

KY DMS Residential Provisional Certification Webinar Q&A

A) Training and Reference Materials

Will a recording of this webinar be available?

The webinar recording can be located at <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>

Will the webinar materials be posted on the website?

The webinar recording and slides are posted at <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>.

When is the next training planned?

A training for new or current providers enrolling a new facility will be available early 2020.

Is there a set schedule for the bi-weekly check-ins?

The next check-in is scheduled for 12/12/2019. The virtual call information can be located at <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>.

How do you register for in-person ASAM trainings?

Please contact Michelle Kilgore at michelle.kilgore@ky.gov. e-Trainings are also available at https://www.changecompanies.net/account/register.php?reg_code=KORE2019.

B) Residential Providers

We were told that unless we were mental health only (Tier I), that we needed to surrender our BHSO license. Based upon your presentation, a Tier III will need BHSO License. Which of these is correct?

Tier III does not require a BHSO license, but all Tiers are still enrolled as the BHSO Provider Type with KY Medicaid. You would need to retain your BHSO licensure only if you are providing services for primary Mental Health and enroll as a BHSO Tier I also.

What makes a provider a 3.1, 3.3, or 3.5 provider?

The residential levels are based on the intensity of programming provided. Please see the residential levels of care descriptions on www.asam.org for more information.

Do we need to do attestation for 3.7 or IOP?

Attestation is only needed for residential providers and will include levels 3.1, 3.3, and 3.5.

If we attest to a current adolescent 3.5 LOC, and then open a new adult 3.5 over the next year, is it necessary to attest to that program as well? Under the same NPI and Medicaid #?

Each facility should attest in order to receive fee-for-service enhanced reimbursement rates and waiver of the IMD exclusion. Current providers who enroll a new facility at a later time will be eligible to attest for that facility. DMS encourages providers to obtain separate Medicaid IDs and NPIs for each facility they enroll but it is not a requirement. Should the provider not obtain separate IDs for each facility, the current Medicaid application should be updated if a new facility is enrolled.

If we have a 72-bed facility at one address, a 16-bed facility at another address and a 14-bed facility at another address-are we able to certify all 102 beds or do we only get 92?

DMS has amended the previous statement regarding waiver of the IMD exclusion. The waiver of the IMD exclusion will allow up to 96 beds per location.

Do we need to do attestations and certification for facilities with 16 beds or less?

Attestation is not required. Those who do not attest and receive provisional certification will not be eligible for fee-for-service enhanced reimbursement rates or waiver of the IMD exclusion.

From a CMHC what level would we be for reimbursement: 3.1; 3.3; 3.5?

BHSO and CMHC residential providers are eligible to attest to an ASAM Level 3.1, 3.3 or 3.5. For those providers who receive provisional certification will be eligible for fee-for-service enhanced reimbursement rates and waiver of the IMD exclusion.

What are the ‘Enhanced Rates’?

The new rates will be released on the Spring 2020 fee schedule. Please view the webinar recording for information provided on the enhanced rates.

One of our residential facilities is not ready to open but we were hoping to start early next year; will this affect the process of opening a facility?

All new BHSO or CMHC residential facilities enrolling will be eligible to receive provisional certification. All currently enrolled BHSO or CMHCs enrolling new facilities at a later date will be eligible to receive provisional certification for those facilities. A training will be available later for new providers or existing providers enrolling new facilities outline the provisional certification process.

What are the service codes for the different levels of care?

These are not being released at this time as they will not be effective until 4/1/2020 for those who have completed the provisional attestation process.

Do you have to implement a MAT program in order to retain ASAM accreditation?

907 KAR 15:022, Section 3(n) states “If the recipient chooses medication assisted treatment, facilitation of medication assisted treatment off-site of the BHSO III, if not offered on-site”. Please note, an amendment to the regulation was filed to also include “if the choice of medication in MAT is methadone, the residential treatment

provider shall establish a contractual relationship with narcotic treatment program that dispenses methadone” to provide the service.

Do you have to provide on sight or off sight for all 3 MAT or can it just be Vivatrol to comply and get a LOC certification?

Per 907 KAR 15:022; per recipients’ choice, “If the recipient chooses medication assisted treatment, facilitation of medication assisted treatment off-site of the BHSO III, if not offered on-site.” 15:022 does not regulate the type of MAT to be offered or facilitated only “if the choice of medication in MAT is methadone, the residential treatment provider shall establish a contractual relationship with narcotic treatment program that dispenses methadone” to provide the service.

C) Medicaid Identification

Should we get separate NPI’s and Medicaid ID’s for multiple residential facilities attesting to the same level of care?

DMS encourages providers to obtain separate Medicaid IDs and NPIs for each residential facility they enroll but it is not a requirement.

If a Medicaid ID has several facilities throughout the state, will IMD still only allow each Medicaid ID to have 96 beds?

DMS has amended the previous statement regarding waiver of the IMD exclusion. The waiver of the IMD exclusion will allow up to 96 beds per location.

If CMHCs cannot get separate Medicaid ID numbers for separate addresses what are we supposed to do?

DMS has amended the previous statement regarding waiver of the IMD exclusion. The waiver of the IMD exclusion will allow up to 96 beds per location.

D) MCOs

How will MCOs be notified of providers who have completed attestation?

MCOs will receive names of all providers/facilities associated per Medicaid ID who receive provisional certification and the level in which they receive.

Are MCOs bound to abide by the DMS ‘Enhanced Rates’?

MCOs will receive the fee-for-service codes and rates. Providers are responsible for negotiating any rates with those Managed Care Organizations in which you are credentialed with.