

Department for Medicaid Services

907 KAR 1:044

Material Incorporated by Reference

Community Mental Health Center Behavioral Health Services Manual
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CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
COMMUNITY MENTAL HEALTH CENTER BEHAVIORAL HEALTH
SERVICES MANUAL

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I. INTRODUCTION

The Kentucky Medicaid Program Community Mental Health Center (CMHC) Behavioral Health Services Manual is formulated to provide you with a useful tool for interpreting the procedures and policies of the Kentucky Medicaid program. The manual is designed to facilitate the processing of your claims for services provided to qualified recipients of Medicaid.

Precise adherence to policy is imperative. In order that your claims may be processed quickly and efficiently, it is extremely important that you follow the policies as described in this manual. Any questions concerning general agency policy should be directed to the Cabinet for Health and Family Services, Department for Medicaid Services, Office of the Commissioner, 275 East Main Street, Mailstop 6W-A, Frankfort, Kentucky 40621, or phone (502) 564-4321. Questions concerning the application or interpretation of agency policy with regard to individual services should be directed to the Cabinet for Health and Family Services, Department for Medicaid Services, Division of Community Alternatives, 275 East Main Street, Mailstop 6W-B, Frankfort, Kentucky 40621, or phone (502) 564-5560. Please refer to the billing instructions for questions concerning billing procedures or the specific status of claims.

Federal Approval and Federal Financial Participation. (1) The department's coverage of services pursuant to 907 KAR 1:044 (including this manual – the Community Mental Health Center Behavioral Health Services Manual) shall be contingent upon:

- (a) Receipt of federal financial participation for the coverage; and
- (b) Centers for Medicare and Medicaid Services' approval for the coverage.

(2) The coverage of services provided by a licensed clinical alcohol and drug counselor or licensed clinical alcohol and drug counselor associate shall be contingent and effective upon approval by the Centers for Medicare and Medicaid Services.

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II. KENTUCKY MEDICAID PROGRAM

A. General Information

The Kentucky Medicaid Program is administered by the Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS). The Medicaid Program, identified as Title XIX of the Social Security Act, was enacted in 1965, and operates according to a State Plan approved by the U.S. Department of Health and Human Services. Title XIX is a joint federal and State assistance program

As a provider of medical services, you must be aware that DMS is bound by both federal and State statutes and regulations governing the administration of the State Plan. DMS shall not reimburse you for any services not covered by the State Plan. The State cannot be reimbursed by the federal government for monies improperly paid to providers of non-covered unallowable medical services.

The Kentucky Medicaid Program serves eligible recipients of all ages. The coverage, either by Medicare or Medicaid, will be specified in the body of this manual.

B. Advisory Council

The Kentucky Medicaid Program is guided in policy making decisions by the Advisory Council for Medical Assistance. In accordance with the conditions set forth in KRS 205.540, the council is composed of eighteen (18) members including the Secretary of the Cabinet for Health and Family Services, who serves as an ex officio member. The remaining seventeen (17) members are appointed by the Governor to four-year terms. Ten (10) members represent the various professional groups providing services to Program recipients, and are appointed from a list of three (3) nominees submitted by the applicable professional associations. The other seven (7) members are lay citizens.

In accordance with the statutes, the Advisory Council meets at least every three (3) months and as often as deemed necessary to accomplish their objectives.

In addition to the Advisory Council, the statutes make provision for a five (5) or six (6) members technical advisory committee for certain provider groups and recipients. Recipient membership on the technical advisory committees is decided by the professional organization the technical advisory committee represents. The technical advisory committees provide for a broad professional representation to the Advisory Council.

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As necessary, the Advisory Council appoints subcommittees or ad hoc committees responsible for studying specific issues and reporting their findings and recommendations to the Council.

C. Policy

The basic objective of the Kentucky Medicaid Program is to assure the availability and accessibility of quality medical care to eligible Program recipients.

The 1967 amendments to the Social Security Law stipulate that Title XIX Programs have secondary liability for medical costs of Program recipients. That is, if the patient has an insurance policy, veteran's coverage, or other third party coverage of medical expenses, that party is primarily liable for the patient's medical expenses. The Medicaid Program has secondary liability. Accordingly, the provider of service shall seek reimbursement for the third party groups for medical services rendered. If you, as the provider, should receive payment from Medicaid for a service provided to a recipient before learning that the recipient had third party liability (other insurance for example), you shall refund the Medicaid program the amount of liability owed by the third party.

In addition to statutory and regulatory provisions, several specific policies have been established through the assistance of professional advisory committees. Principally, some of these policies are as follows:

All participating providers shall agree to provide services in compliance with federal and state statutes regardless of sex, race, creed, religion, national origin, handicap or age.

Providers shall comply with the Americans with Disabilities Act and any amendments, rules and regulations of this act.

Each medical professional is given the choice of whether or not to participate in the Kentucky Medicaid Program. From those professionals who have chosen to participate, the recipient may choose the one from whom he or she wishes to receive his or her medical care.

When the Department or a managed care organization makes payment for a covered service and the provider accepts the payment made by the Department in accordance with the Department's fee structure or managed care organization in accordance with the managed care organization's fee

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structure, the amount paid shall be considered payment in full; and no bill for the same service shall be tendered to the recipient, or payment for the same service accepted from the recipient. The provider may bill the recipient for services not covered by Kentucky Medicaid; however, the provider shall make the recipient aware of the non-covered services and the recipient's liability prior to rendering a non-covered service.

Providers of medical service attest by their signatures (not facsimiles) that the presented claims are valid and in good faith. Fraudulent claims are punishable by fine and /or imprisonment.

All claims and substantiating records are auditable by both the Government of the United States and the Commonwealth of Kentucky. All claims and payments are subject to rules and regulations issued from time to time by appropriate levels of federal and state legislative, judiciary and administrative branches.

All recipients of this Program are entitled to the same level of confidentiality accorded patients NOT eligible for Medicaid benefits.

All services are reviewed for recipients and provider abuse. Willful abuse by the provider may result in his suspension from Program participation. Abuse by the recipient may result in surveillance of the payable services he receives.

D. Public Law 92-603

Section 1909 (a) Whoever

- (1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under State Plan approved under this title,
- (2) at any time knowingly and willfully makes or causes to be made any false statement or representation of a material fact for use in determining rights to such benefit or payment.
- (3) Having knowledge of the occurrence of any event affecting (A) his initial or continued right to any such benefit or payment, or (B) the initial or continued right to any such benefit or
- (4) payment of any other individual in whose behalf he has applied for or is receiving such benefit or payment, conceals or fails to disclose such event with an intent fraudulently to secure such benefit or payment either in a greater amount or quantity that is due or when no such benefit or payment is authorized, or

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(5) Having made application to receive any such benefit or payment for the use and benefit of another and having received it, knowingly and willfully converts such benefit or payment or any part thereof to a use other than for the use and benefit of such other person, shall (a) in the case of such a statement, representation, concealment, failure, or conversion by any person in connection with the furnishing (by that person) of items or services for which payment is or may be made under this title, be guilty of a felony and upon conviction thereof fined not more than \$25,000 or imprisoned for not more than five (5) years or both, or (b) in the case of such a statement, representation, concealment, failure, or conversion by any other person, be guilty of a misdemeanor and upon conviction thereof fined not more than \$10,000 or imprisoned for not more than one (1) year, or both. In addition, in any case where an individual who is otherwise eligible for assistance under a State Plan approved under this title is convicted of any offense under the preceding provisions of this subsection, the State may at its option (notwithstanding any other provision of this title or of such plan) limit, restrict, or suspend the eligibility of that individual for such period (not exceeding one (1) year) as it deems appropriate; but the imposition of a limitation, restriction, or suspension with respect to the eligibility of an individual under this sentence shall not affect the eligibility of any other person for assistance under the plan, regardless of the relationship between that individual and such other person.

(b) (1) whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in case or in kind-,
(A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under this title, or
(B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under this title, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five (5) years, or both.
(2) Whoever knowingly and willfully offers or pays any enumeration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in-kind to any person to induce such person
(A) to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under this title, or
(B) to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may

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be made in whole or in part under this title, shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five (5) years, or both.

(3) Paragraphs (1) and (2) shall not apply to

(A) a discount or other reduction in price obtained by a provider of services or other entity under this title if the reduction in price is properly disclosed and appropriately reflected in the costs claimed or charges made by the provider or entity under this title; and

(B) any amount paid by an employer to an employee (who has a bona fide employment relationship with such employer) for employment in the provision of covered items or services.

(c) Whoever knowingly and willfully makes or causes to be made, or induces or seeks to induce the making of, any false statement or representation of a material fact with respect to the conditions or operation of any institution or facility in order that such institution or facility may qualify (either upon initial certification or upon recertification) as a hospital, nursing facility, or home health agency (as those terms are employed in this title) shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five (5) years, or both,

(d) Whoever knowingly and willfully—

(1) charges, for any service provided to a patient under a State Plan approved under this title, money or other consideration at a rate in excess of the rates established by the State, or

(2) charges, solicits, accepts, or receives, in addition to any amount otherwise required to be paid under a State plan approved under this title, any gift, money, donation, or other consideration (other than a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to the patient)

(A) as a precondition of admitting a patient to a hospital, nursing facility, or

(B) as a requirement for the patient's continued stay in such a facility, when the cost of the services provided therein to the patient is paid for (in whole or in part) under the State Plan, shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five (5) years, or both.

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III. CONDITIONS OF PARTICIPATION

A. Provider

As defined in 902 KAR 20:091 —~~A~~Community Mental Health Center (CMHC) shall provide a comprehensive range of accessible and coordinated mental health services, including direct or indirect mental health services to the population of a designated regional service area as required by KRS 210.370 to 210.480.” Additionally, KRS 210.410 authorizes CMHCs to provide primary care services.

In order to be eligible to participate in the Medicaid Program, a Kentucky CMHC shall be licensed in accordance with the requirements set forth at 902 KAR 20:091.

Out-of-state providers shall be appropriately licensed to provide community mental health services by the state in which they are located, participate with their state’s Title XIX Medicaid Program, and shall meet the Medicaid Program conditions of participation.

B. Staff

(1) A CMHC shall meet the staffing requirements established in 902 KAR 20:091

(2) A CMHC shall have a psychiatrist who:

- (a) Shall be a board certified or board eligible psychiatrist;
- (b) May be the clinical director;
- (c) Shall directly supervise and coordinate all planning functions in the continual development and improvement of the several service elements; and
- (d) Provide psychiatric service as indicated in all patient diagnosis and treatment.

(3) The following practitioners or staff shall be authorized to provide services or perform duties in a CMHC as follows:

(a) A licensed psychologist defined as an individual who:

- 1. Currently possesses a licensed psychologist license in accordance with KRS 319.010(6); and
- 2. Meets the licensed psychologist requirements established in 201 KAR Chapter 26.

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(b)1. A psychiatric nurse who shall be a registered nurse, licensed in the State of Kentucky with one of the following combinations of education and experience:

- a. Master of Science in Nursing with a specialty in psychiatric or mental health nursing. No experience required.
- b. Bachelor of Science in Nursing and one year of experience in a mental health setting.
- c. A graduate of a three-year educational program with two years of experience in a mental health setting.
- d. A graduate of a two-year educational program (Associate degree) with three years of experience in a mental health setting.

2. A psychiatric nurse shall plan and supervise nursing services for psychiatric recipient care, and coordinate and supervise services rendered by nursing personnel with those rendered by other team administration, other departments, and medical staff in formulating policies for psychiatric patient care.

(c)1. A medical records librarian or person capable of performing the duties of a medical records librarian shall be responsible for ongoing positive controls, for continuity of recipient care and the recipient traffic flow; assure that records are maintained, completed and preserved, and that required indexes and registers are maintained and statistical reports prepared; shall be responsible for seeing that information on recipients is immediately retrievable, for the establishment of a central records index, and for all elements of service to provide a constant check on continuity of care.

2. In the event that the designated individual is not a qualified medical records librarian, consultation and technical guidance shall be readily available from a person skilled in health record systems.

(d) A program director who shall meet the program director requirements established in 902 KAR 20:091.

(e)1. A professional equivalent who shall be an individual who through education in a behavioral health field and experience in a behavioral health setting, is qualified to provide behavioral health services under the billing supervision of one of the following professionals;

- (a) Physician
- (b) Psychiatrist
- (c) Advanced Practice Registered Nurse

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- (d) Physician Assistant
- (e) Licensed Psychologist
- (f) Licensed Psychological Practitioner
- (g) Licensed Clinical Social Worker
- (h) Licensed Professional Clinical Counselor
- (i) Licensed Marriage and Family Therapist
- (j) Licensed Professional Art Therapist
- (k) Licensed Behavior Analyst
- (l) Certified Psychologist with Autonomous Functioning.

2. Professional equivalents may include practitioners obtaining experience to qualify for licensure in their behavioral health profession or individuals with a bachelor's degree or greater, with experience in behavioral health education and experience are as follows:

- a. Bachelor's degree, three (3) years full-time equivalent supervised experience;
- b. Master's degree, six (6) months full-time equivalent supervised experience;
- c. Doctorate degree, no experience.

3. A CMHC may recommend an employee for professional equivalency but final determination of professional equivalency status shall be determined by Medicaid.

(e)1. A mental health associate who shall be an individual with a minimum of a bachelor's degree in psychology, sociology, social work, or human services as determined by the Medicaid Program as a mental health field under the billing supervision of one (1) of the following professionals:

- (a) Physician
- (b) Psychiatrist
- (c) Advanced Practice Registered Nurse
- (d) Physician Assistant
- (e) Licensed Psychologist
- (f) Licensed Psychological Practitioner
- (g) Licensed Clinical Social Worker
- (h) Licensed Professional Clinical Counselor
- (i) Licensed Marriage and Family Therapist
- (j) Certified Psychologist with Autonomous Functioning
- (k) Licensed Professional Art Therapist

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2. A mental health associate shall not provide services to an individual with an intellectual disability.

(f) A physician who shall be licensed by the Kentucky Medical Board.

(g) A licensed marriage and family therapist as defined by KRS 335.300(2).

(h) A licensed professional clinical counselor as defined by KRS 335.500(3).

(i) A licensed professional counselor associate as defined by KRS 335.500(4) and who may provide covered services under the periodic direct billing supervision of any of the following:

1. Physician
2. Psychiatrist
3. Advanced Practice Registered Nurse
4. Licensed Psychologist
5. Licensed Psychological Practitioner
6. Licensed Clinical Social Worker
7. Licensed Professional Clinical Counselor
8. Licensed Marriage and Family Therapist
9. Licensed Professional Art Therapist
10. Licensed Behavior Analyst
11. Certified Psychologist with Autonomous Functioning

(j) An advanced practice registered nurse as defined by KRS 314.011(7) and who may provide covered services in accordance with KRS 314.042.

(k) A psychiatric resident physician who may provide covered services in accordance with KRS 311.571 if the resident is a medical resident as defined in 907 KAR 3:005, Section 1.

(l) A licensed clinical social worker defined as an individual who meets the licensed clinical social worker requirements established in KRS 335.100.

(m) A licensed psychological practitioner defined as an individual who meets the requirements established in KRS 319.053.

(n) A certified psychologist with autonomous functioning defined as an individual who is a certified psychologist with autonomous functioning pursuant to KRS 319.056.

(o)1. A certified social worker defined as an individual who:

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(a) Meets the requirements established in KRS 335.080.

2. A certified social worker may provide services as stated in the covered services section of this manual (Section IV) but only under the billing supervision of any of the following:

1. Physician
2. Psychiatrist
3. Advanced Practice Registered Nurse
4. Licensed Psychologist
5. Licensed Psychological Practitioner
6. Licensed Clinical Social Worker
7. Licensed Professional Clinical Counselor
8. Licensed Marriage and Family Therapist
9. Licensed Professional Art Therapist
10. Licensed Behavior Analyst
11. Certified Psychologist with Autonomous Functioning

(p)1. A licensed psychological associate defined as an individual who:

- a. Currently possesses a licensed psychological associate license in accordance with KRS 319.010(6); and
- b. Meets the licensed psychological associate requirements established in 201 KAR Chapter 26.

2. A licensed psychological associate may provide services as stated in the covered services section of this manual (Section IV) but only under the supervision of a board-approved licensed psychologist in accordance with:

- a. KRS 319.064(5); and
- b. 201 KAR 26:171.

(q)1. A certified psychologist defined as an individual who is recognized as a certified psychologist in accordance with 201 KAR Chapter 26.

2. A certified psychologist may provide services as stated in the covered services section of this manual (Section IV) but only under the supervision of a board-approved licensed psychologist in accordance with:

- a. KRS 319.064(5); and
- b. 201 KAR 26:171.

(r)1. A marriage and family therapy associate as defined by KRS 335.300(3).

2. A marriage and family therapy associate may provide services as stated in the covered services section of this manual (Section IV) but only under the billing supervision of any of the following:

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1. Physician
2. Psychiatrist
3. Advanced Practice Registered Nurse
4. Licensed Psychologist
5. Licensed Psychological Practitioner
6. Licensed Clinical Social Worker
7. Licensed Professional Clinical Counselor
8. Licensed Marriage and Family Therapist
9. Licensed Professional Art Therapist
10. Licensed Behavior Analyst
11. Certified Psychologist with Autonomous Functioning.

(s)1. A physician assistant as defined by KRS 311.840(3) and 42 C.F.R. 405.2401(b).

2. A physician assistant may provide services in the covered services section of this manual (Section IV) within the scope of their licensure but only under the supervision of a physician.

(t)1. A community support associate defined as an individual who meets the community support associate requirements established in 908 KAR 2:250.

2. A community support associate may provide services as stated in the covered services section of this manual (Section IV) within the scope of their licensure, under the billing supervision of one of the following professionals:

- (a) Physician
- (b) Psychiatrist
- (c) Advanced Practice Registered Nurse
- (d) Physician Assistant
- (e) Licensed Psychologist
- (f) Licensed Psychological Practitioner
- (g) Licensed Clinical Social Worker
- (h) Licensed Professional Clinical Counselor
- (i) Licensed Marriage and Family Therapist
- (j) Certified Psychologist with Autonomous Functioning
- (k) Licensed Professional Art Therapist
- (l) Licensed Behavioral Analyst

(u)1. A peer support specialist defined as an individual who meets the qualifications in 908 KAR 2:220, 908 KAR 2:230, and/or 908 KAR 2:240, has completed required training, and who is working under the supervision of one of the following professionals and currently employed by a CMHC:

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- (b) Psychiatrist
- (c) Advanced Practice Registered Nurse
- (d) Physician Assistant
- (e) Licensed Psychologist
- (f) Licensed Psychological Practitioner
- (g) Licensed Clinical Social Worker
- (h) Licensed Professional Clinical Counselor
- (i) Licensed Marriage and Family Therapist
- (j) Certified Psychologist with Autonomous Functioning
- (k) Licensed Psychological Associate
- (l) Certified Psychologist
- (m) Marriage and Family Therapy Associate
- (n) Certified Social Worker
- (o) Licensed Professional Counselor Associate
- (p) Professional Equivalent
- (q) Psychiatric Nurse
- (r) Licensed Professional Art Therapist
- (s) Licensed Professional Art Therapist Associate
- (t) Certified Alcohol and Drug Counselor
- (u) Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
- (v) Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

2. A peer support specialist may provide services as stated in the covered services section of this manual (Section IV) within the scope of their licensure, under supervision of a professional listed in 1.(a) through (v) above.

(v)1. A certified alcohol and drug counselor defined as an individual who meets the qualifications established in KRS 309.083.

2. A certified alcohol and drug counselor may provide services as state in the covered services section of this manual (Section IV) and within the scope of practice established for certified alcohol and drug counselors in 201 KAR 35:030, but only under the billing supervision of one of the following professionals:

- (a) Physician
- (b) Psychiatrist
- (c) Advanced Practice Registered Nurse
- (d) Physician Assistant
- (e) Licensed Psychologist

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- (f) Licensed Psychological Practitioner
- (g) Licensed Clinical Social Worker
- (h) Licensed Professional Clinical Counselor
- (i) Licensed Marriage and Family Therapist
- (j) Certified Psychologist with Autonomous Functioning
- (k) Licensed Professional Art Therapist
- (l) Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

(w) A licensed professional art therapist defined as a person who has completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution, has completed all of the requirements set out in this chapter, and has been issued a license by the board for the independent practice of art therapy.

(x)1. A licensed professional art therapist associate defined as a person who has:

- (a) Completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution; and
- (b) Been issued a license by the board to practice art therapy under an approved clinical supervisor authorized by the board.

2. A licensed professional art therapist associate may provide services as stated in the covered services section of this manual (Section IV) within the scope of their licensure, under the billing supervision of any of the following:

1. Physician
2. Psychiatrist
3. Advanced Practice Registered Nurse
4. Licensed Psychologist
5. Licensed Psychological Practitioner
6. Licensed Clinical Social Worker
7. Licensed Professional Clinical Counselor
8. Licensed Marriage and Family Therapist
9. Licensed Professional Art Therapist
10. Licensed Behavior Analyst
11. Certified Psychologist with Autonomous Functioning.

(y) A licensed behavior analyst defined as an individual who is licensed by the board and who meets the requirements of KRS 319C.080.

(z) A licensed assistant behavior analyst defined as an individual who:

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1. Is licensed by the board as an assistant behavior analyst and meets the requirements of KRS 319C.080; and
2. Works under the billing supervision of any of the following:
 - a. Physician
 - b. Psychiatrist
 - c. Advanced Practice Registered Nurse
 - d. Licensed Psychologist
 - e. Licensed Psychological Practitioner
 - f. Licensed Clinical Social Worker
 - g. Licensed Professional Clinical Counselor
 - h. Licensed Marriage and Family Therapist
 - i. Licensed Professional Art Therapist
 - j. Licensed Behavior Analyst
 - k. Certified Psychologist with Autonomous Functioning.

(aa) A licensed clinical alcohol and drug counselor defined by KRS 309.080(4) and contingent and effective upon approval by the Centers for Medicare and Medicaid Services (CMS).

(bb)1. A licensed clinical alcohol and drug counselor associate defined by KRS 309.080(5) and contingent and effective upon approval by the Centers for Medicare and Medicaid Services (CMS).

2. A licensed clinical alcohol and drug counselor associate may provide services as stated in the covered services section of this manual (Section IV) contingent and effective upon approval by the Centers for Medicare and Medicaid Services (CMS) and within the scope of practice established for licensed clinical alcohol and drug counselor associates in KRS 309.080 through KRS 309.089 but only under the billing supervision of one of the following professionals:

- (a) Physician
- (b) Psychiatrist
- (c) Advanced Practice Registered Nurse
- (d) Physician Assistant
- (e) Licensed Psychologist
- (f) Licensed Psychological Practitioner
- (g) Licensed Clinical Social Worker
- (h) Licensed Professional Clinical Counselor
- (i) Licensed Marriage and Family Therapist
- (j) Certified Psychologist with Autonomous Functioning
- (k) Licensed Professional Art Therapist

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(l) Licensed Clinical Alcohol and Drug Counselor

(cc)1. A certified prevention professional defined as an individual who is certified by the Kentucky Certified Board of Prevention Professionals as a certified prevention professional.

2. A certified prevention professional may provide pregnant women substance use prevention services as stated in Section IV(22) of this manual and pregnant women substance use case management services as stated in Section IV(23) of this manual and as listed in the Appendix.

(dd)1. A pregnant women substance use treatment community support associate defined as a community support associate who meets the requirements for providing pregnant women substance use services as established in Section IV(22) of this manual.

2. A pregnant women substance use community support associate may provide pregnant women substance use prevention services as stated in Section IV(22) of this manual and pregnant women substance use case management services as stated in Section IV(23) of this manual and as listed in the Appendix.

C. Billing Supervision.

(1) A billing supervisor shall be an individual who is:

(a)1. A physician;

2. A psychiatrist;

3. An advanced practice registered nurse;

4. A licensed psychologist;

5. A licensed clinical social worker;

6. A licensed professional clinical counselor;

7. A licensed psychological practitioner;

8. A certified psychologist with autonomous functioning;

9. A licensed marriage and family therapist;

10. A licensed professional art therapist; or

11. A licensed behavior analyst; and

(b) Employed by or under contract with the same community mental health center as the behavioral health practitioner under supervision who renders services under the supervision of the billing supervisor.

(2) The arrangement between a billing supervisor and a behavioral health practitioner under supervision shall not violate nor substitute for the clinical supervision rules or policies of the respective professional licensure board governing the behavioral health practitioner under supervision.

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D. Affiliation Agreements

If a CMHC has agreements with other agencies or organizations to provide covered services, these agreements or contracts shall be written and shall include the following:

1. A statement specifying that the resource providing services is in compliance with all existing federal, state, and local laws and regulations governing it.
2. A statement of compliance with the Kentucky Civil Rights Act of 1977, KRS Chapter 344 and with the civil rights requirements set forth in 45 CFR Parts 80, 84, and 90, which is as follows:

—No person in the United States shall, on the ground of race, color, national origin, sex, handicap or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

3. A statement indicating reasonable assurance that medical services shall be provided by the health resource, when the service is deemed necessary by the recipient’s attending physician.
4. A statement indicating that at the time of transfer, or, in case of emergency, as promptly as possible after the transfer an abstract or copies of pertinent clinical and other information necessary to continue the recipient’s treatment without interruption shall be sent to the facility to which the recipient transfers. The information shall include the following: current medical, mental status and physical findings; diagnosis; brief summary of the course of treatment followed, pertinent social and psychological information; nursing, medication and dietary information useful in the care of the patient; rehabilitation potential, and pertinent information concerning achievements in rehabilitation.
5. A statement indicating the effective date of the agreement that recipients may be transferred from one element of service to another without delay when appropriate for their treatment.
6. A statement indicating that the staff treating a recipient may continue to provide appropriate services during care in other elements of service, when indicated.

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7. A statement indicating the basis of reimbursement between the health resource and the center.
8. A statement indicating the conditions by which the agreement may be terminated by either party.
9. Signatures by individuals authorized to execute the agreements on behalf of the resources involved.

E. Health Records

Health records regarding behavioral health services stress the psychiatric components of the record including history of findings and treatment rendered for the psychiatric condition and shall be evidence of the direct services rendered to individuals by the CMHC. A health record shall be maintained for each individual with all entries kept current, dated, entitled according to the service received and signed by the staff recipients rendering services. Its purpose is to serve as a basis for planning treatment and training for those being served and to provide a means of communicating between all recipients of the center and its affiliated facilities.

The records and any other information regarding payments claimed shall be maintained in an organized central file and furnished to CHFS upon request and made available for inspection and copying CHFS personnel.

The specific format used for health records is left to the management of the CMHC. It is important, however, that essential information be organized in such a way as to be readily accessible and adequate for the purpose of establishing the current treatment modality and progress of the individual.

Health records maintained on each recipient receiving services shall contain at least an identification sheet, permission for treatment sheet, the purpose for seeking service, problems, screening information relative to the problem, pertinent medical, psychiatric and social information disposition (result or plan of care), assigned status, assigned therapist(s) and staff service notes.

The essential parts of the health record include:

1. IDENTIFICATION

The IDENTIFICATION or INTAKE SHEET shall include: name, social security number, date of intake, home (legal) address, sex, birth date, religion, next of kin or other responsible party and address, health insurance, referral source

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and address, personal physician and address, the reason the person is seeking help (presenting problem or diagnosis), the name of the informant and any other information needed to meet state and other center requirements.

2. SCREENING, EVALUATIONS, and DISPOSITION

The extent and type of evaluations obtained at the time of screening are dependent on the problem of the recipient seeking or being referred for service.

Screening shall include information relative to the recipient's problem(s) and other personal and health needs. Psychiatric, psychological, psycho-social and other evaluations rendered following screening shall be completed in accordance with accepted professional principles.

Immediately following a screening, a disposition shall be made which documents:

- (a) the status assigned to the recipient;
- (b) whether the case was referred to other staff for further discussion and, if so, to whom it was referred and what was the outcome;
- (c) whether the case was terminated and referred to an outside source for further service; or
- (d) whether the case was terminated and further service was not required.

3. STAFFING and PLAN of CARE REGARDING INDIVIDUALS RECEIVING BEHAVIORAL HEALTH SERVICES or BOTH BEHAVIORAL HEALTH AND PRIMARY CARE SERVICES

There shall be staffing conferences following screening to discuss cases, establish diagnosis or clinical impression, recommend additional evaluations and formulate a comprehensive plan of care which shall include short term and long range goals as well as treatment modalities. Each recipient receiving direct treatment under the auspices of a community mental health center shall have an individual plan of care signed by a clinically licensed or certified professional authorized to provide services in accordance with this manual – the Community Mental Health Center Behavioral Health Services Manual. Subsequent updates and revisions to the plan of care will be signed and updated by the clinician providing the behavioral health service. If a psychiatrist, physician (MD), or an Advanced Practice Registered Nurse (APRN) is involved in providing care to the patient, the psychiatrist, MD or APRN will also sign the plan of care. Other cases shall be discussed at staff conferences or with another professional staff during treatment of individuals for the purpose of reviewing and revising the plan of care. There shall be evidence of these conferences or consultations in the health records.

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A plan of care shall:

- (a) Describe the services to be provided to the recipient, including the frequency of services;
- (b) Contain measurable goals for the recipient to achieve, including the expected date of achievement for each goal;
- (c) Describe the recipient's functional abilities and limitations, or diagnosis listed in the current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders™;
- (d) Specify each staff member assigned to work with the recipient;
- (e) Identify methods of involving the recipient's family or significant others if indicated;
- (f) Specify criteria to be met for termination of treatment;
- (g) Include any referrals necessary for services not provided directly by the community mental health center; and
- (h) The date scheduled for review of the plan.

(i) The recipient shall participate to the maximum extent feasible in the development of his or her plan of care and the participation shall be documented in the recipient's record.

(j)1. The initial plan of care shall be developed through multidisciplinary team conferences as clinically indicated and at least thirty (30) days following the first ten (10) days of treatment.

2. The plan of care for an individual receiving residential services for a substance use disorder or intensive outpatient program services shall be reviewed every thirty (30) days thereafter and updated every sixty (60) days or earlier if clinically indicated.

3. The plan of care for an individual receiving a service other than residential services for a substance use disorder, intensive outpatient program services, or pregnant women substance use prevention services [please see Section IV.22.II.(B)] shall be reviewed and updated every six (6) months thereafter or earlier if clinically indicated.

4. A plan of care and each review and update shall be signed by the participants in the multidisciplinary team conference that developed it.

5. A plan of care review shall be documented in the recipient's health record.

4. HISTORY and EXAMINATIONS

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A complete history, including mental status and treatment rendered shall be required on all Medicaid recipients admitted for treatment by the center.

A current hospital discharge summary containing history information is acceptable or if a history is done outside the center and submitted, it shall be acceptable to the psychiatrist in charge based on content.

Staff notes shall be written within forty-eight (48) hours of each visit and shall describe the recipient's symptoms or behavior, reaction to treatment, demeanor, the therapist's intervention, changes in plan of care, and need for continued treatment.

5. STAFF NOTES

All staff notes shall be in chronological order, dated, entitled as to service rendered, have a starting and ending time for the services, and be recorded and signed by the staff person rendering the service with title (i.e., MSW, Psych., Prof. Eq., etc.). Family collateral, telephone and other significant contacts shall also be recorded in the staff notes.

All staff notes shall be recorded and signed by the staff person rendering the service. Initials, typed or stamped signatures are not acceptable.

There shall be a monthly supervisory note recorded by the billing supervisor reflecting consultation concerning the case and the evaluation of services being provided to the recipient.

For therapeutic rehabilitation services, the staff notes of the person delivering the service may be recorded daily, or if the CMHC prefers, as a weekly summary as long as the attendance worksheets are maintained. The weekly summary staff notes shall include a description of the recipient's symptoms or behavior, reaction to treatment, demeanor, changes in plan of care, and need for continued treatment. Also a description of activities and how the activities were used to facilitate psychiatric therapy shall also be included in the staff note.

6. MEDICATION

All medication prescribing and monitoring used in treatment shall be recorded in staff notes.

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A CMHC with the capacity to use electronic prescribing may do so and shall be able to produce a hard copy of each prescription.

If a CMHC does not use electronic prescribing, the CMHC shall document each prescription on a form designated specifically for medications for easy reference and follow-up and keep a copy of each prescription issued in the health record of each recipient for whom a prescription was issued.

Prescriptions concerning medication shall not exceed an order for more than five (5) refills.

7. DIAGNOSIS or CLINICAL IMPRESSION

A diagnosis or clinical impression shall be in the terminology of the most current edition of the *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders*TM.

Other co-occurring (physical) diagnoses shall be recorded, followed by information as to where treatment is being received and by whom it is being provided.

Diagnoses shall be recorded in the health record within three (3) visits, in order to receive Medicaid payment except when the visit is for any of the following services:

- a. Mobile crisis services
- b. Crisis intervention
- c. A screening;
- d. An assessment
- e. A screening, brief intervention, and referral to treatment for a substance use disorder (SBIRT).

8. TERMINATION SUMMARY

A termination summary is required on all recipients seen in excess of three (3) behavioral health visits and shall contain a recapitulation of the significant findings and events during treatment, including the final evaluation regarding progress of the recipient toward goals and objectives set forth in the plan of care, final diagnosis or clinical impression, and condition on termination and disposition.

9. HEALTH RECORD COMPLETION

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Active records and those on terminated cases shall be completed promptly.

Evaluations and examinations are to be completed within three (3) working days following visits.

Health records of terminated cases are completed within ten (10) days following termination.

If a case is reopened within ninety (90) days for the same or related problem, reference to the previous case history, an interval note shall suffice for an intake and an assessment.

10. RETENTION OF RECORDS

All health records of terminated recipients shall be completed promptly and retained as established in 907 KAR 1:044.

If a recipient is transferred or referred to another health care facility for continued care and treatment, a copy of an abstract of his health record shall be forwarded immediately. In the event of a change in management of a CMHC program, all health records, indexes and registers shall remain the property of the center and be transferred to the new owner.

11. CONFIDENTIALITY OF HEALTH RECORDS

All information contained in the health record is treated as confidential and is disclosed only to authorized persons, authorized CHFS representatives, authorized managed care organization representatives, or authorized representation of the federal government. The provider shall provide to representatives of CHFS or a managed care organization in which a recipient is enrolled requested information to substantiate:

1. staff notes detailing service rendered
2. professional rendering service
3. type of service rendered and any other requested information necessary to determine on an individual recipient and service basis whether services are reimbursable by Medicaid.

Failure of the CMHC to provide to CHFS staff or managed care organization staff if the recipient is enrolled with a managed care organization requested documentation shall result in denial of payment for those billed services.

F. Application for Participation

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A CMHC, being in compliance with the standards as outlined in Title II of Public Law 88-164, licensed in accordance with 902 KAR 20:091 and meeting the requirements of Medicaid as set forth in 907 KAR 1:044, may submit a Provider Application, MAP-811, to DMS.

G. Out-of-State Facility

Kentucky Medicaid reimbursement for outpatient psychiatric services provided in an out-of-state facility is limited to the following conditions as specified in section 1102 of the Social Security Act, Part 431, Paragraph 431.52, (b) Payment for Services:

—A State Plan must provide that the State will furnish Medicaid – to (1) a recipient who is a resident of the State while that recipient is in another State, to the same extent that Medicaid is furnished to residents in the State, when

- (a) Medical services are needed because of a medical emergency;
- (b) Medical services are needed because the recipient's health would be endangered if he were required to travel to his state of residence;
- (c) The State determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other State; or
- (d) It is general practice for recipients in a particular locality to use medical resources in another state; and

(2) A child for whom the State makes adoption assistance or foster care maintenance payments under Title IV-E of the Act.”

The out-of-state facility shall be licensed to provide the community mental health center or outpatient psychiatric services by the state in which it is located, and shall participate as a provider of these services in that state's title XIX (Medicaid) Program.

An out-of-state facility shall submit a copy of the negotiated participation agreement with their state's Title XIX Program and a copy of that state's Medicaid reimbursement rates for the covered services, in addition to the items listed in paragraph G. Application for Participation, this section.

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H. Termination of Participation

907 KAR 1:671 regulates the terms and conditions of provider participation and procedures for provider appeals. CHFS determines the terms and conditions for participation of vendors in the Kentucky Medicaid Program and may suspend, terminate, deny or not renew a vendor's provider agreement for "good cause." "Good cause" is defined as:

1. Misrepresenting or concealing facts in order to receive or to enable others to receive benefits
2. Furnishing or ordering services under Medicaid that are substantially in excess of the recipient's needs or that fail to meet professionally recognized health care standards
3. Misrepresenting factors concerning a facility's qualifications as a provider
4. Failure to comply with the terms and conditions for vendor participation in the program and to effectively render service to recipients; or
5. Submitting false or questionable charges to the agency.

The Kentucky Medicaid Program shall notify a provider in writing at least thirty (30) days prior to the effective date of any decision to terminate, suspend, deny or not renew a provider agreement. The notice shall state:

1. The reasons for the decision
2. The effective date
3. The extent of its applicability to participation in the Medicaid Program
4. The earliest date on which CHFS shall accept a request for reinstatement
5. The requirements and procedures for reinstatement; and
6. The appeal rights available to the excluded party.

The provider receiving the notice may request an evidentiary hearing. The request shall be in writing and made within five (5) days of receipt of the notice.

The hearing shall be held within thirty (30) days of receipt of the written request, and a decision shall be rendered within thirty (30) days from the date all evidence and testimony is submitted. Technical rules of evidence shall not apply. The hearing shall be held before an impartial decision-maker

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appointed by the Secretary for CHFS. When an evidentiary hearing is held, the provider is entitled to the following:

1. Timely written notice as to the basis of the adverse decision and disclosure of the evidence upon which the decision was based
2. An opportunity to appear in person and introduce evidence to refute the basis of the adverse decision
3. Counsel representing the provider
4. An opportunity to be heard in person, to call witnesses, and to introduce documentary and other demonstrative evidence; and
5. An opportunity to cross-examine witnesses.

The written decision of the impartial hearing officer shall state the reasons for the decision and the evidence upon which the determination is based. The decision of the hearing officer is the final decision of CHFS.

These procedures apply to any provider who has received notice from CHFS of termination, suspension, denial or non-renewal of the provider agreement or of suspension from the Medicaid Program, except in the case of an adverse action taken under Title XVIII (Medicare), binding upon Medicaid. Adverse action taken against a provider under Medicare shall be appealed through Medicare procedures.

I. DEFINITION of —~~FAE~~-to-FACE.”

—~~face~~-to-face” means occurring:

- (1) In person; or
- (2) If authorized by 907 KAR 3:170, via a real-time, electronic communication that involves two (2) way interactive video and audio communication.

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IV. COVERED SERVICES

Services provided by participating community mental health centers shall be covered through the community mental health center element of the Medicaid Program when provided in accordance with this manual – the Community Mental Health Center Behavioral Health Services Manual – and 907 KAR 1:044 All covered services are listed in the Appendix of this manual.

A. Rehabilitative Mental Health and Substance Use Services

1. General Information

Rehabilitative mental health and substance use services may be either on-site, which are defined as the CMHC, leased space and donated space, or off-site which includes the recipient's home, congregate living facility not otherwise reimbursed by Medicaid, with the exception of an Institute for Mental Disease (IMD), school or day care center, senior citizen's center, and family resource and youth center.

The only services covered in a detoxification setting are psychiatric services provided by the CMHC-based psychiatrist, or an APRN, certified in psychiatric-mental health nursing practice, who meets the requirements established in 201 KAR 20:057, Section 2(1) and Section 6(1) – (3).

All services shall be provided in accordance with a plan of care.

Ongoing consultation shall also be maintained with the supervisory staff throughout the duration of the recipient's treatment. Staff notes shall clearly reflect the input of the recipient. If a supervising professional was involved, the staff notes shall contain the supervising professional's signature.

2. Individual Outpatient Therapy

Individual Outpatient Therapy shall consist of a face-to-face therapeutic intervention provided in accordance with a recipient's identified plan of care and is aimed at the reduction of adverse symptoms and improved functioning. Individual outpatient therapy shall be provided as a one (1) – on – one (1) encounter between the provider and the recipient. Individual outpatient therapy services shall be limited to a maximum of three (3) hours per day, per recipient, but can be exceeded based on medical necessity.

3. Group Outpatient Therapy

Group Outpatient Therapy shall be therapeutic intervention provided to a group of unrelated persons except for multi-family group outpatient therapy. A group consists of no more than twelve (12) persons. In group therapy,

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recipients are involved with one another at a cognitive and emotional level. Group therapy focuses on psychological needs of the recipients as evidenced in each recipient's plan of care. Group therapy centers on goals such as building and maintaining healthy relationships, personal goal setting, and the exercise of personal judgment. The group shall have a deliberate focus and shall have a defined course of treatment. Individual notes shall be written for each recipient within the group and be kept in that individual's medical record.

Services shall be limited to a maximum of three (3) hours of group therapy per day, per recipient, but can be exceeded based on medical necessity.

4. Family Outpatient Therapy

Family Outpatient Therapy shall consist of a face to face therapeutic intervention provided through scheduled therapeutic visits between the therapist and the recipient and one or more members of a recipient's family to address issues interfering with the relational functioning of the family and improve interpersonal relationships within the home environment.

The need for family therapy shall be so stated in the recipient's plan of care. Family therapy services shall be for the benefit of the recipient.

5. Collateral Outpatient Therapy

Collateral outpatient therapy services shall be limited to recipients under the age of twenty-one (21), who are recipients of the rendering provider. A collateral outpatient therapy service shall be a face-to-face encounter with a parent/caregiver, legal representative/guardian, school personnel or other person in a position of custodial control or supervision of the recipient, for the purpose of providing counseling or consultation on behalf of a recipient in accordance with an established plan of care. The parent or legal representative in a role of supervision of the recipient shall give written approval for this service. This written approval shall be kept in the recipient's medical record. This service is only reimbursable for a recipient under the age of twenty-one (21) years.

Persons in a role of supervision may include day care providers, house parents, camp counselor, patient's physician, or a social worker with case management responsibility who is not employed by the CMHC.

Services delivered to more than one (1) person at the same time shall be billed as if the time were spent with an individual recipient.

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A billable unit of service is the actual time spent face-to-face delivering an actual service. Time spent in traveling to and from an off-site visit shall not be billed.

6. Crisis Intervention Services

Crisis Intervention shall be a therapeutic intervention provided for the purpose of immediately reducing or eliminating risk of physical or emotional harm to the recipient, or others. This service shall be provided as an immediate relief to the presenting problem or threat. It shall be followed by non-crisis service referral as appropriate. It shall be provided in a face-to-face, one-on-one encounter between the provider and the recipient.

Crisis intervention may include further service prevention planning such as lethal means reduction for suicide risk and substance use relapse prevention.

7. Mobile Crisis Services.

Mobile Crisis provides the same services as crisis intervention, except the location for the service is not in the office. Services are available twenty-four (24) hours a day, seven (7) days a week, 365 days a year. This service is provided in duration of less than twenty-four (24) hours and is not considered an overnight service but is covered any time during twenty-four (24) hours of a day. This service shall be a multi-disciplinary team based intervention provided face-to-face in a home or in a community setting that ensures access to mental health and substance use disorder services and supports to reduce symptoms or harm or to safely transition persons in acute crises to the appropriate least restrictive level of care. Mobile crisis shall also involve all services and supports necessary to provide integrated crisis prevention, assessment and disposition, intervention, continuity of care recommendations, and follow-up services.

To provide mobile crisis services, a CMHC shall have:

- a. The capacity to employ required practitioners and coordinate service provision among the rendering practitioners;
- b. The capacity to provide the full range of mobile crisis services as stated in this paragraph and on a twenty-four (24) hour a day, seven (7) day a week, every day of the year basis;
- c. Access to a board certified or board-eligible psychiatrist twenty-four (24) hours a day, seven (7) days a week, every day of the year;
- e. The administrative capacity to ensure quality of services;
- f. A financial management system that provides documentation of services and costs; and

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g. The capacity to document and maintain individual case records

8. Therapeutic Rehabilitation Services

A. A Therapeutic Rehabilitation Program is a rehabilitative service for adults with a severe mental illness or children with a severe emotional disability designed to maximize reduction of the effects of a mental health disorder and restoration of the recipient's best possible functional level. Services shall be designed for the reduction of the effects of a mental disorder related to social, personal, and daily living skills, as well as the restoration of these skills. The recipient establishes his or her own rehabilitation goals within the person centered service plan. Component services are delivered using a variety of psychiatric rehabilitation techniques and focus on improving daily living skills (hygiene, meal preparation, and medication adherence), self-monitoring of symptoms and side effects, emotional regulation skills, crisis coping skills and interpersonal skills. Services may be delivered individually or in a group.

Medicaid shall make payment for eligible recipients in therapeutic rehabilitation programs if specified by a plan of care approved and signed by the psychiatrist or APRN

B. 1. To provide therapeutic rehabilitation program services a CMHC shall:

- a. Have the capacity to employ staff authorized to provide therapeutic rehabilitation program services in accordance with this section and to coordinate the provision of services among team members;
- b. Have the capacity to provide the full range of therapeutic rehabilitation program services as stated in this paragraph;
- c. Have demonstrated experience in serving individuals with mental health disorders;
- d. Have the administrative capacity to ensure quality of services;
- e. Have a financial management system that provides documentation of services and costs; and
- f. Have the capacity to document and maintain individual case records.

9. Psychological Testing

Psychological testing for individuals with mental health, substance use, or co-occurring mental health and substance use disorders may include psychodiagnostic assessment of personality, psychopathology, emotionality, and/or intellectual abilities. This also includes interpretation and written report of testing results. Psychological testing shall be performed by an individual who has met the requirements of KRS Chapter 319 related to the necessary credentials to perform psychological testing.

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10. Screening

Screening shall be the determination of the likelihood that a person has a mental health, substance use, or co-occurring mental health and substance use disorders. The purpose is not to establish the presence or specific type of such a disorder but to establish the need for an in-depth assessment.

11. Assessment

Assessment shall include gathering information and engaging in a process with the recipient that enables the provider to establish the presence or absence of a mental health and/or substance use disorder, determine the recipient's readiness for change, identify recipient strengths or problem areas that may affect the processes of treatment and recovery, and engage the recipient in the development of an appropriate treatment relationship. The purpose of an assessment is to establish (or rule out) the existence of a clinical disorder or service need and to work with the recipient to develop a treatment and service plan. This does not include psychological or psychiatric evaluations or assessments.

The extent and type of assessment performed shall depend upon the problem of the individual seeking or being referred for services.

12. Partial Hospitalization

Partial Hospitalization is a short-term (average of four (4) to six (6) weeks), less than twenty-four (24)-hour intensive treatment program for individuals experiencing significant impairment to daily functioning due to substance use disorders, mental health disorders, or co-occurring mental health and substance use disorders. Partial Hospitalization may be provided to adults or children. Admission criteria are based on an inability to adequately treat the recipient through community-based therapies or intensive outpatient services. The program will consist of individual, group, family therapies and medication management. Educational, vocational, or job training services that may be provided as part of partial hospitalization are not reimbursed by Medicaid. The program has an agreement with the local educational authority to come into the program to provide all educational components and instruction which are not Medicaid billable or reimbursable. Services in a Medicaid-eligible child's Individual Education Plan (IEP) are coverable under Medicaid. Partial hospitalization is typically provided at least four (4) hours per day. Partial hospitalization is typically focused on one primary presenting problem (i.e., substance use, sexual reactivity, etc.).

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13. Service Planning

Service planning involves assisting the recipient in creating an individualized plan for services needed for maximum reduction of the effects of a mental health disorder and restoration of a recipient to the recipient's best possible functional level. A person centered planning process is required. The plan is directed by the recipient and shall include practitioners of the recipient's choosing. The providers include more than licensed professionals; it may include the recipient (and the recipient's guardian if applicable), care coordinator, other service providers, family members or other individuals that the recipient chooses.

14. Screening, Brief Intervention, and Referral to Treatment for a Substance Use Disorder (SBIRT)

SBIRT is an evidence-based early intervention approach that targets individuals with non-dependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment. SBIRT consists of three major components:

Screening: Assessing an individual for risky substance use behaviors using standardized screening tools;

Brief Intervention: Engaging a patient showing risky substance use behaviors in a short conversation, providing feedback and advice; and

Referral to Treatment: Provides a referral to additional mental health, substance use, or co-occurring mental health and substance use disorder services to patients who screen in need of additional services to address substance use. The Referral to Treatment is part of the Brief Intervention and thus to a behavioral health service.

15. Assertive Community Treatment.

A.1. Assertive community treatment shall:

- a. Be an evidence-based psychiatric rehabilitation practice which provides a comprehensive approach to service delivery for individuals with a serious mental illness; and
- b. Include:
 - (i) Assessment;
 - (ii) Treatment planning;
 - (iii) Case management;
 - (iv) Psychiatric services;
 - (v) Medication prescribing and monitoring;

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- (vi) Individual outpatient therapy;
- (vii) Family outpatient therapy;
- (viii) Group outpatient therapy;
- (ix) Mobile crisis services;
- (x) Crisis intervention;
- (xi) Mental health consultation; or
- (xii) Family support and basic living skills.

2.a. Mental health consultation shall involve brief, collateral interactions with other treating professionals who may have information for the purpose of treatment planning and service delivery.

b. Family support shall involve the assertive community treatment team's working with the recipient's natural support systems to improve family relations in order to:

- (i) Reduce conflict; and
- (ii) Increase the recipient's autonomy and independent functioning.

c. Basic living skills shall be rehabilitative services focused on teaching activities of daily living necessary to maintain independent functioning and community living.

3. To provide assertive community treatment services, a community mental health center shall:

a. Employ at least one (1) team of multidisciplinary professionals:

- (i) Led by a qualified mental health professional; and
- (ii) Comprised of at least four (4) full-time equivalents including a prescriber, a nurse, an approved behavioral health services provider, a case manager, or a co-occurring disorder specialist;

b. Have adequate staffing to ensure that no team's caseload size exceeds ten (10) participants per team member (for example, if the team includes five (5) individuals, the caseload for the team shall not exceed fifty (50) recipients);

c. Have the capacity to:

- (i) Employ staff authorized to provide assertive community treatment services in accordance with this paragraph;
- (ii) Coordinate the provision of services among team members;
- (iii) Provide the full range of assertive community treatment services as stated in this paragraph; and
- (iv) Document and maintain individual case records; and

d. Demonstrate experience in serving individuals with persistent and serious mental illness who have difficulty living independently in the community.

16. Intensive Outpatient Program Services.

A.1. Intensive outpatient program services shall:

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- a. Be an alternative to or transition from inpatient hospitalization or partial hospitalization for a mental health, substance use, or co-occurring disorder;
 - b. Offer a multi-modal, multi-disciplinary structured outpatient treatment program that is significantly more intensive than individual outpatient therapy, group outpatient therapy, or family outpatient therapy; and
 - c. Be provided at least three (3) hours per day at least three (3) days per week; and
 - d. Include:
 - (i) Individual outpatient therapy, group outpatient therapy, or family outpatient therapy unless contraindicated;
 - (ii) Crisis intervention; or
 - (iii) Psycho-education.
2. During psycho-education the recipient or family member shall be:
- a. Provided with knowledge regarding the recipient's diagnosis, the causes of the condition, and the reasons why a particular treatment might be effective for reducing symptoms; and
 - b. Taught how to cope with the recipient's diagnosis or condition in a successful manner.
3. An intensive outpatient program treatment plan shall:
- a. Be individualized; and
 - b. Focus on stabilization and transition to a lesser level of care.
4. To provide intensive outpatient program services, a CMHC shall have:
- a. Access to a board-certified or board-eligible psychiatrist for consultation;
 - b. Access to a psychiatrist, other physician, or advanced practiced registered nurse for medication management;
 - c. Adequate staffing to ensure a minimum recipient-to-staff ratio of ten (10) recipients to one (1) staff;
 - d. The capacity to provide services utilizing a recognized intervention protocol based on nationally accepted treatment principles;
 - e. The capacity to employ staff authorized to provide intensive outpatient program services in accordance with this section and to coordinate the provision of services among team members;
 - f. The capacity to provide the full range of intensive outpatient program services as stated in this paragraph;
 - g. Demonstrated experience in serving individuals with behavioral health disorders;
 - h. The administrative capacity to ensure quality of services;
 - i. A financial management system that provides documentation of services and costs; and
 - j. The capacity to document and maintain individual case records.
- B. These services shall be provided:

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1. In a setting with a minimum recipient-to-staff ratio of ten (10) to one (1); and
2. By behavioral health professionals who utilize a recognized intervention protocol that shall be:
 - a. Based on recovery principles; and
 - b.(i) For a recipient who is not an enrollee, be approved by the Department for Behavioral Health, Developmental and Intellectual Disabilities; or
 - (ii) For an enrollee, be approved by the managed care organization in which the enrollee is enrolled.

17. Residential Services for Substance Use Disorders

A.1. Residential services for substance use disorders shall:

- a. Be provided in twenty-four (24) hour per day units;
 - b. Be short or long term to provide intensive treatment and skills building in a structured and supportive environment;
 - c. Assist an individual in abstaining from alcohol or substance use and in entering alcohol or drug addiction recovery;
 - d. Be provided in a twenty-four (24) hour a day, live-in facility that offers a planned and structured regimen of care aimed to treat individuals with addiction or co-occurring mental health and substance use disorders;
 - e. Assist a recipient in making necessary changes in the recipient's life to enable the recipient to live drug- or alcohol-free;
 - f. Be provided under the medical direction of a physician;
 - g. Provide continuous nursing services in which a registered nurse shall be:
 - (i) On site during traditional first shift hours, Monday through Friday;
 - (ii) Continuously available by phone after hours;
 - (iii) On site as needed in follow up to telephone consultation after hours;
 - h. Be based on individual need and may include:
 - (i) Screening;
 - (ii) Assessment;
 - (iii) Service planning;
 - (iv) Individual outpatient therapy;
 - (v) Group outpatient therapy; or
 - (vi) Family outpatient therapy;
 - (vii) Peer support; and
 - i. Be provided in accordance with 908 KAR 1:370.
2. A residential service for substance use disorder building shall have more than eight (8) but less than seventeen (17) beds unless every recipient receiving services in the building is under the age of twenty-one (21) years or over the age of sixty-five (65) years in which case the limit of sixteen (16) beds shall not apply.

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3. A short-term length-of-stay for residential services for substance use disorders shall:
 - a. Be less than (30) days in duration;
 - b. Include planned clinical program activities constituting at least fifteen (15) hours per week of structured professionally-directed treatment activities to:
 - (i) Stabilize a person's substance use disorder; and
 - (ii) Help the recipient develop and apply recovery skills; and
 - c. May include the services listed in subparagraph 1.i. of this paragraph.
4. A long-term length-of-stay for residential services for substance use disorders shall:
 - a. Be between thirty (30) days and ninety (90) days in duration;
 - b. Include planned clinical program activities constituting at least forty (40) hours per week of structured professionally-directed treatment activities to:
 - (i) Stabilize a person's substance use disorder; and
 - (ii) Help the recipient develop and apply recovery skills; and
 - c. May include the services listed in subparagraph 1.i. of this paragraph.
5. Residential services for a substance use disorder shall not include:
 - a. Room and board;
 - b. Educational services;
 - c. Vocational services;
 - d. Job training services;
 - e. Habilitation services;
 - f. Services to an inmate in a public institution pursuant to 42 C.F.R. 435.1010;
 - g. Services to an individual residing in an institution for mental diseases pursuant to 42 C.F.R. 435.1010;
 - h. Recreational activities;
 - i. Social activities; or
 - j. Services required to be covered elsewhere in the state plan.
6. The physical structure in which residential services for a substance use disorder are provided shall not:
 - a. Contain more than sixteen (16) beds unless every recipient receiving services in the building is under the age of twenty-one (21) years or over the age of sixty-five (65) years in which case the limit of sixteen (16) beds shall not apply; and
 - b. Be part of multiple units comprising one (1) facility with more than sixteen (16) beds in aggregate unless every recipient receiving services in the multiple units is under the age of twenty-one (21) years or over the age of sixty-five (65) years in which case the limit of sixteen (16) beds shall not apply.
7. To provide residential services for a substance use disorder, a CMHC shall:

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- a. Have the capacity to employ staff authorized to provide day treatment services in accordance with this section and to coordinate the provision of services among team members;
- b. Have the capacity to provide the full range of residential services for a substance use disorder as stated in this paragraph;
- c. Have demonstrated experience in serving individuals with behavioral health disorders;
- d. Have the administrative capacity to ensure quality of services;
- e. Have a financial management system that provides documentation of services and costs;
- f. Have the capacity to document and maintain individual case records; and
- g. Be licensed as a non-medical and non-hospital based alcohol and other drug abuse treatment program in accordance with 908 KAR 1:370.

18. Residential Crisis Stabilization Services

A.1. Residential crisis stabilization services shall be provided in a crisis stabilization unit.

2. A crisis stabilization unit shall:

- a. Be a community-based, residential program that offers an array of services including:
 - (i) Screening;
 - (ii) Assessment;
 - (iii) Treatment planning;
 - (iv) Individual outpatient therapy;
 - (v) Family outpatient therapy;
 - (vi) Group outpatient therapy;
 - (vii) Psychiatric services; and
 - (viii) Peer support;
- b. Provide services in order to:
 - (i) Stabilize a crisis and divert an individual from a higher level of care;
 - (ii) Stabilize an individual and provide treatment for acute withdrawal, if applicable; and
 - (iii) Re-integrate the individual into the individual's community or other appropriate setting in a timely fashion;
- c. Not be part of a hospital;
- d. Be used when an individual:
 - (i) Is experiencing a behavioral health emergency that cannot be safely accommodated within the individual's community; and
 - (ii) Needs overnight care that is not hospitalization; and
- e. Not contain more than sixteen (16) beds unless every recipient receiving services in the physical structure is under the age of twenty-one (21) years or

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over the age of sixty-five (65) years in which case the limit shall not apply;
and

f. Not be part of multiple units comprising one (1) facility with more than sixteen (16) beds in aggregate unless every recipient receiving services in the multiple units is under the age of twenty-one (21) years or over the age of sixty-five (65) years in which case the limit shall not apply.

3. Residential crisis stabilization shall not include:

- a. Room and board;
- b. Educational services;
- c. Vocational services;
- d. Job training services;
- e. Habilitation services;
- f. Services to an inmate in a public institution pursuant to 42 C.F.R. 435.1010;
- g. Services to an individual residing in an institution for mental diseases pursuant to 42 C.F.R. 435.1010;
- h. Recreational activities;
- i. Social activities; or
- j. Services required to be covered elsewhere in the state plan.

4. To provide residential crisis stabilization services, a CMHC shall have:

- a. The capacity to employ staff authorized to provide day treatment services in accordance with this section and to coordinate the provision of services among team members;
- b. The capacity to provide the full range of residential crisis stabilization services as stated in this paragraph and on a services twenty-four (24) hour a day, seven (7) day a week, every day of the year basis;
- c. Access to a board certified or board-eligible psychiatrist twenty-four (24) hours a day, seven (7) days a week, every day of the year;
- d. Demonstrated experience in serving individuals with behavioral health disorders;
- e. The administrative capacity to ensure the quality of services;
- f. A financial management system that provides documentation of services and costs;
- g. The capacity to document and maintain individual case records; and
- h. Knowledge of substance use disorders.

19. Day Treatment

A.1. Day treatment shall be a non-residential, intensive treatment program designed for a child under the age of twenty-one (21) years who has:

- a. A mental health disorder, or substance use disorder, or co-occurring mental health and substance use disorders; and
- b. A high risk of out-of-home placement due to a behavioral health issue.

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2. Day treatment services shall:

a. Consist of an organized, behavioral health program of treatment and rehabilitative services (substance use disorder, mental health, or co-occurring mental health and substance use disorder);

b. Have unified policies and procedures that:

(i) Address the program philosophy, admission and discharge criteria, admission and discharge process, staff training, and integrated case planning; and

(ii) Have been approved by the recipient's local education authority and the day treatment provider;

c. Include:

(i) Individual outpatient therapy, family outpatient therapy, or group outpatient therapy;

(ii) Behavior management and social skill training;

(iii) Independent living skills that correlate to the age and developmental stage of the recipient; and

(iv) Services designed to explore and link with community resources before discharge and to assist the recipient and family with transition to community services after discharge; and

d. Be provided:

(i) In collaboration with the education services of the local education authority including those provided through 20 U.S.C. 1400 et seq. (Individuals with Disabilities Education Act) or 29 U.S.C. 701 et seq. (Section 504 of the Rehabilitation Act);

(ii) On school days and during scheduled breaks;

(iii) In coordination with the recipient's individual educational plan or Section 504 plan if the recipient has an individual educational plan or Section 504 plan;

(iv) Under the supervision of a licensed or certified behavioral health practitioner or a behavioral health practitioner working under clinical supervision; and

(v) With a linkage agreement with the local education authority that specifies the responsibilities of the local education authority and the day treatment provider.

3. To provide day treatment services, a CMHC shall have:

a. The capacity to employ staff authorized to provide day treatment services in accordance with this section and to coordinate the provision of services among team members;

b. The capacity to provide the full range of residential crisis stabilization services as stated in subparagraph 1 of this paragraph;

c. Demonstrated experience in serving individuals with behavioral health

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disorders;

d. The administrative capacity to ensure quality of services;

e. A financial management system that provides documentation of services and costs;

f. The capacity to document and maintain individual case records; and

g. Knowledge of substance use disorders.

4. Day treatment shall not include a therapeutic clinical service that is included in a child's individualized education plan or Section 504 plan.

20. Peer Support Services

A.1. Peer support services shall:

a. Be emotional support that is provided by:

(i) An individual who has been trained and certified in accordance with 908 KAR 2:220 and who is experiencing or has experienced a mental health disorder, substance use disorder, or co-occurring mental health and substance use disorder to a recipient by sharing a similar mental health disorder, substance use disorder, or co-occurring mental health and substance use disorder in order to bring about a desired social or personal change;

(ii) A parent who has been trained and certified in accordance with 908 KAR 2:230 of a child having or who has had a mental health, substance use, or co-occurring mental health and substance use disorder to a parent or family member of a child sharing a similar mental health, substance use, or co-occurring mental health and substance use disorder in order to bring about a desired social or personal change;

(iii) A family member who has been trained and certified in accordance with 908 KAR 2:230 of a child having or who has had a mental health, substance use, or co-occurring mental health and substance use disorder to a parent or family member of a child sharing a similar mental health, substance use, or co-occurring mental health and substance use disorder in order to bring about a desired social or personal change; or

(iv) A youth who has been trained and certified in accordance with 908 KAR 2:240 and who is experiencing or has experienced a mental health disorder, substance use disorder, or co-occurring mental health and substance use disorder to a recipient by sharing a similar mental health disorder, substance use disorder, or co-occurring mental health and substance use disorder in order to bring about a desired social or personal change;

b. Be an evidence-based practice;

c. Be structured and scheduled non-clinical therapeutic activities with an individual recipient or a group of recipients;

d. Promote socialization, recovery, self-advocacy, preservation, and

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- enhancement of community living skills for the recipient; and
 - e. Be coordinated within the context of a comprehensive, individualized plan of care developed through a person-centered planning process;
 - f. Be identified in each recipient's plan of care; and
 - g. Be designed to directly contribute to the recipient's individualized goals as specified in the recipient's plan of care.
2. To provide peer support services a CMHC shall:
- a. Have demonstrated the capacity to provide the core elements of peer support services for the behavioral health population being served including the age range of the population being served;
 - b. Employ peer support specialists who are qualified to provide peer support services in accordance with 908 KAR 2:220, 908 KAR 2:230, and/or 908 KAR 2:240;
 - c. Use one of the following professionals to supervise peer support specialists;

- (a) Physician
- (b) Psychiatrist
- (c) Advanced Practice Registered Nurse
- (d) Physician Assistant
- (e) Licensed Psychologist
- (f) Licensed Psychological Practitioner
- (g) Licensed Clinical Social Worker
- (h) Licensed Professional Clinical Counselor
- (i) Licensed Marriage and Family Therapist
- (j) Certified Psychologist with Autonomous Functioning
- (k) Licensed Psychological Associate
- (l) Marriage and Family Therapy Associate
- (m) Certified Social Worker
- (n) Licensed Professional Counselor Associate
- (o) Professional Equivalent
- (p) Certified Alcohol and Drug Counselor
- (q) Psychiatric Nurse
- (r) Licensed Professional Art Therapist
- (s) Licensed Professional Art Therapist Associate
- (t) Certified Psychologist
- (u) Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
- (v) Licensed Clinical Alcohol and Drug counselor Associate contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

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- d. Have the capacity to employ staff authorized to provide comprehensive community support services in accordance with this section and to coordinate the provision of services among team members;
- e. Have the capacity to provide the full range of comprehensive community support services as stated in this subparagraph 1 of this paragraph;
- f. Have demonstrated experience in serving individuals with behavioral health disorders;
- g. Have the administrative capacity to ensure quality of services;
- h. Have a financial management system that provides documentation of services and costs; and
- i. Have the capacity to document and maintain individual case records.

21. Comprehensive Community Support Services.

A.1. Comprehensive community support services shall:

- a. Be activities necessary to allow an individual to live with maximum independence in community-integrated housing;
- b. Be intended to ensure successful community living through the utilization of skills training, cueing, or supervision as identified in the recipient's plan of care;
- c. Include:
 - (i) Reminding a recipient to take medications and monitoring symptoms and side effects of medications; or
 - (ii) Teaching parenting skills, teaching community resource access and utilization, teaching emotional regulation skills, teaching crisis coping skills, teaching how to shop, teaching about transportation, teaching financial management, or developing and enhancing interpersonal skills; and
- d. Meet the requirements for comprehensive community support services established in 908 KAR 2:250; and
- e. Be provided under the billing supervision of:
 - (i) Psychiatrist
 - (ii) Advanced Practice Registered Nurse
 - (iii) Physician Assistant
 - (iv) Licensed Psychologist
 - (v) Licensed Psychological Practitioner
 - (vi) Licensed Clinical Social Worker
 - (vii) Licensed Professional Clinical Counselor
 - (ix) Licensed Marriage and Family Therapist
 - (x) Certified Psychologist with Autonomous Functioning
 - (xi) Licensed Professional Art Therapist
 - (xii) Licensed Behavioral Analyst.

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3. To provide comprehensive community support services, a CMHC shall have:
- a. The capacity to employ staff authorized to provide comprehensive community support services in accordance with this section and to coordinate the provision of services among team members;
 - b. The capacity to provide the full range of comprehensive community support services as stated in this subparagraph 1 of this paragraph;
 - c. Demonstrated experience in serving individuals with behavioral health disorders;
 - d. The administrative capacity to ensure quality of services;
 - e. A financial management system that provides documentation of services and costs; and
 - f. The capacity to document and maintain individual case records.

22. Pregnant Women Substance Use Prevention Services

I.(A) General Eligibility Criteria. To qualify for pregnant women substance use prevention services pursuant to this manual – the Community Mental Health Center Behavioral Health Services Manual – a woman shall:

1. Meet Medicaid program eligibility requirements pursuant to 907 KAR 20:010 or 907 KAR 20:100;
2. Be:
 - a. Pregnant; or
 - b. Postpartum for sixty (60) day period after pregnancy ends and any remaining days in the month in which the 60th day falls;
3. Not have a medical or psychiatric condition that requires immediate medical care in order for the individual to benefit from an identified service;
4. Not be at high risk for harm to self or others or the level of risk can be adequately managed with the parameters of the identified service;
5. May benefit from participation in the identified prevention or treatment service; and
6. If referred to outpatient, intensive outpatient, and day rehabilitation services, shall not be experiencing alcohol or drug intoxication or withdrawal symptoms that required detoxification in a nonmedical twenty-four (24) hour facility or inpatient medical facility.

(B) Universal Prevention Service Eligible Criteria. To qualify for a universal prevention service a woman shall:

1. Meet the general eligibility criteria stated in 22.I(A)
2. Have no identified biological, psychological, or social factors which would increase risk for initiating use of alcohol or other drugs during pregnancy;

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3. Have no identified history of personal use of substances that has contributed to a lifestyle, legal problem, or other symptom indicating the need for a substance abuse prevention or treatment service; and
4. Not meet the criteria for an identified substance-related disorder.

(C) Selective Prevention Service Eligibility Criteria. To qualify for a selective prevention service an individual shall:

1. Meet the general eligibility criteria stated in 22.I.(A);
- 2.a. Give evidence of risk of substance abuse as defined by:
 - (i) Identification of household members and significant others in the individual's life who use alcohol and other drugs;
 - (ii) Family history of alcohol and drug abuse;
 - (iii). History of emotional, sexual, and physical abuse; or
 - (iv) History of mental health problems and diagnosis; and
- b. Not have admitted to using alcohol or other drugs during the last thirty (30) days.

(D) Indicated Prevention Service Eligibility Criteria. To qualify for an indicated prevention service an individual shall:

1. Meet the general eligibility criteria stated in 22.I.(A); and
- 2.a. Have received a substance abuse assessment;
- b. Have used alcohol or other drugs since learning of her pregnancy or has exhibited problematic behaviors prior to pregnancy associated with substance use;
- c. Have exhibited risk factors that increase her chances of developing a substance abuse problem; or
- d. Meet the criteria for a substance-related disorder and may benefit from this service as an adjunct to outpatient treatment.

(E) Outpatient Service Eligibility Criteria. To qualify for an outpatient service an individual:

1. Shall meet the general eligibility criteria stated in 22.I.(A);
2. Shall have met the criteria for a primary substance use disorder; and
- 3.a. May benefit from outpatient substance use treatment services; or
- b. May benefit from outpatient services as a means to:
 - (i) Increase acceptance of the need for a more intensive treatment service; or
 - (ii) Maintain treatment until the required intensive treatment service is available.

(F) Intensive Outpatient Service Eligibility Criteria. To qualify for an intensive outpatient service an individual shall:

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1. Meet the general eligibility criteria stated in 22.I.(A);
2. Meet the criteria for a substance use disorder;
3. Have a substance use problem that requires structured treatment several days per week;
4. Not have a substance use problem that is severe enough that progress in reducing or eliminating the abuse or dependency requires more intensive treatment.

(G) Day Rehabilitation Service Eligibility Criteria. To qualify for a day rehabilitation service an individual shall:

1. Meet the general eligibility criteria stated in 22.I.(A);
2. Meet the criteria for a substance use disorder;
3. Have a substance use problem that requires intensive daily or near daily structured treatment to reduce or eliminate substance use or dependency.

(H) Case Management Service Eligibility Criteria. To qualify for a case management service an individual shall:

1. Meet the general eligibility criteria stated in 22.I.(A);
2. Meet the criteria for a substance use disorder; and
3. Need assistance in reducing barriers to entering and staying in substance use treatment or in accessing other resources that are needed to maximize functioning in the community.

(I) Community Support Service Eligibility Criteria. To qualify for a community support service an individual shall:

1. Meet the general eligibility criteria stated in 22.I.(A); and
2. Have a statement in the individual's case management service plan that describes the need for more intensive contact with substance use treatment staff in the individual's natural environment in order to reduce or eliminate substance use or dependency.

II.(A) Continuing stay criteria. Continuing stay criteria shall apply only to substance abuse treatment services that include outpatient, intensive outpatient, day rehabilitation, case management, and community support.

(B) To remain in an identified service level, a qualified substance abuse treatment professional shall review an individual's progress in accordance with the following:

1. For an outpatient service, every ninety (90) days;
2. For an intensive outpatient service, every thirty (30) days;
3. For a day rehabilitation service, every two (2) weeks;

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4. For a case management service, every thirty (30) days; and
5. For a community support service, every thirty (30) days.

(C) To remain in an identified service, an individual's progress shall reflect that the individual:

1. Continues to meet the criteria for admission to that particular service as established in 22.I.(A) through (I) of this section;
2. May benefit from continued service; and
3. Exhibits progress in accordance with the following:
 - a. For an outpatient, intensive outpatient, or day rehabilitation service, the individual is making progress in reducing or eliminating substance abuse or dependency but has not met the treatment goals of this service;
 - b. For a case management service, the individual is making progress in reducing or eliminating substance abuse or dependency but has not met the goals of the case management service plan; and
 - c. For a community support service, the individual is making progress in reducing or eliminating substance abuse or dependency but has not met the community support service goals in the case management plan.

- III.(A) 1. General requirements for universal, selective, and indicated prevention services. A prevention service shall:
- a. Be delivered as an individual or group service;
 - b. Utilize a protocol approved by the division for a period of two (2) years and reevaluated at the end of that time by the Protocol Review Panel to determine its continued use; and
 - c. Be delivered as a face-to-face contact between an individual and a qualified preventionist who meets the following requirements:
2. A qualified preventionist shall be a staff member of a CMHC who:
- a. Provides universal, selective or indicated substance abuse prevention services;
 - b. Meets the qualifications for the delivery of a reducing-harm-to-the-fetus protocol in accordance with 22.III.(E)(1)(a) of this manual, or a therapeutic risk reduction protocol approved by the Department for Medicaid Services or its designee; and
 - c. Meets one (1) of the following requirements:
 - (i). Shall be a certified prevention professional;
 - (ii) Shall be a substance abuse prevention professional who has a bachelor's degree or greater in any field, from an accredited college or university, who:
 - A. Meets the training, documentation and supervision requirements in 22.III.(E) and 22.III.(F) of this manual; and
 - B. Shall, in order to remain eligible to deliver a substance abuse

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prevention service, become a certified prevention professional pursuant to the requirements of the Kentucky Certification Board of Prevention Professionals within three (3) years from the date the staff member begins delivering Medicaid substance abuse prevention services;

(iii) Shall be a certified alcohol and drug counselor who meets the training and documentation requirements established in 22.III.(E) of this manual;

(iv) Shall, contingent and effective upon approval by the Centers for Medicare and Medicaid Services, be a licensed clinical and alcohol drug counselor who meets the training and documentation requirements established in 22.III.(E) of this manual;

(v) Shall, contingent and effective upon approval by the Centers for Medicare and Medicaid Services, be a licensed clinical and alcohol drug counselor associate who meets the training and documentation requirements established in 22.III.(E) of this manual; or

(vi) Shall be a certified or licensed behavioral health professional who meets the training and documentation requirements established in 22.III.(E) of this manual.

3. Prevention staff training requirements shall be as follows:

Prior to delivering a reducing harm to the fetus protocol, a qualified preventionist who meets the requirements established in 22.III.(A)2. above shall receive training in the protocol in accordance with standards established by the:

- a. Prevention protocol review panel; or
- b. Community mental health center, if the prevention protocol review panel has not identified specific requirements.

(B)1. Universal prevention services:

Shall consist of a protocol for reducing harm to the fetus that:

- a. Is designed to reduce the risk that an individual will use alcohol, tobacco or another drug during pregnancy or the postpartum period, thus protecting the child from subsequent risk for harm;
- b. Shall identify specific risks associated with alcohol, tobacco or another drug use during pregnancy and lactation, including risks to a fetus, such as low birth weight and fetal alcohol spectrum disorder;
- c. Shall identify signs of postpartum depression and addresses the risk for substance abuse following pregnancy; and
- d. Shall reduce the shame and stigma attached to addressing alcohol and drug issues to encourage an individual to pursue additional needed substance abuse prevention and treatment services;

2. May include a process for the identification of an individual needing a

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referral for a selective prevention service or a substance abuse assessment completed in accordance with subsection (1)(b) and (c) of this section; and
3. Shall have reimbursement limited to no more than two (2) hours during a single pregnancy and postpartum period.

(C) Selective prevention services:

1. Shall consist of a therapeutic risk reduction protocol that is designed to reduce the risk that an individual will use alcohol, tobacco, or another drug during pregnancy, thus protecting the child from subsequent risk for harm.
 - a. The therapeutic risk reduction protocol shall:
 - (i) Increase the perception of personal risk for harm due to high-risk alcohol and drug use throughout life;
 - (ii) Identify the levels of alcohol and drug use that increase risk for problems during pregnancy and throughout life;
 - (iii) Address health and social consequences of high-risk drinking or drug choices; and
 - (iv) Address biological, psychological, and social factors that may increase risk for alcohol and other drug use during pregnancy and lactation and alcohol and other drug abuse throughout life; and
 - b. While not mandatory, it is desirable that the therapeutic risk reduction protocol also include information to help the individual:
 - (i) Change perceptions of normative alcohol and other drug behaviors;
 - (ii) Develop skills for making and maintaining behavioral changes in alcohol and drug use and in developing social and psychological supports for these changes throughout life; or
 - (iii) Address parental influences on alcohol and drug choices of children, family management issues, and the establishment of successful expectations and consequences;
2. May include a process for the identification of an individual needing a referral for a substance abuse assessment completed in accordance with subsection (1) of this section;
3. Reimbursement shall be limited to:
 - a. During a single pregnancy and postpartum period; and
 - b. A maximum of seventeen (17) hours for a therapeutic risk reduction protocol targeted at preventing alcohol and drug problems throughout the life of the individual.

(D) Indicated prevention service:

1. Shall consist of a therapeutic risk reduction protocol which is designed to reduce the risk that certain individuals may experience alcohol and other drug related health problems, including substance dependency or experience

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alcohol and other drug related impairments throughout life:

a. A therapeutic risk reduction protocol shall:

(i) Address the health and social consequences of high-risk drinking or drug choices, including consequences to a fetus in the case of any alcohol or drug use during pregnancy;

(ii) Increase the perception of personal risk for harm due to high-risk alcohol and drug use;

(iii) Identify the existence of biological, psychological, and social risk factors; and

(iv) Identify levels of alcohol and other drug use that increase risk for problems; and

b. A therapeutic risk reduction protocol for an indicated prevention service may include:

(i) Changing perceptions of normative alcohol and drug use behaviors;

(ii) Developing skills for making and maintaining behavioral changes, including changes in alcohol and drug use, and developing social and psychological supports to maintain the changes throughout life; and

(iii) Addressing parental influences on the alcohol and drug choices of children, family management issues, and the establishment of successful expectations and consequences; and

2. Reimbursement shall be limited to:

a. During a single pregnancy and postpartum period; and

b. A maximum of twenty-five (25) hours for a protocol targeted at prevention of alcohol and drug problems throughout the life of the individual.

(E) Training and Documentation Requirements.

(1) Training.

(a) Prevention staff training requirements.

1. Prior to delivering a reducing harm to the fetus protocol, a professional identified by this section – Section 22. - of this manual as qualified to provide services shall receive training in the protocol in accordance with standards established by the:

a. Prevention protocol review panel; or

b. Community mental health center, if the prevention protocol review panel has not identified specific requirements.

2. A certified alcohol and drug counselor, licensed clinical alcohol and drug counselor associate, or licensed clinical alcohol and drug counselor delivering a selective or indicated prevention protocol shall have twenty-four (24) hours of prevention training within the four (4) years prior to the date of assuming the responsibility for delivering this service. The twenty-four (24) hours of training shall be in the following topic areas:

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- a. Twelve (12) hours in prevention strategies and procedures; and
 - b. Twelve (12) hours specific to working with the prevention target populations being served.
3. Prior to being eligible to deliver a substance abuse selective or indicated prevention service, a substance abuse prevention professional with a bachelor's degree or greater in any field from an accredited college or university shall:
- a. Enter into a supervisory agreement with a certified prevention professional; and
 - b. Complete forty-five (45) hours of training on the following topics:
 - (i) Twelve (12) hours in prevention strategies and procedures;
 - (ii) Twelve (12) hours specific to working with the prevention target populations being served;
 - (iii) Twelve (12) hours in the recognition and understanding of substance abuse or dependency and related problems; and
 - (iv) An additional nine (9) hours in one (1) or more of the training topics identified in subclauses (i), (ii), or (iii) of this clause.
4. A professional identified by this section – Section 22. - of this manual as qualified to provide services shall have completed an additional forty-five (45) hours of training in alcohol and other drug abuse within four (4) years prior to the date of assuming responsibility for delivering a selective or indicated prevention protocol. The forty-five (45) hours of training shall be in the following topic areas:
- a. Twelve (12) hours in the recognition and understanding of substance abuse or dependency and related problems;
 - b. Twelve (12) hours in prevention strategies and procedures;
 - c. Twelve (12) hours specific to working with the prevention target population being served; and
 - d. An additional nine (9) hours in one (1) or more of the training topics identified in clause a, b, or c of this subparagraph.
- (b) Treatment staff training requirements.
1. A professional identified by this section – Section 22. - of this manual as qualified to provide services shall complete eighty (80) hours of training in alcohol and other drug abuse counseling within four (4) years prior to the date of assuming responsibility for conducting clinical assessments, developing treatment plans, leading counseling sessions or providing case-management services, or within two (2) years after assuming these responsibilities.
2. A staff member with a bachelor's degree or greater in any field from an accredited college or university shall:
- a. Prior to being eligible to deliver a Medicaid substance abuse treatment

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assessment, case management, outpatient or intensive outpatient service, or day rehabilitation service, complete forty (40) hours of training on the following topics:

- (i) Dynamics and treatment of substance abuse;
 - (ii) Alcohol and drug abuse recovery issues unique to pregnant women and women with dependent children; and
 - (iii) Recovery issues unique to females who are HIV positive, intravenous drug users, adolescents, and members of racial, cultural or ethnic groups; and
- b. Receive supervision in accordance with subsection (3) of this section.
- (c) Community support staff training requirements. Qualified community support staff shall obtain twenty (20) hours of training on:
- 1. Dynamics and treatment of substance abuse;
 - 2. Information on substance abuse recovery issues unique to pregnant women and women with dependent children;
 - 3. Recovery issues unique to females who are HIV positive, intravenous drug users, adolescents, and members of racial, cultural or ethnic groups;
 - 4. Strategies to defuse resistance;
 - 5. Professional boundary issues with an individual that addresses enabling behaviors; and
 - 6. Protecting a qualified community-support staff member, who may be a recovering substance abuser, from losing his own sobriety.
- (2) Training documentation requirements. All staff training hours required in subsection (1) of this section shall be documented in a staff member's training file and shall include the:
- (a) Date of the training;
 - (b) Length of the training event in clock hours;
 - (c) Learning objectives; and
 - (d) Name of the training provider.

(F) Supervision Requirements.

(1) The supervision for a staff member with a bachelor's degree or greater in any field from an accredited college or university, whether that staff member is a substance abuse prevention professional or a staff member providing substance abuse treatment services, shall:

- (a) Include at least four (4) hours of face-to-face supervision monthly;
- (b) Be provided either one (1) on one (1) or in a group setting with other staff members being supervised; and
- (c) Include a written plan of supervision developed and updated annually for each staff member being supervised that shall:
 - 1. Identify knowledge and skill areas needing development;

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2. Identify supervision activities to increase competency in areas of need;
3. Include a dated signature of the qualified supervisor, as required by subsection (2) or (3) of this section – meaning Section F -, and the signature of the staff member being supervised indicating agreement with the plan; and
4. Include maintenance of a record of each supervisory session for each staff member being supervised which includes the date, length of the session and content of the supervision.

(2) Supervision of a substance abuse prevention professional with a bachelor's degree or greater in any field from an accredited college or university shall:

(a) Be provided by a prevention professional certified pursuant to the Kentucky Certification Board of Prevention Professionals;

(b) Meet the general requirements established in subsection (1) of this section – meaning Section F; and

(c) Include at least two (2) of the following methodologies each month:

1. Didactic presentations;
2. Consultation on substance abuse prevention strategies or the recognition of substance abuse related problems;
3. Monitoring a staff member's work with an individual or group of individuals receiving substance abuse prevention services through audio or audio-visual taping;
4. Monitoring a staff member's adherence to the prevention protocol; or
5. A supervisor's direct observation of a staff member's work with an individual or group of individuals receiving substance abuse prevention services.

(3) Supervision of a staff member with a bachelor's degree or greater in any field from an accredited college or university who will provide substance abuse treatment services shall:

(a) Be provided by a clinical services supervisor who meets one (1) of the following sets of qualifications:

1. A certified alcohol and drug counselor who has at least two (2) years full-time clinical work experience post-certification; or
2. One of the following licensed or certified professionals:
 - a. A Kentucky physician licensed in accordance with KRS 311.571 to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties;
 - b. A psychiatrist licensed in accordance with KRS 311.571 to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties, who is certified or

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eligible to apply for certification with the American Board of Psychiatry and Neurology;

- c. A licensed psychologist who holds the health service provider designation in accordance with KRS 319.050(7);
 - d. A certified psychologist with autonomous functioning;
 - e. A certified psychologist;
 - f. A licensed psychological practitioner;
 - g. A licensed psychological associate with at least three (3) years of full-time post-certification practice;
 - h. A licensed clinical social worker;
 - i. A certified social worker with at least three (3) years full-time post-certification clinical practice in psychiatric social work;
 - j. An advanced practice registered nurse with scope of practice in psychiatric or mental health nursing;
 - l. A registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with a master's degree in psychiatric nursing from an accredited college or university and two (2) years of full-time clinical experience in psychiatric nursing;
 - m. A registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with a bachelor of science degree in nursing from an accredited college or university who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of full-time clinical experience in psychiatric nursing;
 - n. A licensed marriage and family therapist;
 - o. A licensed professional clinical counselor; or
 - p. A licensed professional art therapist;
- (b) Meet the general requirements established in subsection (1) of this section – meaning Section F; and
- (c) Include at least two (2) of the following methodologies each month:
- 1. Didactic presentations;
 - 2. Case consultation;
 - 3. Monitoring a staff member's work with an individual through audio or audio-visual taping;
 - 4. A supervisor's direct observation of a staff member's work with an individual; or
 - 5. A meeting with an individual with whom the staff member is working to determine if she is receiving the services she needs.
- (4) Supervision of a qualified community-support staff shall:
- (a) Be provided by a case manager who:
 - 1. Is a certified alcohol and drug counselor; or

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2. Is a certified or licensed behavioral health professional who meets the training and documentation requirements established in Section 22.III.(E) of this manual;

(b) Include a minimum of six (6) hours of face-to-face supervision monthly;

(c) Meet the general requirements established in subsection (1) of this section – meaning Section F; and

(d) Include the following supervision methodologies:

1. Didactic presentations;

2. Case consultation; and

3. A supervisor's direct observation of a community-support staff member's work with an individual, or a meeting between a supervisor and an individual with whom a staff member is working, to determine if the individual is receiving the services she needs from a community-support staff person.

IV. Pregnant Women Substance Use Case-Management Services

(a) Case management shall be an ambulatory care service that:

1. Shall be a minimum of four (4) face-to-face or telephone contacts per month between or on behalf of an individual and a qualified substance abuse treatment professional, of which:

a. At least two (2) of the contacts shall be face to face with the individual; and

b. The remaining contacts shall be by phone or face to face with or on behalf of the individual; and

2. Is for the purpose of reducing or eliminating an individual's substance abuse problem by assisting an individual in gaining access to needed medical, social, educational and other support services.

(b) Case-management services shall include:

1. An assessment of an individual's case-management needs;

2. Development of a service plan that identifies an individual's case management projected outcomes; and

3. Activities that support the implementation of an individual's service plan.

(c) Case-management services shall not be connected with a specific type of substance abuse treatment but shall follow an individual across the array of substance abuse treatment services identified in the individual's plan of care.

(d) Service limitations. The following activities shall not be reimbursed by this Medicaid benefit:

1. An outreach or case-finding activity to secure a potential individual for services;

2. Administrative activities associated with Medicaid or eligibility determinations;

3. Transportation services solely for the purpose of transporting the individual; and

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4. The actual provision of a service other than a case-management service.

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SECTION V – LIMITATIONS

SECTION V. Limitations

1. Recording an appropriate mental health or substance use disorder diagnosis in the recipient's record by the third visit shall be a requisite for Medicaid payment, with the exception of crisis services, screening and assessment.

2. Limits Regarding Speech Disturbance Behavioral Health Services
Medicaid shall reimburse the CMHC for the services of a psychiatrist or psychologist to a recipient with the diagnosis of a speech disturbance which is symptomatic of a psychiatric problem. Speech language pathology services[therapy] shall be considered outside the scope of program benefits of the discipline providing speech therapy.

3. Limits Regarding Behavioral Health Services to Persons with an Intellectual Disability
When the recipient's diagnosis is intellectual disability, the recipient shall have an additional psychiatric diagnosis substantiating the need for psychiatric treatment. Diagnoses of developmental disorders (i.e., learning disabilities) shall not be acceptable. Services rendered to persons with intellectual disabilities in need of psychiatric services shall be covered by Medicaid when rendered in accordance with the psychiatrist's plan of care. The staff note shall document the psychiatric treatment rendered.

4. Limits Regarding Group Outpatient Therapy
Group therapy services shall be limited to groups of twelve (12) or fewer per mental health center staff. Recipients shall be limited to a maximum of three (3) hours per day per recipient but can be exceeded based on medical necessity.

5. Limits Regarding Individual Outpatient Therapy
Individual therapy services shall be limited to a maximum of three (3) hours per day per recipient but can be exceeded based on medical necessity.

D. Non-Covered Services

The following services or activities shall not be covered under 907 KAR 1:044:

- (a) A service provided to:
 - 1. A resident of:
 - a. A nursing facility; or

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SECTION VI – SPECIAL CLAIMS

- b. An intermediate care facility for individuals with an intellectual disability;
- 2. An inmate of a federal, local, or state:
 - a. Jail;
 - b. Detention center; or
 - c. Prison; or
- 3. An individual with an intellectual disability without documentation of an additional psychiatric diagnosis;
 - (b) Psychiatric or psychological testing for another agency, including a court or school, that does not result in the individual receiving psychiatric intervention or behavioral health therapy from the behavioral health services organization;
 - (c) An educational service provided to a recipient or to others;
 - (d) A telephone call, an email, a text message, or other electronic contact that does not meet the requirements stated in the definition of "face-to-face" established in 907 KAR 15:005, Section 1(14);
 - (e) Travel time;
 - (f) A field trip;
 - (g) A recreational activity;
 - (h) A social activity; or
 - (i) A physical exercise activity group.
- (6)(a) A consultation by one (1) provider or professional with another shall not be covered under 907 KAR 1:044 except for a collateral outpatient therapy consultation.

Covered services require face-to-face contact between a practitioner and a recipient except for:

- 1. Collateral outpatient therapy services for a recipient under age twenty-one (21), when a part of the plan of care;
- 2. A family outpatient therapy service in which the corresponding current procedural terminology code establishes that the recipient is not present;
- 3. A psychological testing service comprised of interpreting or explaining results of an examination or data to family members or others in which corresponding current procedural terminology code establishes that the recipient is not present;
- 4. A service planning activity in which the corresponding current procedural terminology code establishes that the recipient is not present.

These limitations and non-covered services shall be monitored by DMS using a combination of system edits during claims processing and of post-payment reviews and audits. Payment for any services provided outside of the scope of covered benefits shall be refunded to DMS.

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SECTION V – LIMITATIONS

VI. MISCELLANEOUS CLAIMS REQUIREMENTS

A. Accident and Work Related Claims

For claims billed to Medicaid that are related to an accident or work related incident, the provider shall pursue information relating to the accident. If an attorney, employer, individual or an insurance company is liable for payment, payment shall be pursued from the liable party. If the liable party has not been determined, attach copies of any information obtained, such as, the names of attorneys, other involved parties or the recipient's employer to the claim when submitted to DMS' fiscal agent for Medicaid payment.

B. Claims Over Twelve Months Old

Claims with service dates more than twelve (12) months old shall be considered for processing only with appropriate documentation such as one or more of the following: Remittance statements which verify timely filing, Medicare Explanation of Medical Benefits (EOMB's), Medicare Explanation of Benefits (EOB's), and commercial insurances. Without such documentation, claims over twelve (12) months old shall be denied.

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APPENDIX – AUTHORIZED PRACTITIONERS

Authorized Practitioners by Service

A. Individual Outpatient Therapy

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Licensed Professional Art Therapist
20. Licensed Professional Art Therapist Associate
21. Licensed Behavior Analyst
22. Licensed Assistant Behavior Analyst
23. Certified Alcohol and Drug Counselor
24. Certified Psychologist with Autonomous Functioning
25. Certified Psychologist
26. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
27. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

B. Group Outpatient Therapy

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist

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7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Licensed Professional Art Therapist
20. Licensed Professional Art Therapist Associate
21. Licensed Behavior Analyst
22. Licensed Assistant Behavior Analyst
23. Certified Alcohol and Drug Counselor
24. Certified Psychologist with Autonomous Functioning
25. Certified Psychologist
26. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
27. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

C. Family Outpatient Therapy

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant

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16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Licensed Professional Art Therapist
20. Licensed Professional Art Therapist Associate
21. Certified Alcohol and Drug Counselor
22. Certified psychologist with Autonomous Functioning
23. Certified psychologist
24. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
25. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

D. Collateral Outpatient Therapy Services

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Licensed Professional Art Therapist
20. Licensed Professional Art Therapist Associate
21. Licensed Behavior Analyst
22. Licensed Assistant Behavior Analyst
23. Certified Alcohol and Drug Counselor
24. Certified psychologist with Autonomous Functioning
25. Certified psychologist

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- 26. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
- 27. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

E. Crisis Intervention Services

- 1. Psychiatrist
- 2. Physician
- 3. Psychiatric Resident
- 4. Resident Physician
- 5. APRN
- 6. Licensed Psychologist
- 7. Licensed Clinical Social Worker
- 8. Licensed Psychological Practitioner
- 9. Licensed Professional Clinical Counselor
- 10. Licensed Marriage and Family Therapist
- 11. Certified Social Worker
- 12. Licensed Psychological Associate
- 13. Licensed Professional Counselor Associate
- 14. Licensed Marriage and Family Therapist Associate
- 15. Physician Assistant
- 16. Psychiatric Nurse
- 17. Professional Equivalent
- 18. Mental Health Associate
- 19. Nurse
- 20. Certified Alcohol and Drug Counselor
- 21. Licensed Professional Art Therapist
- 22. Licensed Professional Art Therapist Associate
- 23. Certified psychologist with Autonomous Functioning
- 24. Certified psychologist
- 25. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
- 26. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

F. Mobile Crisis Services

- 1. Psychiatrist
- 2. Physician
- 3. Psychiatric Resident
- 4. Resident Physician

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5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse
20. Certified Alcohol and Drug Counselor
21. Licensed Professional Art Therapist
22. Licensed Professional Art Therapist Associate
23. Peer Support Specialist
24. Certified psychologist with Autonomous Functioning
25. Certified psychologist
26. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
27. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

G. Therapeutic Rehabilitation Services

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate

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14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse
20. Licensed Professional Art Therapist
21. Licensed Professional Art Therapist Associate
22. Certified psychologist with Autonomous Functioning
23. Certified psychologist
24. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
25. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

H. Psychological Testing

1. Licensed Psychologist
2. Licensed Psychological Practitioner
3. Licensed Psychological Associate

I. Screening

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse

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20. Certified Alcohol and Drug Counselor
21. Licensed Professional Art Therapist
22. Licensed Professional Art Therapist Associate
23. Certified psychologist with Autonomous Functioning
24. Certified psychologist
25. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
26. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

J. Assessment

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse
20. Licensed Professional Art Therapist
21. Licensed Professional Art Therapist Associate
22. Licensed Behavior Analyst
23. Licensed Assistant Behavior Analyst
24. Certified alcohol and drug counselor
25. Certified psychologist with Autonomous Functioning
26. Certified psychologist
27. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

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28. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

K. Partial Hospitalization

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Certified Alcohol and Drug Counselor
20. Licensed Professional Art Therapist
21. Licensed Professional Art Therapist Associate
22. Certified psychologist with Autonomous Functioning
23. Certified psychologist
24. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
25. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

L. Service Planning

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker

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8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse
20. Licensed Professional Art Therapist
21. Licensed Professional Art Therapist Associate
22. Licensed Behavior Analyst
23. Licensed Assistant Behavior Analyst
24. Certified psychologist with Autonomous Functioning
25. Certified psychologist

M. Screening, Brief Intervention, and Referral to Treatment

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse
20. Certified Alcohol and Drug Counselor

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21. Licensed Professional Art Therapist
22. Licensed Professional Art Therapist Associate
23. Certified psychologist with Autonomous Functioning
24. Certified psychologist
25. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
26. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

N. Assertive Community Treatment

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse
20. Peer Support Specialist
21. Licensed Professional Art Therapist
22. Licensed Professional Art Therapist Associate
23. Certified psychologist with Autonomous Functioning
24. Certified psychologist

O. Intensive Outpatient Program Services

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician

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5. APRN
 6. Licensed Psychologist
 7. Licensed Clinical Social Worker
 8. Licensed Psychological Practitioner
 9. Licensed Professional Clinical Counselor
 10. Licensed Marriage and Family Therapist
 11. Certified Social Worker
 12. Licensed Psychological Associate
 13. Licensed Professional Counselor Associate
 14. Licensed Marriage and Family Therapist Associate
 15. Physician Assistant
 16. Psychiatric Nurse
 17. Professional Equivalent
 18. Mental Health Associate
 19. Certified Alcohol and Drug Counselor
 20. Licensed Professional Art Therapist
 21. Licensed Professional Art Therapist Associate
 22. Certified psychologist with Autonomous Functioning
 23. Certified psychologist
 24. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
 25. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
-
- P. Residential Services for Substance Use Disorders
1. Psychiatrist
 2. Physician
 3. Psychiatric Resident
 4. Resident Physician
 5. APRN
 6. Licensed Psychologist
 7. Licensed Clinical Social Worker
 8. Licensed Psychological Practitioner
 9. Licensed Professional Clinical Counselor
 10. Licensed Marriage and Family Therapist
 11. Certified Social Worker
 12. Licensed Psychological Associate
 13. Licensed Professional Counselor Associate
 14. Licensed Marriage and Family Therapist Associate
 15. Physician Assistant

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16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse
20. Certified Alcohol and Drug Counselor
21. Peer Support Specialist
22. Licensed Professional Art Therapist
23. Licensed Professional Art Therapist Associate
24. Certified psychologist with Autonomous Functioning
25. Certified psychologist
26. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
27. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

Q. Residential Crisis Stabilization Services

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse
20. Certified Alcohol and Drug Counselor
21. Peer Support Specialist
22. Licensed Professional Art Therapist
23. Licensed Professional Art Therapist Associate
24. Certified psychologist with Autonomous Functioning

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- 25. Certified psychologist
- 26. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
- 27. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

R. Day Treatment

- 1. Psychiatrist
- 2. Physician
- 3. Psychiatric Resident
- 4. Resident Physician
- 5. APRN
- 6. Licensed Psychologist
- 7. Licensed Clinical Social Worker
- 8. Licensed Psychological Practitioner
- 9. Licensed Professional Clinical Counselor
- 10. Licensed Marriage and Family Therapist
- 11. Certified Social Worker
- 12. Licensed Psychological Associate
- 13. Licensed Professional Counselor Associate
- 14. Licensed Marriage and Family Therapist Associate
- 15. Physician Assistant
- 16. Psychiatric Nurse
- 17. Professional Equivalent
- 18. Mental Health Associate
- 19. Nurse
- 20. Certified Alcohol and Drug Counselor
- 21. Peer Support Specialist
- 22. Licensed Professional Art Therapist
- 23. Licensed Professional Art Therapist Associate
- 24. Certified psychologist with Autonomous Functioning
- 25. Certified psychologist
- 26. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
- 27. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)

S. Peer Support Services

- 1. Peer Support Specialist

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T. Comprehensive Community Support Services

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse
21. Community Support Associate
22. Licensed Professional Art Therapist
23. Licensed Professional Art Therapist Associate
24. Licensed Behavior Analyst
25. Licensed Assistant Behavior Analyst
26. Certified psychologist with Autonomous Functioning
27. Certified psychologist

U. Pregnant Women Substance Use Prevention Services

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker

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12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse
20. Certified Alcohol and Drug Counselor
21. Licensed Professional Art Therapist
22. Licensed Professional Art Therapist Associate
23. Certified psychologist with Autonomous Functioning
24. Certified psychologist
25. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
26. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
27. Certified Prevention Professional
28. Pregnant Women Substance Use Community Support Associate

V. Pregnant Women Substance Use Case Management Services

1. Psychiatrist
2. Physician
3. Psychiatric Resident
4. Resident Physician
5. APRN
6. Licensed Psychologist
7. Licensed Clinical Social Worker
8. Licensed Psychological Practitioner
9. Licensed Professional Clinical Counselor
10. Licensed Marriage and Family Therapist
11. Certified Social Worker
12. Licensed Psychological Associate
13. Licensed Professional Counselor Associate
14. Licensed Marriage and Family Therapist Associate
15. Physician Assistant
16. Psychiatric Nurse
17. Professional Equivalent
18. Mental Health Associate
19. Nurse

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20. Certified Alcohol and Drug Counselor
21. Licensed Professional Art Therapist
22. Licensed Professional Art Therapist Associate
23. Certified psychologist with Autonomous Functioning
24. Certified psychologist
25. Licensed Clinical Alcohol and Drug Counselor (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
26. Licensed Clinical Alcohol and Drug counselor Associate (contingent and effective upon approval by the Centers for Medicare and Medicaid Services)
27. Certified Prevention Professional
28. Pregnant Women Substance Use Community Support Associate