

CABINET FOR HEALTH AND FAMILY SERVICES

KY Department for Medicaid Services Residential Provisional Certification Attestation Process

Updated October 2024



Objectives



Receive updates on SUD Residential Provisional Certification

Update



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



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



Key Terms

Term	Definition	
American Society for Addiction Medicine (ASAM) Criteria	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.	
Level of Care (LOC) Certification	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. **ASAM LOC Certification is NOT same as accreditation.	
SUD Residential Provisional Certification	A time limited residential level of care certification issued by DMS upon completion and approval of provider attestation.	
Provisional Period	Provisional Certification will be effective for at least 1 year.	
Self-Attestation	An attestation will be required for each residential program enrolling with KY Medicaid. Each program will submit the DMS approved attestation form, along with all required supporting documentation attesting they meet the ASAM LOC Criteria.	
Complete Attestation	Includes the approved DMS attestation form, along with all required supporting documentation outlined in Section G when submitted to DMS.	



DMS Provisional Certification Updates



All residential programs are required to obtain DMS Provisional Certification **or** have already obtained the ASAM LOC Certification to enroll.



Each residential program location is required to obtain certification.



Procedure Codes H0018 and H0019 are no longer billable for SUD residential services effective July 1, 2022.



Programs **must** 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 LOC Certification as a nationally recognized SUD-specific program standards to set provider qualifications for residential treatment programs.

Timeline



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



DMS Provisional Certification and ASAM LOC Certification

DMS Provisional Certification

- Provisional certification is administered by DMS to allow providers an opportunity to begin providing services needed to obtain ASAM LOC Certification.
- Provisional certification process involves a desk review completed by the DMS Behavioral Health Initiative Team.
- Certification is based on provider selfattestation 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 oversee the ASAM LOC Certification and is issued by CARF.
- The ASAM LOC process requires an on-site survey conducted by CARF.
- Certification is issued by CARF after demonstrating the program has met all defining elements for each LOC requested.
- The DMS SUD Residential Provisional Certification is not the "ASAM Level of Care Certification".
- The DMS SUD Residential Provisional Certification is not the "ASAM Level of Care Certification".

 *Both ASAM LOC Certification AND National Accreditation are required for residential programs.
- By requiring the ASAM LOC Certification for SUD residential treatment providers, KY will improve the quality
 of addiction treatment and increase patient access to evidence-based treatment for Medicaid recipients
 across the state.



Provisional Certification Process

All completed attestation submissions will be reviewed utilizing a checklist outlining the ASAM criteria by residential level..

Self-Attestation

If not ASAM Certified, an attestation is required for each residential 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 is required to obtain ASAM Level of Care Certification.

Provisional Period

(O)

Allows time for programs to begin providing services needed to obtain the ASAM LOC Certification.

IMD Exclusion Waiver

DMS Provisional and ASAM Certified residential 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 ASAM Level of Care procedures code according to the FFS BH Fee Schedule.



ASAM Levels of Care

3.1 Clinically Managed Low- Intensity Residential Treatment	3.5 Clinically Managed High- Intensity Residential Treatment	3.7 Medically Managed Residential Treatment
24-hour supervised residence that provide at least 5 hours of clinical service per week (not intended to describe recovery residences where clinical treatment services are not provided). 3.1 Programs provide opportunity to develop and practice interpersonal and group living skills who required structured daily activities as individuals work toward community reintegration. *Allowable in PT 03 or PT 30	24-hour care that requires stabilization of intensive therapies provided by licensed therapist. 3.5 programs provide a safe and stable environment so that individuals refrain from relapse. *Allowable in PT 03, PT 06 or PT 30	24-hour professionally directed evaluation, medical monitoring, and addiction treatment in an inpatient setting. 3.7 programs do not require the full resources of an acute care general hospital or a medically managed inpatient treatment program. *Allowable in PT 06, PT 26 treating SUD, or PT 30 with CDTC License



New Enrollees & Currently Enrolled Providers Opening Additional Programs Effective 7/1/2022

Ongoing DMS Residential Provisional Certification Provider Letter 2022

Provisional Certification

- SUD Residential programs are required to obtain provisional certification through selfattestation to enroll with KY Medicaid (unless already obtained the ASAM LOC Certification for all LOCs rendering services for).
- Provisional SUD residential programs are eligible for reimbursement up to 96 beds per facility.

- DMS will complete the **initial** review within 15 business days of a completed submission.
- Certification will be issued and effective for the day the final attestation review is completed and approved by DMS; provisional effective dates will not be backdated.



DMS Residential Attestation Form

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



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

GENERAL INSTRUCTIONS

Complete ALL items on the form unless otherwise instructed.

Attest to ALL levels of care (LOC) you are applying for. If attesting to more than one LOC, inlcude supporting documentation to clearly delineate between levels, including staffing and therapies.

Each DMS provisionally certified program is expected to obtain the American Society of Addition Medicine (ASAM) Level of Care (LOC) Certification for each attested LOC **prior** to the provisional certification end date.

Attestation should be submitted to DMS.lssues@ky.gov mailbox. with subject line "Specifc Facility Name: SUD Residential Provisional Certification Attestation"

Please view the following 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 Attestation
Materials.

Provisional Residential Certification / Attestation

I hereby certify that all information contained in this document and the supporting documents 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 elicible 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.

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.

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itle:		Phone (if different)	
ignatı	ure:		Date:

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



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



Components of the Attestation

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



Linkage agreement(s) with off-site or affiliated agency/providers









Submitted with the provisional attestation

Legible

Clearly labeled and in chronological order



Copies of license(s) for Clinical and Medical Staff

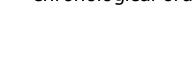








Certification





Documentation supporting access to 24/7 emergency services



Medication Assisted Treatment (MAT) Policy







Submitting the Attestation Form



Prior to Submission, review Attestation Checklist



Submit completed attestation form and all supporting documentation to **DMS.Issues@ky.gov**



Include "Name of Program: SUD Residential Provisional Certification Attestation" in the subject line.



Attestation form and all supporting documentation should be submitted **at the same time.**



Direct questions regarding attestation process or inquires about receipt of attestation to **DMS.Issues@ky.gov**



DMS Desk Review

the ASAM LOC

process.

complete the review

A checklist outlining Certification defining elements by residential level will be utilized to

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

Completed submissions will be reviewed by the DMS Behavioral Health

Initiatives Team.

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 attestation review is completed; provisional effective dates will not be back dated.

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

Upon receiving provisional certification, your program is expected to immediately contact CARF International. Programs will need to complete a maintenance application in Kentucky Medicaid Partner Portal Application (KY IPPA) to include Provisional ertification to their provider file.



Next Steps and Reminders

Attestation Information

Programs 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*.

Notifying MCOs:

Programs should contact MCOs to ensure additional information is not required regarding credentialing or reimbursement for services.

Updating Certification

Programs are responsible for completing a maintenance or new application in <u>Kentucky Medicaid Partner Portal Application (KY MPPA)</u> to include the DMS Provisional Certification once issued.

Program Changes

The following changes **MUST** 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

License and Certification

All licenses and certifications must 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.

Service Facility Information

If the residential service facility location is different than provider billing address, facilities **MUST** 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

ASAM LOC Certification

Each residential program (ASAM Levels 3.1, 3.5, 3.7) is required to obtain ASAM LOC Certification.

Each SUD residential program shall obtain certification for **each** level(s) of care services are provided.

Accreditation

National Accreditation and ASAM LOC Certification are two separate certifications. *BOTH* accreditation and ASAM LOC Certification is required for enrollment.

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.



Review the Following Resources:

Upon receiving DMS Provisional
Certification, programs are expected to *immediately* contact CARF
International regarding the ASAM LOC
Certification application process and timeframe for obtaining certification at:
LOCcertification@carf.org









DMS appreciates your continued commitment towards substance use treatment and recovery.

