Assessment
- Collateral Outpatient Therapy
- Comprehensive Community Support Services
- Crisis Intervention
- Day Treatment
- Family Outpatient Therapy
- Group Therapy
- Individual Outpatient Therapy
- Individual Outpatient Therapy (Psychiatrist)
- Intensive Outpatient Program
- Medication Assisted Treatment
- Mobile Crisis
- Parent/Family Peer Support
- Partial Hospitalization
- Peer Support (for Adults)
- Peer Support (for Youth)
- Psychological Testing
- Residential Crisis Stabilization
- Residential Services for Substance Use Disorders
- Screening
- Screening, Brief Intervention, and Referral to Treatment
- Service Planning
- Supported Employment
- Supportive Housing
- Therapeutic Rehabilitation Program (for Adults)
- Therapeutic Rehabilitation Program (for Children)

Currently accessible...
More to come

Cabinet for Health and Family Services
Service Standard Components

- Service Definition/Required Components
- Provider Requirements/Qualifications
- Staffing Requirements
- Supervision Requirements
- Admission Requirements
- Service Planning/Documentation
- Continued Stay Criteria
- Discharge Criteria
- Service Setting
- Service Limitations/Exclusion
- Unit of Service
- Service Codes
- Program Evaluation/Quality Improvement
- Program Principles

Cabinet for Health and Family Services
<table>
<thead>
<tr>
<th>#</th>
<th>Category</th>
<th>Standard</th>
<th>Provisional Standard</th>
<th>Notes/Comments</th>
</tr>
</thead>
</table>
| 1  | Service Definition/ Required   | IPS (Individual Placement and Support) Supported Employment is an evidence based practice designed to assist persons with serious mental illness (SMI) to obtain employment in a competitive environment using the supports of their mental health treatment team, an employment specialist and benefits counselor. Supported employment services include:  
  - Person Centered Job Selection  
  - Job development and Analysis  
  - Job Acquisition with Support  
  - Long term Support and Follow Up  

The principles are planned and implemented through a partnership with the client and the treatment team members, of which the Employment Specialist is a member, in order to assist the client in achieving specific employment goals as defined by the client’s individualized person centered plan. |                                                                                                                                                                                                                   | IPS Supported Employment is a voluntary program. The client may choose to enter/exit the program at any time.  
The Employment Specialist needs to be considered a member of the mental health treatment team and, ideally, located where services are delivered. |
| 2  | Provider Requirements /        | Employment Specialist: Services to be provided by a person with education and experience equivalent to a bachelor’s degree in mental health, social services or business. Experience working with people with serious mental illnesses, experience providing employment services, and knowledge of the work world are preferred. Ability to work as an effective team member is essential. Must be over the age of 18. |                                                                                                                                                                                                                   | Must complete the Supported Employment Training Program through an approved contractor of the Kentucky Office of Vocational Rehabilitation within six months of employment. |
| 3  | Staffing Requirements          | The recommended caseload size per Supported Employment Specialist is 20 or fewer individuals. In order to provide individualized services, the case load size should remain under 20. This limit is based on IPS Supported Employment Fidelity Scale to obtain |                                                                                                                                                                                                                   | Includes caseload size, team composition, training and continuing education requirements, etc.    |
• Crisis Services
• Child and Youth Services
• Adult Services
• Substance Use Treatment Services
Crisis Services
Continuum of Crisis Services

- Prevention
- Information & Referral
- Warm Line
- Hotline
- Telephone Contact
- Telephone Crisis Triage
- Telephone Crisis Counseling
- Crisis Consultation
- Emergency Telehealth Psychiatry
- Transportation
- Psychiatric Crisis Consultation
- Crisis Intervention Team

- Mobile Crisis Outreach
- Consumer Run Support
- Emergency CM Services
- Assertive Community Treatment
- Mobile Crisis Stabilization
- Residential Crisis Stabilization – Voluntary & Involuntary
- Inpatient Psychiatric Hospitalization Stabilization – Voluntary
- Inpatient Involuntary Commitment

Cabinet for Health and Family Services
Crisis Services in the State Plan

- Crisis Intervention
  - Individual, Group, or Licensed Organization
  - Office-Based
  - Does not require diagnosis

- Mobile Crisis
  - Licensed Organization
  - Any where other than office
  - 24/7 availability
  - Does not require diagnosis

- Residential Crisis
  - Requires OIG licensure (exception: PRTFs and CMHCs)
  - Overnight
  - 24/7 access
  - Non-hospital; community-based
  - Does not require diagnosis
Child, Youth & Family Services
Continuum of Child & Youth Services

- Screening (including for substance use, trauma, ASD)
- Individual Assessment (bio-psycho-social, functional, for specific disorders such as ASD)
- Family Assessment
- Psychological Evaluation
- Psychiatric (medical evaluation and ongoing management)
- Service Planning (initial and ongoing)
- Peer Support (youth and family)
- Community Support

- Basic Case Management (not limited to those with SED, can be provided by clinician to ensure continuity of care)
- Targeted Case Management (viawraparound process for those with SED, complex treatment needs, co-occurring MH/SU)
- Targeted Case Management for those with co-occurring disorders (including complex trauma)
Continuum of Child & Youth Services

- Outpatient Clinical (individual, group, family, collateral therapies), on- and off-site
- Intensive In-home
- Treatment foster care
- Respite (in-home and other, hourly, daily, crisis, overnight options)
- Telephonic Crisis Stabilization (24/7)
- Walk-in Crisis Intervention
- Mobile Crisis Stabilization (24/7)
- Crisis Stabilization Unit (24/7)
- Therapeutic Rehabilitation
- Intensive Outpatient
- Day Treatment
- Partial Hospitalization
- Medication Assisted Treatment (for SUD)
- Residential Treatment
- Inpatient Psychiatric Hospitalization
- Discharge Planning
- Transition Planning
Comprehensive Community Support

- Individual, Provider Group, or Licensed Organization can deliver the service
  - Community Support Associates must be employed by a licensed organization
- Requires a mental health diagnosis
- Goal is to assure independent living in the community by improving skills:
  - daily living
  - self monitoring of symptoms and side effects
  - emotional regulation
  - crisis coping
  - interpersonal


Cabinet for Health and Family Services
Individual, Provider Group, or Licensed Organization can deliver the service

Place of service is not limited

Intensity of service is limited to 3 hours/day, unless medically necessary

Behavioral health services included in a child’s IEP

Collateral therapy is for children only
Targeted Case Management for SED

- Today, CMHCs are the only allowable provider outside of the EPSDT benefit
- Regulations have not been filed by DMS (7-29-14)
- Recipients are age 20 and under
- Recipients are deemed SED
  - Diagnosis
  - Disability
  - Duration
Adult Services
## Continuum of Adult Services

<table>
<thead>
<tr>
<th>Recovery Maintenance Health Mgmt</th>
<th>Low Intensity Community Based</th>
<th>High Intensity Community Based</th>
<th>Medically Monitored Non-Res.</th>
<th>Medically Monitored Residential</th>
<th>Medically Managed Residential</th>
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</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
<td>Level 5</td>
<td>Level 6</td>
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<tr>
<td>Targeted Case Management</td>
<td>Intensive Case Management</td>
<td>Therapeutic Rehabilitation Program</td>
<td>Comprehensive Community Support</td>
<td>Peer Support</td>
<td>Supported Employment</td>
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<td>IOP</td>
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<td>Assertive Community Treatment</td>
<td>Partial Hospitalization</td>
<td>Agency-wide Housing Program</td>
<td>Supportive Housing/Res. Support</td>
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<td>In-home Housing Support</td>
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<tr>
<td>Crisis Intervention Services and Mobile Crisis</td>
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<tr>
<td>Res Crisis Stabilization*</td>
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*Crisis Services do not require a LOCUS assessment

- Medication Management
- Individual, Group, Family
- Screening, Assessment, and Service Planning

**I/P Hospitalization**
Assertive Community Treatment

- Licensed Organization
- Evidence-Based Team approach (4 or 10 person team)/Toolkit
- Requires SMI designation
- Involves family support & building natural supports


Cabinet for Health and Family Services
Peer Support

• Provider Group or Licensed Organization
• Requires “lived experience”
• Must be trained and supervised in accordance with state regulations

Therapeutic Rehabilitation Program

- Individual, Provider Group, or Licensed Organization
- Requires SMI or SED designation
- Individual or Group setting
- Goal is to improve skills:
  - daily living
  - self monitoring of symptoms and side effects
  - emotional regulation
  - crisis coping
  - interpersonal

Substance Use Treatment Services
Continuum of Substance Use Services

Reflecting a Continuum of Care

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Cabinet for Health and Family Services
• Individual, Provider Group, or Licensed Organization can deliver the service
• Evidence-based practice
• 3 Components
  – Screening
  – Brief Intervention
  – Referral to Treatment

http://beta.samhsa.gov/sbirt

Cabinet for Health and Family Services
Intensive Outpatient Program

- Provider Group or Licensed Organization can deliver the service
- Must have access to a Board-Certified or Board-Eligible Psychiatrist for consultation
- Must have access to a Psychiatrist, other physician, or APRN for medication management
- At least 3 hours per day/3 days per week
- Recipient-to-Staff Ratio Requirements
- MH & SU
- Adults & Youth

Cabinet for Health and Family Services
Residential Substance Use Treatment

- Must be licensed as an AODE by OIG
- Licensed Organizations, including a BHSO, can deliver the service
- Short-Term: 14-28 days
- Long-Term: 28-90 days
- Must meet LOC criteria using a nationally recognized tool approved by DBHDID
- Limits exist for number of aggregate beds
Intentional and Purposeful Implementation
Effective interventions $\times$
Effective implementation $\times$
Enabling context
Socially significant outcomes

The Formula
for Success
the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice
Active Implementation Frameworks

- Implementation Stages
- Usable Interventions
- Implementation Drivers
- Implementation Teams
- Improvement Cycles
Stages of Implementation

- Exploration
- Installation
- Initial Implementation
- Full Implementation

2 – 4 Years

©NIRN & SISEP
Usable Interventions

- Clear Description
- Essential Functions
- Operational Definitions
- Practical Fidelity Assessment

©NIRN & SISEP
The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

See the Active Implementation Hub Resource Library
http://implementation.fpg.unc.edu

EBP:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>High</th>
<th>Med</th>
<th>Low</th>
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<tr>
<td>Need</td>
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<td>Resource Availability</td>
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<td>Evidence</td>
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<td>Readiness for Replication</td>
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<td>Capacity to Implement</td>
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<td>Need in agency, community, state</td>
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<td>Fit with current initiatives</td>
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<td>Capacity to Implement</td>
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<td>Total Score</td>
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Adapted from work by Laurel J. Kiser, Michelle Zabel, Albert A. Zachik, and Joan Smith (2007)
Performance Assessment (Fidelity)

Effective Intervention

Staff Competence

Coaching

Training

Selection

Organization Supports

Systems Intervention

Facilitative Administration

Decision Support Data System

Integrated & Compensatory

Leadership

Technical

Adaptive

©NIRN & SISEP
Active Implementation Frameworks

http://implementation.fpg.unc.edu/
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