DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303

Atlanta Regional Operations Group

July 1, 2019

Carol H. Steckel, Commissioner
Department for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621-0001

Re: Kentucky State Plan Amendment 19-0002

Dear Ms. Steckel:

We have reviewed the proposed Kentucky state plan amendment, KY 19-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 5, 2019. This amendment is to revise Kentucky's Substance Use Disorder benefits and add Medication Assisted Treatment.

Based on the information provided, the Medicaid State Plan Amendment KY 19-0002 was approved on July 1, 2019. The effective date of this amendment is July 1, 2019. We are enclosing the approved HCFA-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Darlene Noonan at (770) 883-0322 or Maria Drake at (404) 562-3697.

Sincerely,

Shantrina D. Roberts, MSN
Deputy Director
Division of Medicaid Field Operations South

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 19-002

2. STATE: Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE: July 1, 2019

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 430.12(b)

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 $34,628,255
b. FFY 2019 $155,007,581

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Att 3.1-A, Page 7.6.1 (c) Page 7.6.1 (tt)
Att 3.1-B, Page 31.5(c) Page 31.5 (tt)
Att. 4.19-B, Page 20.15(1)(d) - Page 20.15(1)(d)1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same

10. SUBJECT OF AMENDMENT: The purpose of this SPA is to revise Kentucky's SUD benefits and to include Medication Assisted Treatment.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
X OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME: Carol H. Steckel

14. TITLE: Commissioner, Department for Medicaid Services

Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

15. DATE SUBMITTED: 4/5/19

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 04/05/19

18. DATE APPROVED: 07/01/19

PLAN APPROVED ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/19

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Shantrina D. Roberts

22. TITLE: Deputy Director
Division of Medicaid Field Operations South

23. REMARKS: Approved with the following changes to blocks 6, 7, 8 and 9 as authorized by state agency on email dated 06/27/19.

Block # 6 changed to read: 42 CFR 440.130(d); Block #7 changed to read: 7a FFY 2019 $4,954,950 and 7b FFY2020 $19,819,800.

Block #8 changed to read: Att. 3.1-A, pages 7.6.1(c) thru 7.6.1(x); Att. 3.1-A, pages 7.6.1(x)1 and 7.6.1(x)2; Att. 3.1-A, pages 7.6.1(y) thru 7.6.1(oo); Att. 3.1-A, pages 7.6.1(oo)1; Att. 3.1-B, pages 31.5(c) thru 31.5(x); Att. 3.1-B, pages 31.5(x)1 and 31.5(x)2; Att. 3.1-B, pages 31.5(y) thru 31.5(oo); Att. 31.5(oo)1; Att. 4.19-B, Page 20.15(1)(d) and Att. 4.19-B, Page 20.15(1)(d)(i).

Block # 9 changed to read:Att. 3.1-A, pages 7.6.1(c) thru 7.6.1(x); Att. 3.1-A, pages 7.6.1(x)1 and 7.6.1(x)2 - New; Att. 3.1-A, pages 7.6.1(y) thru 7.6.1(oo); Att. 3.1-A, pages 7.6.1(oo)1 - New; Att. 3.1-B, pages 31.5(c) thru 31.5(x); Att. 3.1-B, pages 31.5(x)1 and 31.5(x)2 - New; Att. 3.1-B, pages 31.5(y) thru 31.5(oo); Att. 31.5(oo)1 - New; Att. 4.19-B, Page 20.15(1)(d) and Att. 4.19-B, Page 20.15(1)(d)(i) - New.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

Rehabilitative substance use and mental health services are medical or remedial services that have been recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice, under Kentucky State Law and consistent with federal regulations at 42 CFR 440.130(d).

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 wishes to receive his medical care.

When the Department makes payment for a covered service and the provider accepts the payment made by the Department in accordance with the Department's fee structure, the amounts paid shall be considered payment in full except any applicable co-payment; and no bill for the same service shall be sent to the recipient for any amount above the Medicaid allowed charges (with the exception of any applicable co-payments). The provider may bill the recipient for services not covered by Kentucky Medicaid; however, the provider must make the recipient aware of the non-covered services prior to rendering those services.

Providers of medical service attest by their signatures that the presented claims are valid and in good faith. Fraudulent claims are punishable by fine and/or imprisonment.

Diagnoses shall be recorded in the health record within three (3) visits, in order to receive Medicaid payment. The exception is for crisis services, screening, assessment and peer support services for the engagement into substance use treatment within ED Bridge Clinics.

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.

1. Limitations on Amount, Duration or Scope of Services

Unless an appropriate mental health or substance use diagnosis is made and documented in the medical record within three (3) visits, the service will not be covered. The exception is for crisis services, screening, assessment and peer support services for the engagement into substance use treatment within ED Bridge Clinics. An appropriate mental health or substance use disorder diagnosis is required for coverage, with the exception for crisis services, screening, and assessment.

Some rehabilitative services are furnished with limitations on amount, duration, or scope of service. The limitations of these services are indicated in the service description. If there is no limitation noted within the description of the service, there are no limits on the amount, duration or scope of the service. All services must meet medical necessity. All services, including those without specific limitations, with the exception of crisis services, screening, assessment and peer support services for the engagement into substance use treatment within ED Bridge Clinics must be provided in accordance with a documented diagnosis and plan of treatment.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

1. Limitations on Amount, Duration or Scope of Services (continued)

The following services will NOT be covered by Medicaid under this State Plan Amendment:

(a) Services provided to residents of:
  (1) nursing facilities;
  (2) hospital;
  (3) Intermediate Care Facility – Individual with Intellection Disability (ICF-IID)
  (4) Psychiatric Residential Treatment Facility (PRTF)

(b) Services provided to inmates of local, state or federal jails, detention centers or prisons

(c) Services to those with developmental and intellectual disabilities, without documentation of an additional psychiatric diagnosis for adults only.

(d) Psychological assessment or testing for other agencies such as courts or schools, which does not result in the recipient receiving psychiatric intervention or therapy from the independent provider. If the testing results in behavioral health treatment, then the testing was medically necessary and would be covered. School services included in a child's Individual Education Plan (IEP) may be coverable under the Medicaid School-Based Services Program.

(e) Consultation or educational services provided to Medicaid recipients or others

(f) Collateral Outpatient therapy for ages 21 and over

(g) Consultation or third party contacts shall be outside the scope of covered benefits, except for consultation provided as a part of collateral outpatient therapy or family outpatient therapy. Covered services require direct patient contact except collateral services for children under age twenty-one (21), when a part of the treatment plan

(h) Telephone calls, emails, texts or other electronic contacts (excluding telehealth, as described on page 7.1 of the State Plan)

(i) Travel time

(j) Field trips, recreational, social, and physical exercise activity groups

(k) Any applicable exclusion listed under the description of each service.

2. Eligible Recipients

All services, except for the following seven services are considered mental health, substance use, or co-occurring mental health and substance use services. These services are available for all Medicaid beneficiaries who meet the medical necessity criteria for these services and are described in Pages 7.6.1 (t – x):

(a) Residential Services for Substance Use Disorders (substance use only);

(b) Screening, Brief Intervention and Referral to Treatment (substance use only);

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

(c) Assertive Community Treatment (mental health only);
(d) Comprehensive Community Support Services (mental health only);
(e) Therapeutic Rehabilitation Program (mental health only);
(f) Withdrawal Management (substance use only); and
(g) Medication Assisted Treatment (substance use only).

Except where indicated, all services will apply to both children and adults.

3. Categories of Providers:

Kentucky defines the following categories of providers:

(a) Individual Practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
(b) Provider group: A group of more than one individually licensed practitioner who forms a business entity to render behavioral health services and bill Kentucky Medicaid.
(c) Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render behavioral health services and bill Kentucky Medicaid. This organization must also meet the following criteria:
  (1) Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
  (2) Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
  (3) Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
  (4) Use a financial management system that provides documentation of services and costs; and
  (5) Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements.

All providers must operate within the scope of their license. Providing services to Medicaid recipients outside a provider's licensure is considered fraud.

4. Rendering Providers:

Rendering Provider Codes for chart beginning on next page

* Billed through supervisor
✓ Individual Practitioner, Provider Group or Licensed Organization
♦ Rendering Practitioners practicing as part of a Licensed Organizations

LCADC, LCADCA, and CADC can only provide services for recipients with substance use disorders and within the scope of their practice.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

4. Rendering Providers

Service	LP	LPA/CP*	LPP /CP with autonomous functioning	LCSW	CSW*	LPCC	LPCA*	LPAT	LPATA*	LMFT	MFTA*	MD	Psychiatrist	APRN	PA	LCADC	LCADCA *	CADC*	Peer Support*	SU Peer Support*	Prevention Specialist*	CSA*	LBA	LABA*	RBT*	LO	CMHC	Provider Group
A. Screening	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓		✓	✓	✓
B. Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓		✓	✓	✓
C. Psychological Testing	✓	✓	✓																							✓	✓	✓
D. Crisis Intervention	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓	✓	✓
E. Mobile Crisis	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦		♦	♦			✓	✓		✓	✓	✓
F. Residential Crisis Stabilization	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦			♦	♦		✓	✓	
G. Day Treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓			✓	✓		✓	✓	✓
H. Peer Support																			❖	❖						✓	✓	✓
I. Intensive Outpatient Program (IOP)	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖								✓	✓	✓
J. Individual Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓		✓	✓	✓
K. Group Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓		✓	✓	✓
L. Family Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									✓	✓	✓
M. Collateral Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	♦					✓	✓		✓	✓	✓

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

4. Rendering Providers

Service	LP	LPA*	LPP or CP with autonomous functioning	LCSW	CSW*	LPCC	LPCA*	LPAT	LPATA*	LMFT	MFTA*	MD	Psychiatrist	APRN	PA	LCADC	LCADCA*	CADC*	Peer Support*	SU Peer Support*	Prevention Specialist*	CSA	LBA	LABA*	RBT*	LO	CMHC	Provider Group
N. Partial Hospitalizations	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦					♦	♦		✓	✓	
O. Service Planning	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓		✓	✓	✓
P. Residential Services for SUD (Substance use only)	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦						✓	✓	
Q. SBIRT (Substance Use Only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓					✓	✓	✓
R. Assertive Community Treatment (Mental Health Only)	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦				✓	♦		✓	♦	♦	♦	✓	✓	
S. Comprehensive Community Support Services (Mental Health Only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓	✓	✓	✓
T. Therapeutic Rehabilitation Program (Mental Health Only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				♦	♦						✓	✓	✓
U. Withdrawal Management												❖	❖	❖	❖											✓	✓	✓
V. Medication Assisted Treatment (MAT)												❖	❖	❖												✓	✓	✓

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

5. Billing Providers

a. Individual Practitioners
- (1) Licensed Psychologist (LP)
- (2) Licensed Psychological Practitioner (LPP)
- (3) Licensed Clinical Social Worker (LCSW)
- (4) Licensed Professional Clinical Counselor (LPCC)
- (5) Licensed Professional Art Therapist (LPAT)
- (6) Licensed Marriage and Family Therapist (LMFT)
- (7) Licensed Behavioral Analyst (LBA)
- (8) Physician
- (9) Psychiatrist
- (10) Advanced Practice Registered Nurse (APRN)
- (11) Licensed Clinical Alcohol Drug Counselors (LCADC)
- (12) Physician Assistant (PA)
- (13) Certified Psychologist with autonomous functioning

b. Provider Groups
- (1) Licensed Psychologist LP
- (2) Licensed Psychological Practitioner LPP
- (3) Licensed Clinical Social Worker LCSW
- (4) Licensed Professional Clinical Counselor LPCC
- (5) Licensed Professional Art Therapist LPAT
- (6) Licensed Marriage and Family Therapist LMFT
- (7) Licensed Behavioral Analyst LBA
- (8) Physician
- (9) Psychiatrist
- (10) Advanced Practice Registered Nurse (APRN)
- (11) Licensed Clinical Alcohol Drug Counselors (LCADC)
- (12) Behavioral Health Multi-Specialty Group (MSG)
- (13) Physician Assistant Group (PA)

c. Licensed Organizations

6. Covered Services

The following services, as defined by the Kentucky Department for Medicaid Services, are considered Medicaid mental health, substance use, or co-occurring mental health and substance use services, unless otherwise indicated:

- (a) Screening
- (b) Assessment
- (c) Psychological Testing
- (d) Crisis Intervention
- (e) Mobile crisis

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(f) Residential Crisis Stabilization
(g) Day Treatment
(h) Peer Support
(i) Intensive Outpatient Program (IOP)
(j) Individual Outpatient Therapy
(k) Group Outpatient Therapy
(l) Family Outpatient Therapy
(m) Collateral Outpatient Therapy
(n) Partial Hospitalization
(o) Service Planning
(p) Residential Services for Substance Use Disorders (Substance use only)
(q) Screening, Brief Intervention and Referral to Treatment (SBIRT) (Substance use only)
(r) Assertive Community Treatment (Mental health only)
(s) Comprehensive Community Support Services (Mental health only)
(t) Therapeutic Rehabilitation Program (TRP) (Mental health only)
(u) Withdrawal Management (Substance use only)
(v) Medication Assisted Treatment (MAT) (Substance use only)

(a) 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 disorder. 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.

(b) 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 disorder, substance use disorder or co-occurring disorders; determine the recipient's readiness for change; identify recipient's 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 an individualized treatment and service plan, if a clinical disorder or service need is assessed. Also includes functional behavioral assessment utilized when problem behaviors (e.g. aggression, self-injury, destruction of property) are present to identify the reason(s) behavior(s) occur and the skills and strategies necessary to decrease them. This service also includes interpretation and written report of assessment findings. This does not include psychological evaluations or assessments. Assessments for the treatment of substance use disorders should utilize the most current edition of The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions criteria for multidimensional assessments.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(c) 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 disabilities. The service also includes interpretation and written report of testing results.

(d) Crisis Intervention

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. Crisis Intervention must consist of clinical intervention and support services necessary to provide integrated crisis response, crisis stabilization, interventions, or crisis prevention activities for individuals. It must be followed by non-crisis service referral as appropriate. It must be a 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 or substance use relapse prevention or verbal de-escalation, risk assessment, or cognitive therapy.

(e) Mobile Crisis

Mobile crisis is a multi-disciplinary team based intervention that ensures access to acute mental health and substance use services and supports. The service aims to effect symptom or harm reduction, or to safely transition an individual in acute crisis to the appropriate least restrictive level of care. Mobile crisis services are provided face-to-face and available in locations outside the provider's facility (e.g., home or community) 24 hours per day, 7 days per week and 365 days per year. This service is provided in duration of less than 24 hours. Mobile crisis involves all supports and services necessary to provide integrated crisis prevention, assessment and disposition, intervention, continuity of care recommendations, and follow-up services.

Authorized Providers

The Mobile Crisis practitioners must be employed by a licensed organization that meets the criteria of a licensed organization and the following additional criteria:

- Capacity to employ required practitioners and coordinate service provision among the rendering practitioners
- Capacity to provide the full range of mobile crisis services on a 24/7/365 basis
- Access to a board-certified or board-eligible psychiatrist on a 24/7/365 basis

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(f) Residential Crisis Stabilization

Residential Crisis Stabilization services are provided in Crisis Stabilization Units. Crisis Stabilization Units are community-based, residential programs that offer an array of services including screening, assessment, treatment planning, individual, group, and family therapy, and peer support in order to stabilize a crisis and divert the individual from a higher level of care. It is not part of a hospital. They are used when individuals in a behavioral health emergency cannot be safely accommodated within the community, are not in need of hospitalization but need overnight care.

The purpose is to stabilize the individual, provide treatment for active withdrawal, when appropriate, and re-integrate him back into the community, or other appropriate treatment setting, in a timely fashion. These units provide a non-hospital residential setting and services 24-hours per day, seven (7) days per week, 365 days a year. The component services of crisis stabilization units are screening, assessment, service planning, psychiatric services, individual therapy, family therapy, group therapy, and peer support.

Residential crisis stabilization does not include, and federal financial participation (FFP) is not available for, room and board services; educational, vocational and job training services; habilitation services; services to inmates in public institutions as defined in 42 CFR §435.1010; services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010; recreational and social activities; and services that must be covered elsewhere in the state Medicaid plan.

KY Medicaid will not pay for this service in a unit of more than 16 beds or multiple units operating as one unified facility with more than 16 aggregated beds except for services furnished pursuant to the state plan benefit "inpatient psychiatric services for individuals under 21" (section 1905(a)(16) of the Act; 42 CFR 440.160) or pursuant to an exclusion for individuals age 65 or older who reside in institutions that are IMDs (section 1905(a) of the Act; 42 CFR 440.140.)

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Authorized Providers

The Residential Crisis Stabilization providers must be employed by a licensed organization that meets the criteria of a licensed organization and the following additional criteria:

- Capacity to employ practitioners and coordinate service provision among rendering providers
- Capacity to provide the full range of services included in the Residential Crisis Stabilization service definition
- Ability to provide Residential Crisis Stabilization services on a 24/7/365 basis
- Access to a board-certified or board-eligible psychiatrist on a 24/7/365 basis

(g) Day Treatment

Day Treatment is a non-residential, intensive treatment program designed for children/youth only, under the age of 21 who have a mental health, substance use, or co-occurring mental health and substance use disorder, and who are at high risk of out-of-home placement due to behavioral health issues. Intensive coordination/linkage with schools and or other child serving agencies is included.

Intensive coordination is needed in order to successfully transition youth recipients to a lower level of care. Below are basic components of the required linkage agreement between the provider and the local education authority that specifies the responsibility of the authority and the provider for:

- Appropriately licensed teachers and provisions for their professional development;
- Educational supports including classroom aides and textbooks;
- Educational facilities;
- Physical education and recreational therapies;
- Transportation; and
- Transition planning.

Day treatment services do not include clinical services covered in a child's Individualized Education Plan (IEP) or Section 504 plan.

Day Treatment should include:

- Individual, family or group outpatient therapy;
- Behavior management and social skill training;
- Independent living skills that correlate to the age and development stage of the recipient;
- 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.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Day treatment may focus on resolving multiple mental health and/or substance use issues and is typically provided as an alternative to a school or other traditional day time setting for children.

Day treatment services shall be provided:

- In collaboration with the education services of the Local Education Authority (LEA) including those provided through IDEA and/or Section 504;
- On school days and during scheduled breaks;
- In coordination with the recipient's IEP, if the recipient has an IEP;
- With a linkage agreement to other behavioral health services with the LEA that specifies the responsibilities of the LEA and the day treatment provider.

(h) Peer Support

Peer Support is an evidence-based practice providing social and emotional support by a Peer Support Specialist in a structured and scheduled non-clinical therapeutic activity with an individual or group of recipients. A peer is defined as a person in recovery from a mental health, substance use, or co-occurring mental health and substance use disorder, or family member of a person living with a behavioral health or substance use disorder. The Substance Abuse and Mental Health Service Administration (SAMHSA) defines a Peer Support Specialist as an individual offering and receiving help, based on shared understanding, respect and mutual empowerment between individuals in a similar situation. Peer Support Specialist are employed by a Medicaid enrolled provider group or licensed organization, and has successfully completed peer support specialist training and eligibility requirements approved by the Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID).

Peer support services must incorporate the following core components:

- Supervision – Peer support specialists must be supervised regularly by an individually licensed approved behavioral health practitioner, employed by or under contract with the same provider, who may include a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, a LCADC, or a LPAT.
- Care coordination - Except for engagement into substance use treatment through ED Bridge Clinics, peer support services must be coordinated within the context of a comprehensive, individualized treatment plan which is developed through a person-centered planning process and reflect the following foundational principals: recovery-oriented, person-centered, voluntary, relationship-focused and trauma-informed. The peer support services must be identified on each recipient's individual treatment plan, and must be designed to directly contribute to the participant's individualized goals, as specified in the plan. Individuals providing peer support services to recipients are permitted a maximum of 120 units per week of direct recipient contact. Peer support services being provided to recipients in a group setting shall not exceed 8 individuals in size.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

- Training - Peer Support Specialists have a minimum educational requirement of a high school diploma or a General Educational Development (GED) certificate and shall complete the training requirements approved by (DBHDID) to include at minimum the SAMHSA core competencies.

Pursuant to KRS 309.0831, Registered Alcohol and Drug Peer Support Specialists are exempt from the DBHDID approved training required in 908 KAR 2:220 230 and 240

Adult Peer Support Specialist

Adult Peer Support Specialist is a self-identified consumer of mental health, substance use, or co-occurring mental health and substance use disorder services who provides emotional support to others with similar mental health, substance use, or co-occurring mental health and substances use disorders to achieve a desired social or personal change. Adult Peer Support Specialist are employed by a Medicaid enrolled provider group or licensed organization and shall successfully complete training approved by DBHDID.

Family Peer Support Specialist

Family Peer Support is provided by a parent or other family member of a child who has experienced a mental health disorder, substance use disorder, or a co-occurring mental health and substance abuse disorder to a parent, guardian, or other family member with a child sharing a similar mental health disorder, substance use disorder, or a co-occurring mental health and substance abuse disorder in order to bring about a desired or personal change. A Family Peer Support Specialist is employed by a Medicaid enrolled provider group or licensed organization and shall successfully complete training and meet eligibility requirements approved by DBHDID.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Youth Peer Support Specialist

Youth Peer Support Specialists are identified as experiencing as a child or youth an emotional, social, behavioral or substance use disorder that is defined in the current version of The Diagnostic and Statistical Manual for Mental Disorders (DSM). Youth Peer Support Specialist are employed by a Medicaid enrolled provider group or licensed organization and shall successfully complete training and meet eligibility requirements approved by DBHDID.

Registered Alcohol and Drug Peer Support Specialist

Registered Alcohol and Drug Peer Support Specialist is a self-identified consumer of substance use disorder services who provides emotional support to others with substance use disorders to achieve a desired social or personal change. Alcohol and Drug Peer Support Specialist are employed by a Medicaid enrolled provider group and meet requirements to KRS 309.0831.

Authorized Providers

Peer Support – Peer Support Specialists must be either employed by a provider group or a licensed organization that meet the criteria of a provider group or a licensed organization and the following additional criteria:

- Must employ qualified peer support specialists who successfully completed the training approved by DBHDID or completed required training pursuant to KRS 309.0831.;
- Must provide supervision by a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, a LCADC, or a LPAT;
- Must have the capacity to provide on-going continuing education and technical assistance to peer support specialists; and
- Must demonstrate experience serving the behavioral health population (mental health, substance use or co-occurring mental health and substance use disorders) and age range served (youth or adult peers or parent-to-parent).

(i) Intensive Outpatient Program (IOP)

Intensive Outpatient Program (IOP) is an alternative to or transition from inpatient hospitalization or partial hospitalization for mental health or substance use disorders. An IOP must offer a multi-modal, multi-disciplinary structured outpatient treatment program that is significantly more intensive than individual outpatient, group outpatient therapy, and family outpatient therapies. For the treatment of substance use disorders, intensive outpatient programs should meet the service criteria for this level of care using the current edition of *The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and co-Occurring Conditions.*

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

IOP services must be provided at least three (3) hours per day and at least three (3) days per week for adults and a minimum of 6 hours per week for adolescents.

Programming must include individual outpatient therapy, group outpatient therapy, and family outpatient therapy unless contraindicated, crisis intervention as it would occur in the setting where IOP is being provided, and psycho-education. Psycho-education is one component of outpatient therapy for mental health conditions. During psycho-education, the recipient or their family is provided with knowledge about his diagnosis, the causes of that condition, and the reasons why a particular treatment might be effective for reducing his symptoms. Recipients and their families gain empowerment to understand and accept the diagnosis and learn to cope with it in a successful manner).

All treatment plans must be individualized, focusing on stabilization and transition to a lesser level of care.

Intensive Outpatient Services - Practitioners must be employed by a provider group or licensed organization that meets the criteria of a provider group or licensed organization and the following additional criteria:

- Access to a board-certified or board-eligible psychiatrist for consultation;
- Access to a psychiatrist, other physician or Advanced Practice Registered Nurse (APRN) for medication management;
- Adequate staffing to assure a minimum recipient-to-program staff ratio of ten (10) recipients to one (1) staff member;
- Capacity to provide services utilizing a recognized intervention protocol based on nationally accepted treatment principles when serving adults with mental health, substance use disorder or co-occurring disorders and the System of Care Principles when serving a recipient under the age of 21 with mental health, substance use disorder or co-occurring disorders;
- Capacity to employ required practitioners and coordinate service provision among rendering practitioners;
- Capacity to provide the full range of services included in the Intensive Outpatient service definition;
- Demonstrated experience in serving individuals with behavioral health disorders;
- The administrative capacity to ensure quality of services;
- A financial management system that provides documentation of services and costs; and
- The capacity to document and maintain individual case records.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(j) Individual Outpatient Therapy

Individual Outpatient Therapy shall consist of a one-on-one encounter between the provider and the recipient. The therapy shall be a behavioral health therapeutic intervention provided in accordance with a recipient's identified treatment plan and is aimed at the reduction of adverse symptoms and improved functioning and reducing or eliminating the presenting problem of the recipient. Individual therapy, family therapy and group therapy services shall be limited to a maximum of a combined three (3) hours per day, per recipient, which can be exceeded based on medical necessity.

(k) Group Outpatient Therapy

Group therapy shall be therapeutic intervention provided to a group of unrelated persons, with the exception of multi-family group therapy. Group therapy shall consist of a behavioral health therapeutic intervention provided in accordance with the recipient's identified treatment plan. Group outpatient therapy shall not solely include physical exercise, a recreational activity or an educational activity, or a social activity. The subject of the group outpatient therapy shall be related to each recipient participating in the group. A group consists of no more than twelve persons. It is usually for a limited time period (generally 1 to 1 ½ hours in duration). Group therapy focuses on psychological needs of the recipients as evidenced in each recipient's plan of treatment. 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 must have a defined course of treatment. Individual notes must be written for each recipient within the group and be kept in that individual's medical record.

Individual therapy, family therapy and group therapy services shall be limited to a maximum of a combined three (3) hours per day, per recipient, which can be exceeded based on medical necessity.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(l) Family Outpatient Therapy

Family Therapy shall consist of therapeutic intervention provided through scheduled therapeutic visits between the therapist and the recipient and one or more members of a recipient's family or household member of the recipient 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 treatment. Family therapy services shall be for the benefit of the recipient.

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

(m) Collateral Outpatient Therapy

Collateral services shall be limited to recipients under the age of twenty-one, who are recipients of the rendering provider. A collateral service shall be an encounter with a parent/caregiver, household member of a recipient, 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 treatment. 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 age 21.

(n) Partial Hospitalization

Partial Hospitalization is a short-term (average of four (4) to six (6) weeks), less than 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. This service is designed for individuals who cannot effectively be served in community-based therapies or IOP. For the treatment of substance use disorders, partial hospitalization programs should meet the service criteria for this level of care using the current edition of *The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.*

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

The program consists 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 for at least four (4) hours per day. Partial Hospitalization is typically focused on one primary presenting problem (i.e., Substance use, sexual reactivity, etc.).

Authorized Providers

Partial Hospitalization – Practitioners must be employed by a licensed organization that meets the criteria of a licensed organization and the following additional criteria:

- An Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Physician available on-site and a board-certified or board-eligible psychiatrist available for consultation;
- Capacity to provide services utilizing a recognized intervention protocol based on Recovery Principles;
- Capacity to employ required practitioners and coordinate service provision among rendering practitioners; and
- Capacity to provide the full range of services included in the Partial Hospitalization definition.

(o) Service Planning

Service planning involves assisting a recipient with a mental health, substance use or co-occurring mental health and substance use disorder in creating an individualized plan for services needed to maximum recovery and restoration of a recipient to their best possible functional level. A person-centered planning process is required. The plan is directed by the recipient and must include practitioners of the recipient's choosing. The providers include more than licensed professionals – it may include the recipient (and his guardian if applicable), care coordinator, other service providers, family members or other individuals that the recipient chooses. Service Planning may include a mental health advance directive being filed with a local hospital; crisis plan or a relapse prevention strategy or plan.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(p) Residential Services for Substance Use Disorders TREATMENT FOR SUBSTANCE USE ONLY

Residential services for substance use disorders is residential treatment (24 hour/day) for the purposes of providing intensive treatment and skills building, in a structured and supportive environment, to assist individuals (children and adults) to enter into alcohol/drug addiction recovery. This service is provided in a 24-hour live-in facility that offers a planned and structured regimen of care aimed to treat persons with addictions or substance use disorders and assists them in making the necessary changes that will enable them to live drug or alcohol free lives.

Services must:

1) Be provided under the medical direction of a physician;
2) Provide continuous nursing services in which a registered nurse shall be:
   a) On-site during traditional first shift hours, Monday through Friday;
   b) Continuously available by phone after hours; and
   c) On-site as needed in follow-up to telephone consultation after hours.

In accordance with the most current edition of *The ASAM Criteria, Treatment Criteria for Addictive, Substance Related, and Co-Occurring Conditions*, individuals must be assessed and meet the Dimensional Admission criteria for approval of residential level of care placement.

KY Medicaid will not pay for this service in a unit of more than 16 beds or multiple units operating as one unified facility with more than 16 aggregated beds except for services furnished pursuant to the state plan benefit "inpatient psychiatric services for individuals under 21" (section 1905(a)(16) of the Act; 42 CFR 440.160) or pursuant to an exclusion for individuals age 65 or older who reside in institutions that are IMDs (section 1905(a) of the Act; 42 CFR 440.140.)

Residential treatment services shall be based on individual need and may include:

- Screening
- Assessment
- Service Planning
- Individual Therapy
- Group Therapy
- Family Therapy
- Peer Support
- Withdrawal Management
- Medication Assisted Treatment

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Residential services for Substance Use Disorders must include care coordination:

Care coordination in substance use treatment is essential in meeting recipients needs and treatment goals to improve overall health outcomes, and requires continued follow up, progress monitoring and tracking of patient outcomes to ensure these goals are met. For those recipients in residential substance use treatment, care coordination should include at minimum referring the recipient to appropriate community services, facilitating medical and behavioral health follow ups and linking to appropriate level of substance use treatment within the continuum in order to provide ongoing support for recipients. Care coordination shall also include facilitating medication assisted treatment off-site for residential recipients as necessary

Limitations

To provide residential services for substance use disorders, a licensed organization shall:

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

b. Be licensed as a non-hospital based alcohol and other drug abuse treatment entity in accordance with state licensing regulations

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(q) Screening, Brief Intervention, and Referral to Treatment (SBIRT) TREATMENT OF SUBSTANCE USE ONLY

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 referral to a behavioral health service.

Screening and brief intervention that do not meet criteria for referral to treatment are subject to coverage by the department.

(r) Assertive Community Treatment (ACT) TREATMENT OF MENTAL HEALTH ONLY

Assertive community treatment (ACT) is an evidence-based psychiatric rehabilitation practice which provides a comprehensive approach to service delivery for consumers with serious mental illnesses. ACT uses a multidisciplinary team of professionals including psychiatrists, nurses, case managers, therapists and peer support specialists.

Component services include assessment, person centered treatment planning, case management, individual outpatient therapy, family outpatient therapy, and group outpatient therapy, peer support, mobile crisis intervention, mental health consultation, , family support and basic living skills training. Mental health consultation involves brief, collateral interactions with other treating professionals who may have information for the purposes of treatment planning and service delivery.

Family support involves the ACT team working with the recipient's natural support systems to improve family relations in order to reduce conflict and increase recipient autonomy and independent functioning. Basic living skills training shall be rehabilitative services focused on restoring activities of daily living to reduce disability and improve function (i.e., taking medications, housekeeping, meal preparation, hygiene, interacting with neighbors) necessary to maintain independent functioning and community living.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Services are provided by a multidisciplinary team of providers whose backgrounds and training include social work, rehabilitation, counseling, nursing. Providers of ACT services consist of multidisciplinary staff organized as a team in which members function interchangeably to provide treatment, rehabilitation and support.

Authorized Providers

Assertive Community Treatment (ACT) – Team members must be employed by a licensed organization that meets the criteria of a licensed organization and the following additional criteria:

- Must employ one or more teams led by an approved behavioral health services provider and including, at a minimum, four (4) full time equivalents including 1.0 FTE therapist, 1.0 Case Manager, .5 Peer Support Specialist, .5 FTE nurse (medication and health management) and 1.0 of the team's choosing with access to a prescriber.
- Adequate staffing to assure a caseload size no greater than ten (10) participants per team member, not including the prescriber or administrative support;
  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
  (v) Demonstrate experience in serving individuals with persistent and serious mental illness who have difficulty living independently in the community.

(s) Comprehensive Community Support Services TREATMENT OF MENTAL HEALTH ONLY

Comprehensive Community Support Services covers activities necessary to allow individuals with mental illnesses to live with maximum independence in the community. Activities are intended to assure successful community living through utilization of skills training as identified in the individual treatment plan. Skills training is designed to reduce symptoms associated with a mental health disorder and restore the recipient to his best possible functional level. Comprehensive community support services consists of using a variety of psychiatric rehabilitation techniques to improve daily living skills, self-monitoring of symptoms and side effects, improve emotional regulation skills, crisis coping skills and developing and enhancing interpersonal skills.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

- To provide comprehensive community support services, a licensed organization or provider group shall:
- Have the capacity to employ staff authorized pursuant to 908 KAR 2:250 to provide comprehensive community support services in accordance with subsection (2)(k) of this section and to coordinate the provision of services among team members; and
- Meet the requirements for comprehensive community support services established in 908 KAR 2:250.

(t) Therapeutic Rehabilitation Program (TRP) TREATMENT OF MENTAL HEALTH ONLY

A Therapeutic Rehabilitation Program is a rehabilitative service for adults with serious mental illnesses and recipients under the age of twenty-one years who have a serious emotional disability designed to maximize reduction of the symptoms associated with a mental health disorder and restoration of the recipient's best possible functional level. Services shall be designed for the reduction in disabilities related to social, personal, and daily living skills, as well as the restoration of these skills. The recipient establishes his 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, 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.

(u) Withdrawal Management TREATMENT OF SUBSTANCE USE ONLY

Withdrawal Management is a set of interventions aimed at managing acute intoxication and withdrawal based on the severity of the illness and co-occurring conditions identified through a comprehensive biopsychosocial assessment and with linkage to addiction management services. This service can be offered by a provider group or licensed organization in a variety of settings and levels of intensity along a continuum to include outpatient, residential and inpatient, which can be clinically or medically monitored [in accordance with the most current version of The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions for Withdrawal Management levels . All recipients who are appropriately placed in any level of withdrawal management must meet the most current edition of diagnostic criteria for Substance Withdrawal Disorder found in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, as well as the most current edition of the ASAM criteria dimensions of care for admission.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(v) **Medication Assisted Treatment** (MAT) **TREATMENT OF SUBSTANCE USE ONLY**

Medication Assisted Treatment (MAT) is an evidence based practice with the use of FDA approved medications, in combination with counseling, behavioral therapies, and other supports to provide a "whole patient" approach to the treatment of substance use disorder. The duration of treatment should be based on the individual needs of the person served. Prescribing is limited to Kentucky Medicaid enrolled DEA waivered practitioners who have experience with addiction medicine. Licensed Credentialed Addiction Treatment professionals and other support services including but not limited to Targeted Case Management, Drug and Alcohol Peer Support Specialists, and Substance Use specific Care Coordination must be co-located or virtually located at the same practice site as the DEA waivered practitioner or have agreements in place for linkage to appropriate behavioral health treatment providers. Staff shall be knowledge in the assessment, interpretation, and treatment of the biopsychosocial dimensions of alcohol or other substance use disorders. MAT can be provided in primary care settings with the appropriate treatment linkage agreement, outpatient behavioral health settings, licensed organizations, or within SUD residential treatment programs that have care coordination in place.

The program must:

- Assess the need for treatment which includes a full patient history to determine the severity of the recipient's substance use disorder
- Identify any underlying or co-occurring diseases or conditions and address as needed.
- Educate the recipient about how the medication works and the associated risks and benefits; as well as education on overdose prevention.
- Evaluate the need for medically managed withdrawal from substances.
- Obtain informed consent prior to integratingpharmacologic and nonpharmacologic therapies.
- Refer patients for higher levels of care, if necessary.

Authorized Providers:

Practitioners must be employed by a provider group or licensed organization that meets the criteria of a provider group or licensed organization and the following additional criteria:

- A Physician or Advanced Practice Registered Nurse (APRN) licensed to practice medicine under KRS Chapter 311;
- Shall meet standards in accordance with 201 KAR 9:270 or 201 KAR 20:065; and
- Maintain current waiver under 21 U.S.C. Section 823(g)(2) to prescribe buprenorphine products.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Narcotic Treatment Programs (NTP):

Narcotic Treatment Programs (NTP) are licensed organizations that provide MAT services for methadone in accordance with 908 KAR 1:370 and 908 KAR 1:374, or in a medication unit affiliated with an NTP. A medication unit affiliated with an NTP includes a Medication Station or Dosing Location that obtains its Methadone drug supply form the main program site and retain all records (except dosing and drug screens) at the main location. The main program of a NTP means the location of the MAT program where all administrative and medical information related to the NTP is retained for the purpose of on-site reviews by federal agencies, the state narcotic authority or state opioid treatment authority designee. NTP for the treatment of substance use disorders must have the capacity to provide the full range of services included in the Medication Assisted Treatment definition and document supporting behavioral health services in addition to medication dosing.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

8. Community Mental Health Centers (CMHC)

CMHCs provide a comprehensive range of coordinated mental health and substance use rehabilitation services. Reimbursement is available for all rehabilitation services described above under covered services subject to the following:

1. Medicaid will reimburse for community mental health center rehabilitation services when provided to persons diagnosed with a mental health, substance use or co-occurring mental health and substance use disorder when provided by qualified mental health professionals listed below. Service limitations applicable to other provider types are also applicable to CMHCs.

2. Professionals qualified to provide mental health or substance use rehabilitation services in the CMHCs include:
   - Licensed Psychologist (LP)
   - Licensed Psychological Practitioner (LPP)
   - Licensed Clinical Social Worker (LCSW)
   - A psychiatric social worker with a master's degree from an accredited school
   - Licensed Professional Clinical Counselor (LPCC)
   - Licensed Marriage and Family Therapist (LMFT)
   - Psychiatrist
   - Physician
   - Licensed Professional Art Therapist (LPAT)
   - Licensed Behavior Analyst (LBA)
   - A psychiatric nurse licensed in the Commonwealth of Kentucky with one of the following combination of education and experience:
     i. Master of Science in Nursing with a specialty in psychiatric or mental health nursing. No experience required.
     ii. Bachelor of Science in Nursing and 1 year of experience in a mental health setting.
     iii. A graduate of a three-year educational program with 2 years of experience in a mental health setting.
     iv. A graduate of a two-year educational program (Associate degree) with 3 years of experience in a mental health setting.
   - Licensed Clinical Alcohol and Drug Counselor (LCADC)
   - Physician Assistant (PA)
   - Advanced Practice Registered Nurse (APRN)
   - Certified Psychologist with autonomous functioning

* Requires Supervision

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

8. Community Mental Health Centers (CMHC) (continued)

- A professional equivalent, employed by a CMHC as of, or prior to January 17, 2018 through education in a behavioral health field and experience in a behavioral health setting, qualified to provide behavioral health services. 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:
  - i. Bachelor's degree and three (3) years of full-time supervised experience.
  - ii. Master's degree and six (6) months of full-time supervised experience.
  - iii. Doctoral degree. No experience.
- The following professionals may provide services with appropriate supervision:
  - i. A mental health associate with a minimum of a Bachelor's degree in psychology, sociology, social work, or human services under supervision of one of the above professionals;
  - ii. A licensed psychological associate;
  - iii. A licensed professional counselor associate;
  - iv. A certified social worker, Master Level;
  - v. A marriage and family therapy associate;
  - vi. A physician assistant working under the supervision of a physician;
  - vii. A certified or registered Peer Support Specialist working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, a LCADC (for substance use only), a psychiatric nurse, or a LPAT;
  - viii. A certified alcohol and drug counselor (CADC) working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, LCADC, or a LPAT, with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community mental health center;
  - ix. A community support associate who is working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, a psychiatric nurse, or a LPAT;

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

8. Community Mental Health Centers (CMHC) (continued)

x. A Licensed Professional Art Therapist Associate (LPATA);
xi. A Licensed Assistant Behavior Analyst (LABA).
xii Licensed Clinical Alcohol and Drug Counselor (LCADC)
xiii Licensed Clinical Alcohol and Drug Counselor Associate (LCADCA)
xiv A Certified Psychologist (CP)
xv A Registered Behavioral Technician (RBT)

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers

Qualified providers are approved practitioners, licensed or certified under state law, operating within the scope of their licensures (or under the appropriate supervision).

a. Advanced Practice Registered Nurse (APRN) – KRS 314.042 states that an applicant for licensure to practice as an advanced practice registered nurse shall:

(1) File with the board a written application for licensure and submit evidence, verified by oath, that the applicant has completed an approved organized post basic program of study and clinical experience; has fulfilled the requirements of KRS 214.615(1); is certified by a nationally established organization or agency recognized by the board to certify registered nurses for advanced practice registered nursing; and is able to understandably speak and write the English language and to read the English language with comprehension.

(a) The board may issue a license to practice advanced practice registered nursing to an applicant who holds a current active registered nurse license issued by the board or holds the privilege to practice as a registered nurse in this state and meets the qualifications of subsection (1) of this section. An APRN shall be:

i. Designated by the board as a certified nurse anesthetist, certified nurse midwife, certified nurse practitioner, or clinical nurse specialist; and

ii. Certified in a least one (1) population focus.

(b) An APRN shall maintain a current active registered nurse license issued by the board or hold the privilege to practice as a registered nurse in this state and maintain current certification by the appropriate national organization or agency recognized by the board.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(c) Before an APRN engages in the prescribing or dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8), the APRN shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician that defines the scope of the prescriptive authority for nonscheduled legend drugs.

(d) Before an APRN engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the APRN shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances" (CAPA-CS) with a physician that defines the scope of the prescriptive authority for controlled substances.

b. Certified Social Worker, Master Level – KRS 335.08 states the board shall issue a license as "certified social worker" to an applicant who meets the following requirements:

(1) Is at least eighteen years of age;
(2). Is a person of good moral character:
(3). Has received a master's degree or doctorate degree in social work from an educational institution approved by the board;
(4). Has passed an examination prepared by the board; and
(5). Has not, within the preceding three months failed to pass an examination given by the board.

A Certified Social Worker, Master Level may engage in the practice of clinical social work by contracting, in writing, with a licensed behavioral health professional who meets the requirements of the respective KY Board of Licensure for supervision of the Certified Social Worker, Masters Level. The supervising licensed behavioral health professional shall assume responsibility for and supervise the CSW's practice.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

c. Licensed Clinical Social Worker (LCSW) – KRS 335.100 states that the LCSW must:

(1) Have received a master's degree or doctoral degree in social work from an educational institution approved by the board;

(2) Have had a minimum of two (2) years of full time post-master's experience, consisting of at least thirty (30) hours per week, or three (3) years of part time, consisting of at least twenty (20) hours per week, post-master's degree experience acceptable to the board in the use of specialty methods and measures to be employed in clinical social work practice, the experience having been acquired under appropriate supervision as established by the board by promulgation of an administrative regulation;

(3) Have paid to the board an examination fee established by the board by promulgation of an administrative regulation;

(4) Have passed an examination prepared by the board for this purpose; and

(5) Have not, within the preceding three (3) months, failed to pass an examination given by the board.

d. Licensed Marriage and Family Therapist (LMFT) – KRS 335.330 states the LMFT has:

(1) Completed a master's or doctoral degree program in marriage and family therapy, from a regionally-accredited educational institution, or a master's, post-master's, or doctoral program approved by the Commission on Accreditation for Marriage and Family Therapy Education or any of its successor organizations, or an equivalent course of study as defined by the board by promulgation of administrative regulations.

(a) The degree or equivalent course of study shall contain specific coursework on psychopathology and the Diagnostic and Statistical Manual; and

(b) In determining equivalency, the board shall use the criteria for marriage and family therapy education and clinical training approved by the United States Department of Education.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(2) Completed each of the following:

(a) At least two (2) years' experience in the practice of marriage and family therapy, acceptable to the board and subsequent to being granted a master's degree; and

(b) A minimum of two hundred (200) hours of clinical supervision acceptable to the board and subsequent to being granted a master's degree; and

(3) Passed a written examination prescribed by the board by promulgation of administrative regulations.

c. Marriage and Family Therapist Associate (MFTA) – KRS 335.332 states the LMFT has

(1) Completed a master's or doctoral degree program in marriage and family therapy, from a regionally-accredited educational institution, or a master's, post-master's, or doctoral program approved by the Commission on Accreditation for Marriage and Family Therapy Education or any of its successor organizations, or an equivalent course of study as defined by the board by promulgation of administrative regulations.

(a) The degree or equivalent course of study shall contain specific coursework on psychopathology and the Diagnostic and Statistical Manual; and

(b) In determining equivalency, the board shall use the criteria for marriage and family therapy education and clinical training approved by the United States Department of Education; and

(2) A MFTA shall engage in the practice of marriage and family therapy while receiving qualifying experience by contracting, in writing, with a licensed behavioral health professional who meets the requirements of the respective KY Board of Licensure for supervision of the MFTA. The supervising licensed behavioral health professional shall assume responsibility for and supervise the MFTA's practice.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

f. Licensed Professional Clinical Counselor – KRS 335.525 states that the board shall issue a "professional clinical counselor" license to an applicant who:

(1) Has paid the application fee and the appropriate examination fee to the board;
ii. Is of good moral character;
(2) Has received a master's, specialist, or doctoral degree in counseling or a related field from a regionally accredited institution;
(3) Has completed a minimum of sixty (60) graduate semester hours in the following:
(a) The helping relationship, including counseling theory and practice;
(b) Human growth and development;
(c) Lifestyle and career development;
(d) Group dynamics, process, counseling, and consulting;
(e) Assessment, appraisal, and testing of individuals;
(f) Social and cultural foundations, including multicultural issues;
(g) Principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;
(h) Research and evaluation; and
(i) Professional orientation and ethics;
(4) Has completed a minimum of four thousand (4,000) hours of experience in the practice of counseling, all of which must have been obtained since obtaining the master's degree and must be under approved supervision and shall include but not be limited to a minimum of one thousand six hundred (1,600) hours of direct counseling with individuals, couples, families, or groups and a minimum of one hundred (100) hours of individual, face-to-face clinical supervision with an approved supervisor.
Each applicant is encouraged to include as part of the total hours of experience a minimum of ten (10) hours of direct counseling with individuals in a jail or corrections setting. All applicants shall complete an organized practicum or internship consisting of at least four hundred (400) hours; and
(5) Has achieved passing scores on all portions of the examinations required by the board.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

g. Licensed Professional Counselor Associate – KRS 335.525 states that the board shall issue a "professional clinical counselor" license to an applicant who:
(1) Has completed all requirements under paragraphs (a) to (d) as outlined under Licensed Professional Counselor above;
(2) Has not met the requirements of paragraphs (e) or (f) as outlined under Licensed Professional Counselor above; and
(3) Has obtained a board-approved supervisor of record.

A licensed professional counselor associate shall maintain ongoing supervision with a licensed behavioral health professional who meets the requirements of the respective KY Board of Licensure for supervision of the Licensed Professional Counselor Associate. The supervising licensed behavioral health professional shall assume responsibility for and supervise the LPCA's practice.

h. Licensed Psychological Associate – KRS 319.064 states a licensed psychological associate shall:
(1) Have received a master's degree in psychology from a regionally accredited educational institution;
(2) Have passed an examination procedure in psychology; and
(3) A licensed psychological associate shall not practice independently, except under the employment and supervision of any board-approved licensed psychologist.

i. Licensed Psychological Practitioner – KRS 319.053 states a person holding a credential as a certified psychologist or as a licensed psychological associate may apply for a license to perform certain functions within the practice of psychology without supervision and use the title of "licensed psychological practitioner" when all of the following conditions are met:
(1) Submission of three (3) letters of endorsement to the board to sit for the examination:
(a) One of the letters shall be from the applicant's current board approved supervisor of record and shall include a statement describing the scope of practice demonstrated in the clinical experience of the applicant; and
(b) Two letters shall be from licensed mental health professionals who are acceptable to the board and who are familiar with the clinical work of the applicant.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(2) Documentation of at least sixty (60) semester hours of graduate study in psychology or a related field or its equivalent acceptable to the board; and

(3) Completion, after credentialing by the board as a certified psychologist, psychological associate, or licensed psychological associate, of the equivalent of five full-time years of professional experience under the supervision of a board-approved licensed psychologist.

(4) An applicant for licensure shall be required by the board to pass the national objective examination known as the EPPP, with an equal to or exceeding the score required for the passage for a licensed psychologist candidate at the doctoral level at the time the examination is taken.

(5) The board shall require an applicant for licensure under this section to pass an examination of psychological practice, ethical principles and the law.

j. Licensed Psychologist – Per KRS 319.050, a licensed psychologist shall pass an examination in psychology and fulfill all requirements for supervised experience.

(1) The psychologist shall:

(a) Have received a doctoral degree in psychology that is acceptable to the board from a regionally accredited educational institution; provided, however, the board may grant a license to an individual otherwise qualified under this chapter who has received a doctoral degree in psychology that is acceptable to the board from an educational institution outside the United States, if the educational institution would otherwise be accredited by a regional accrediting body if located in the United States;

(b) Have passed the national EPPP examination at the doctoral level; and

(c) Have had at least two (2) years of supervised professional experience satisfactory to the board, one (1) year of which shall be an internship.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(2) Upon acceptance of the application to sit for the examination in psychology, the applicant may practice psychology under the supervision of a licensed psychologist under conditions of supervision and temporary licensure established by the board. The board shall establish a grace period not to exceed sixty (60) days to allow for the employment and supervision of the applicant by an agency from the time the applicant's degree requirements are completed to the submission of the complete application. During this period of supervision, the applicant for licensure may not supervise certified psychologists, licensed psychological associates, other applicants for licensure, or temporarily licensed persons, nor shall he engage in an independent practice, except under the employment of his supervising psychologist. Upon certification to the board of completion of the two (2) years of supervision satisfactory to the board, the applicant shall be examined on psychological practice, ethical principles, and the law.

(3) Licensed psychologists may function independently without supervision. Licensed psychologists who have the designation "health service provider" may retain that designation and may employ and supervise certified psychologists and licensed psychological associates. Licensed psychologists who have the designation "health service provider" may supervise no more than a total of six (6) certified psychologists, licensed psychological associates, or applicants for licensure at one (1) time.

k. Physician – KRS 311.571 states that any applicant who is a graduate of a medical or osteopathic school shall be eligible for a regular license to practice medicine in the Commonwealth if they:

(1) Are able to understandably speak, read, and write the English language;

(2) Has graduated from an accredited college or university or has satisfactorily completed a collegiate course of study necessary for entry into an approved medical or osteopathic school or college;

(3) Has graduated from a prescribed course of instruction in a medical or osteopathic school or college situated in the United States or Canada and approved by the board:

(4) Has satisfactorily completed a prescribed course of postgraduate training of a duration to be established by the board in an administrative regulation; and

(5) Has successfully completed an examination prescribed by the board.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

l. Physician Assistant – Has graduated from a physician assistant or surgeon assistant program accredited by the Accreditation Review Commission on Education for Physician Assistants or its predecessor or successor agencies and has passed the certifying examination administered by the National Commission on Certification of Physician Assistants or its predecessor or successor agencies; or Possesses a current physician assistant certificate issued by the board prior to July 15, 2002.

m. Psychiatrist – Licensed under the laws of Kentucky 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 eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.

n. Certified Peer Support Specialist – As specified by relevant peer support regulations 908 KAR 2:220, 230, 240 an applicant shall:

(1) Be eighteen (18) years of age or older;
(2) Have personal or family lived experience with mental health, substance use or co-occurring mental health and substance use disorders and treatment;
(3) Have attained a high school diploma or general equivalency diploma (GED) certificate;
(3) Complete the relevant peer specialist training program(s);
(4) Successfully complete the peer specialist examination(s);
(5) Must complete and maintain documentation of continuing education requirements;
(6) Meet all other requirements according to relevant peer support regulations 908 KAR 2:220, 230, 240; and
(7) Certified Peer Support Specialist can deliver services working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LCADC, a LMFT, a LPCC, or a LPAT.
(8) 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.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

o. Registered Alcohol and Drug Peer Support Specialist shall meet the following requirements as according to KRS 309.0831:
(1) Be at least eighteen (18) years of age;
(2) Have obtained a high school diploma or equivalent;
(3) Have completed board-approved experience working with persons having a substance use disorder, and under the direct supervision;
(4) Have completed board-approved curriculum;
(5) Have passed a written examination;
(6) Have completed required training;
(7) And have met all other requirements according to KRS 309.0831;
(8) Registered Peer Support Specialist can deliver services working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LCADC, a LMFT, a LPCC, or a LPAT; and
(9) 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.

p. Certified Alcohol and Drug Counselor (CADC): KRS 309.083 states that a Certified Alcohol and Drug Counselor shall:
(1) Be at least eighteen (18) years of age;
(2) Have obtained a baccalaureate degree;
(3) Have completed six thousand (6,000) hours of board-approved experience working with alcohol or drug dependent persons, three hundred (300) hours of which shall have been under the direct supervision of a certified alcohol and drug counselor who has at least two (2) years of post-certification experience; (4) Have completed at least two hundred seventy (270) classroom hours of board-approved curriculum;
(4) Have passed a written examination that has been approved by the International Certification Reciprocity Consortium on Alcoholism and Drug Abuse and an oral examination approved by the board;
(5) Have signed an agreement to abide by the standards of practice and code of ethics approved by the board;
(6) Have completed at least six (6) hours of ethics training and two (2) hours of training in the transmission, control, treatment, and prevention of the human immunodeficiency virus;
(7) Have completed three (3) hours of domestic violence training;
(8) Have submitted two (2) letters of reference from certified alcohol and drug counselors; and

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(9) Work under the supervision of a physician, a psychiatrist, a LP, a LPP, a LCSW, a LMFT, a LPCC, LCADC or a LPAT, with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community mental health center.

q. Licensed clinical alcohol and drug counselor – KRS 309.0832 states that a licensed clinical alcohol and drug counselor shall:

(1) Be at least eighteen (18) years of age;
(2) Have obtained from a regionally accredited college or university or a college or university accredited by an agency recognized by the United States Department of Education:
  (a) A sixty (60) hour master's degree in a behavioral science with clinical application;
  (b) A thirty (30) hour advanced placement master's degree in a behavioral science with clinical application; or
  (c) A doctoral degree in a behavioral science with clinical application;
(3) Have completed at least one hundred eighty (180) classroom hours of alcohol and drug counselor specific board-approved curriculum;
(4) Have passed a written examination as specified by the board in administrative regulation;
(5) Have signed an agreement to abide by the standards of practice and code of ethics approved by the board;

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(6) Have completed at least six (6) hours of ethics training; three (3) hours of domestic violence training; and two (2) hours training in the transmission, control, treatment, and prevention of the human immunodeficiency virus, in addition to the educational requirements in subsection (2) of this section;
(7) Have submitted two (2) letters of reference from certified alcohol and drug counselors or licensed clinical alcohol and drug counselors;
(8) Live or work at least a majority of the time in Kentucky;
(9) Have complied with the requirements for the training program in suicide assessment, treatment, and management in KRS 210.366 and any administrative regulations promulgated thereunder; and
(10) Have completed two thousand (2,000) hours of board-approved experience working with persons having a substance use disorder, three hundred (300) hours of which shall have been under the direct supervision of a licensed clinical alcohol and drug counselor.

r. Licensed clinical alcohol and drug counselor associate – KRS 309.0833 states that a licensed clinical alcohol and drug counselor associate shall:

(1) An applicant for licensure as a licensed clinical alcohol and drug counselor associate shall:
(a) Pay the board the initial fee for licensure;
(b) Complete the requirements under KRS 309.0832(1) to (9) [as indicated above for the Licensed clinical alcohol and drug counselor]; and
(c) Obtain a board-approved supervisor of record.
(2) Upon completion of the hours of board-approved experience specified in KRS 309.0832(10), a licensed clinical alcohol and drug counselor associate may apply to the board for licensure as a licensed clinical alcohol and drug counselor.

s. Community Support Associate: 908 KAR 2:250 states that a Community Support Associate shall:
(1) Be eighteen (18) years of age or older;
(2) Have a high school diploma, a general equivalency diploma (GED), or qualifying documentation from a comparable educational entity;
(3) Have one (1) year of full-time experience working with individuals who receive services for treatment of a mental health or co-occurring disorder; and

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(4) Successfully complete within six (6) months of hire a training program approved by the Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID) described in Section 3 of 908 KAR 2:250 and
(5) Work under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, or a LPAT; and
(6) Meet face-to-face no less than one (1) time every two (2) weeks with his or her supervisor as described in paragraph (c) of this subsection.

t. Licensed Professional Art Therapist: KRS 309.130 states that a Licensed Professional Art Therapist shall:
(1) Have completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution; and
(2) Have been issued a license by the board for the independent practice of art therapy.

u. Licensed Professional Art Therapist Associate: KRS 309.130 states that a Licensed Professional Art Therapist Associate shall:
(1) Have completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution; and
(2) Have been issued a license by the board to practice art therapy under an approved clinical supervisor authorized by the board.

v. Licensed Behavior Analyst: KRS 319C.080 states that a Licensed Behavior Analyst shall:
(1) Have met the education requirements of the Board Certified Behavior Analyst (BCBA) standards, has passed the BCBA examination, and is credentialed as a behavior analyst by the certification board;
(2) Maintain active status and fulfill all requirements for renewal and recertification with the certification board as a Board Certified Behavior Analyst (BCBA);
(3) Conduct his or her professional activities in accordance with accepted standards as required by administrative regulations promulgated by the board in accordance with KRS 319C.050(1); and
(4) Comply with all applicable administrative regulations promulgated by the board.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

w. Licensed Assistant Behavior Analyst: KRS 319C.080 states that a Licensed Assistant Behavior Analyst shall:

(1) Have met the education requirements of the Board Certified Assistant Behavior Analyst (BCaBA) standards, has passed the BCaBA examination, and is credentialed as an assistant behavior analyst by the certification board;

(2) Maintain active status and fulfills all requirements for renewal and recertification with the certification board as a Board Certified Assistant Behavior Analyst;

(3) Conduct his professional activities in accordance with accepted standards as required by administrative regulations promulgated by the board in accordance with KRS 319C.050(1);

(4) Comply with all applicable administrative regulations promulgated by the board; and

(5) Be supervised by a certified behavior analyst in a manner consistent with the certification board requirements for supervision of Board Certified Assistant Behavior Analysts.

x. Registered Behavioral Technician (RBT) shall meet the following requirements provided by the Behavior Analyst Certification Board (BACB):

(1) Be at least 18 years of age

(2) Have a minimum educational requirement of a high school diploma or the equivalent

(3) Complete a 40-hour training program approved by the Behavior Analyst Certification Board conducted by BACB certificants.

(4) Pass the Registered Behavioral Technician Competency Assessment administered by a BACB certificant.

(5) Pass the Registered Behavioral Technician exam provided by the Behavior Analyst Certification Board

y. Certified Psychologist with autonomus functioning: KRS 319.056 states a Certified Psychologist with autonomus functioning shall be:

(1) A person currently authorized to use the title "certified psychologist with autonomous functioning" may continue to function with that title or may choose to permanently change this title to "licensed psychological practitioner" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(2) A certified psychologist with autonomous functioning or a licensed psychological practitioner may continue to function without supervision unless the board revokes his or her license pursuant to KRS 319.082. He or she shall not supervise certified psychologists, licensed psychological practitioners, or licensed psychological associates.

z. Certified Psychologist: KRS 319.056 states a Certified Psychologist shall be:

(1) A person currently authorized to use the title "certified psychologist" may continue to function with that title or may choose to permanently change this title to "licensed psychological associate" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.

(2) A certified psychologist or a licensed psychological associate may continue to function under the supervision of a licensed psychologist unless the board revokes his certificate pursuant to KRS 319.082.

(3) A certified psychologist, whether functioning under that title or as a licensed psychological associate, may perform certain functions within the practice of psychology only under the supervision of a licensed psychologist approved by the board, and shall not employ or supervise other certified psychologists, licensed psychological practitioners, or licensed psychological associates.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

Rehabilitative substance use and mental health services are medical or remedial services that have been recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice, under Kentucky State Law and consistent with federal regulations at 42 CFR 440.130(d).

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 wishes to receive his medical care.

When the Department makes payment for a covered service and the provider accepts the payment made by the Department in accordance with the Department's fee structure, the amounts paid shall be considered payment in full except any applicable co-payment; and no bill for the same service shall be sent to the recipient for any amount above the Medicaid allowed charges (with the exception of any applicable co-payments). The provider may bill the recipient for services not covered by Kentucky Medicaid; however, the provider must make the recipient aware of the non-covered services prior to rendering those services.

Providers of medical service attest by their signatures that the presented claims are valid and in good faith. Fraudulent claims are punishable by fine and/or imprisonment.

Diagnoses shall be recorded in the health record within three (3) visits, in order to receive Medicaid payment. The exception is for crisis services, screening, assessment and peer support services for the engagement into substance use treatment within ED Bridge Clinics.

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.

1. Limitations on Amount, Duration or Scope of Services

Unless an appropriate mental health or substance use diagnosis is made and documented in the medical record within three (3) visits, the service will not be covered. The exception is for crisis services, screening, assessment and peer support services for the engagement into substance use treatment within ED Bridge Clinics. An appropriate mental health or substance use disorder diagnosis is required for coverage, with the exception for crisis services, screening, and assessment.

Some rehabilitative services are furnished with limitations on amount, duration, or scope of service. The limitations of these services are indicated in the service description. If there is no limitation noted within the description of the service, there are no limits on the amount, duration or scope of the service. All services must meet medical necessity. All services, including those without specific limitations, with the exception of crisis services, screening, assessment and peer support services for the engagement into substance use treatment within ED Bridge Clinics must be provided in accordance with a documented diagnosis and plan of treatment.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

1. Limitations on Amount, Duration or Scope of Services (continued)

The following services will NOT be covered by Medicaid under this State Plan Amendment:

(a) Services provided to residents of:
  (1) nursing facilities;
  (2) hospital;
  (3) Intermediate Care Facility – Individual with Intellection Disability (ICF-IID)
  (4) Psychiatric Residential Treatment Facility (PRTF)

(b) Services provided to inmates of local, state or federal jails, detention centers or prisons

(c) Services to those with developmental and intellectual disabilities, without documentation of an additional psychiatric diagnosis for adults only.

(d) Psychological assessment or testing for other agencies such as courts or schools, which does not result in the recipient receiving psychiatric intervention or therapy from the independent provider. If the testing results in behavioral health treatment, then the testing was medically necessary and would be covered. School services included in a child's Individual Education Plan (IEP) may be coverable under the Medicaid School-Based Services Program.

(e) Consultation or educational services provided to Medicaid recipients or others

(f) Collateral Outpatient therapy for ages 21 and over

(g) Consultation or third party contacts shall be outside the scope of covered benefits, except for consultation provided as a part of collateral outpatient therapy or family outpatient therapy. Covered services require direct patient contact except collateral services for children under age twenty-one (21), when a part of the treatment plan

(h) Telephone calls, emails, texts or other electronic contacts (excluding telehealth, as described on page 7.1 of the State Plan)

(i) Travel time

(j) Field trips, recreational, social, and physical exercise activity groups

(k) Any applicable exclusion listed under the description of each service.

2. Eligible Recipients

All services, except for the following seven services are considered mental health, substance use, or co-occurring mental health and substance use services. These services are available for all Medicaid beneficiaries who meet the medical necessity criteria for these services and are described in Pages 31.5 (t – x):

(a) Residential Services for Substance Use Disorders (substance use only);

(b) Screening, Brief Intervention and Referral to Treatment (substance use only);

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

(c) Assertive Community Treatment (mental health only);
(d) Comprehensive Community Support Services (mental health only)
(e) Therapeutic Rehabilitation Program (mental health only)
(f) Withdrawal Management (substance use only); and
(g) Medication Assisted Treatment (substance use only).

Except where indicated, all services will apply to both children and adults.

3. Categories of Providers:

Kentucky defines the following categories of providers:

(a) Individual Practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
(b) Provider group: A group of more than one individually licensed practitioner who forms a business entity to render behavioral health services and bill Kentucky Medicaid.
(c) Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render behavioral health services and bill Kentucky Medicaid. This organization must also meet the following criteria:
  (1) Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
  (2) Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
  (3) Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
  (4) Use a financial management system that provides documentation of services and costs; and
  (5) Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements.

All providers must operate within the scope of their license. Providing services to Medicaid recipients outside a provider's licensure is considered fraud.

4. Rendering Providers:

Rendering Provider Codes for chart beginning on next page

* Billed through supervisor
✓ Individual Practitioner, Provider Group or Licensed Organization
♦ Rendering Practitioners practicing as part of a Licensed Organizations

LCADC, LCADCA, and CADC can only provide services for recipients with substance use disorders and within the scope of their practice.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

4. Rendering Providers

Service	LP	LPA/CP*	LPP /CP with autonomous functioning	LCSW	CSW*	LPCC	LPCA*	LPAT	LPATA*	LMFT	MFTA*	MD	Psychiatrist	APRN	PA	LCADC	LCADCA *	CADC*	Peer Support*	SU Peer Support*	Prevention Specialist*	CSA*	LBA	LABA*	RBT*	LO	CMHC	Provider Group
A. Screening	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓		✓	✓	✓
B. Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓		✓	✓	✓
C. Psychological Testing	✓	✓	✓																							✓	✓	✓
D. Crisis Intervention	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓		✓	✓	✓
E. Mobile Crisis	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦		♦	♦			♦	♦		✓	✓	
F. Residential Crisis Stabilization	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦			♦	♦		✓	✓	
G. Day Treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓			✓	✓		✓	✓	✓
H. Peer Support																			❖	❖						✓	✓	✓
I. Intensive Outpatient Program (IOP)	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖								✓	✓	✓
J. Individual Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓		✓	✓	✓
K. Group Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓		✓	✓	✓
L. Family Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									✓	✓	✓
M. Collateral Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	♦					✓	✓		✓	✓	✓

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

4. Rendering Providers

Service	LP	LPA*	LPP or CP with autonomous functioning	LCSW	CSW*	LPCC	LPCA*	LPAT	LPATA*	LMFT	MFTA*	MD	Psychiatrist	APRN	PA	LCADC	LCADCA*	CADC*	Peer Support*	SU Peer Support*	Prevention Specialist*	CSA	LBA	LABA*	RBT*	LO	CMHC	Provider Group
N. Partial Hospitalizations	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦					♦	♦		✓	✓	
O. Service Planning	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓		✓	✓	✓
P. Residential Services for SUD (Substance use only)	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦						✓	✓	
Q. SBIRT (Substance Use Only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓					✓	✓	✓
R. Assertive Community Treatment (Mental Health Only)	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦				✓	♦		✓	♦	♦	♦	✓	✓	
S. Comprehensive Community Support Services (Mental Health Only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓	✓	✓	✓
T. Therapeutic Rehabilitation Program (Mental Health Only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				♦	♦						✓	✓	✓
U. Withdrawal Management												❖	❖	❖	❖											✓	✓	✓
V. Medication Assisted Treatment (MAT)												❖	❖	❖												✓	✓	✓

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

5. Billing Providers

a. Individual Practitioners
- (1) Licensed Psychologist (LP)
- (2) Licensed Psychological Practitioner (LPP)
- (3) Licensed Clinical Social Worker (LCSW)
- (4) Licensed Professional Clinical Counselor (LPCC)
- (5) Licensed Professional Art Therapist (LPAT)
- (6) Licensed Marriage and Family Therapist (LMFT)
- (7) Licensed Behavioral Analyst (LBA)
- (8) Physician
- (9) Psychiatrist
- (10) Advanced Practice Registered Nurse (APRN)
- (11) Licensed Clinical Alcohol Drug Counselors (LCADC)
- (12) Physician Assistant (PA)
- (13) Certified Psychologist with autonomous functioning

b. Provider Groups
- (1) Licensed Psychologist LP
- (2) Licensed Psychological Practitioner LPP
- (3) Licensed Clinical Social Worker LCSW
- (4) Licensed Professional Clinical Counselor LPCC
- (5) Licensed Professional Art Therapist LPAT
- (6) Licensed Marriage and Family Therapist LMFT
- (7) Licensed Behavioral Analyst LBA
- (8) Physician
- (9) Psychiatrist
- (10) Advanced Practice Registered Nurse (APRN)
- (11) Licensed Clinical Alcohol Drug Counselors (LCADC)
- (12) Behavioral Health Multi-Specialty Group (MSG)
- (13) Physician Assistant Group (PA)

c. Licensed Organizations

6. Covered Services

The following services, as defined by the Kentucky Department for Medicaid Services, are considered Medicaid mental health, substance use, or co-occurring mental health and substance use services, unless otherwise indicated:

- (a) Screening
- (b) Assessment
- (c) Psychological Testing
- (d) Crisis Intervention
- (e) Mobile crisis

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(f) Residential Crisis Stabilization
(g) Day Treatment
(h) Peer Support
(i) Intensive Outpatient Program (IOP)
(j) Individual Outpatient Therapy
(k) Group Outpatient Therapy
(l) Family Outpatient Therapy
(m) Collateral Outpatient Therapy
(n) Partial Hospitalization
(o) Service Planning
(p) Residential Services for Substance Use Disorders (Substance use only)
(q) Screening, Brief Intervention and Referral to Treatment (SBIRT) (Substance use only)
(r) Assertive Community Treatment (Mental health only)
(s) Comprehensive Community Support Services (Mental health only)
(t) Therapeutic Rehabilitation Program (TRP) (Mental health only)
(u) Withdrawal Management (Substance use only)
(v) Medication Assisted Treatment (MAT) (Substance use only)

(a) 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 disorder. 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.

(b) 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 disorder, substance use disorder or co-occurring disorders; determine the recipient's readiness for change; identify recipient's 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 an individualized treatment and service plan, if a clinical disorder or service need is assessed. Also includes functional behavioral assessment utilized when problem behaviors (e.g. aggression, self-injury, destruction of property) are present to identify the reason(s) behavior(s) occur and the skills and strategies necessary to decrease them. This service also includes interpretation and written report of assessment findings. This does not include psychological evaluations or assessments. Assessments for the treatment of substance use disorders should utilize the most current edition of The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions criteria for multidimensional assessments.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(c) 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 disabilities. The service also includes interpretation and written report of testing results.

(d) Crisis Intervention

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. Crisis Intervention must consist of clinical intervention and support services necessary to provide integrated crisis response, crisis stabilization, interventions, or crisis prevention activities for individuals. It must be followed by non-crisis service referral as appropriate. It must be a 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 or substance use relapse prevention or verbal de-escalation, risk assessment, or cognitive therapy.

(e) Mobile Crisis

Mobile crisis is a multi-disciplinary team based intervention that ensures access to acute mental health and substance use services and supports. The service aims to effect symptom or harm reduction, or to safely transition an individual in acute crisis to the appropriate least restrictive level of care. Mobile crisis services are provided face-to-face and available in locations outside the provider's facility (e.g., home or community) 24 hours per day, 7 days per week and 365 days per year. This service is provided in duration of less than 24 hours. Mobile crisis involves all supports and services necessary to provide integrated crisis prevention, assessment and disposition, intervention, continuity of care recommendations, and follow-up services.

Authorized Providers

The Mobile Crisis practitioners must be employed by a licensed organization that meets the criteria of a licensed organization and the following additional criteria:

- Capacity to employ required practitioners and coordinate service provision among the rendering practitioners
- Capacity to provide the full range of mobile crisis services on a 24/7/365 basis
- Access to a board-certified or board-eligible psychiatrist on a 24/7/365 basis

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(f) Residential Crisis Stabilization

Residential Crisis Stabilization services are provided in Crisis Stabilization Units. Crisis Stabilization Units are community-based, residential programs that offer an array of services including screening, assessment, treatment planning, individual, group, and family therapy, and peer support in order to stabilize a crisis and divert the individual from a higher level of care. It is not part of a hospital. They are used when individuals in a behavioral health emergency cannot be safely accommodated within the community, are not in need of hospitalization but need overnight care.

The purpose is to stabilize the individual, provide treatment for active withdrawal, when appropriate, and re-integrate him back into the community, or other appropriate treatment setting, in a timely fashion. These units provide a non-hospital residential setting and services 24-hours per day, seven (7) days per week, 365 days a year. The component services of crisis stabilization units are screening, assessment, service planning, psychiatric services, individual therapy, family therapy, group therapy, and peer support.

Residential crisis stabilization does not include, and federal financial participation (FFP) is not available for, room and board services; educational, vocational and job training services; habilitation services; services to inmates in public institutions as defined in 42 CFR §435.1010; services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010; recreational and social activities; and services that must be covered elsewhere in the state Medicaid plan.

KY Medicaid will not pay for this service in a unit of more than 16 beds or multiple units operating as one unified facility with more than 16 aggregated beds except for services furnished pursuant to the state plan benefit "inpatient psychiatric services for individuals under 21" (section 1905(a)(16) of the Act; 42 CFR 440.160) or pursuant to an exclusion for individuals age 65 or older who reside in institutions that are IMDs (section 1905(a) of the Act; 42 CFR 440.140.)

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Authorized Providers

The Residential Crisis Stabilization providers must be employed by a licensed organization that meets the criteria of a licensed organization and the following additional criteria:

- Capacity to employ practitioners and coordinate service provision among rendering providers
- Capacity to provide the full range of services included in the Residential Crisis Stabilization service definition
- Ability to provide Residential Crisis Stabilization services on a 24/7/365 basis
- Access to a board-certified or board-eligible psychiatrist on a 24/7/365 basis

(g) Day Treatment

Day Treatment is a non-residential, intensive treatment program designed for children/youth only, under the age of 21 who have a mental health, substance use, or co-occurring mental health and substance use disorder, and who are at high risk of out-of-home placement due to behavioral health issues. Intensive coordination/linkage with schools and or other child serving agencies is included.

Intensive coordination is needed in order to successfully transition youth recipients to a lower level of care. Below are basic components of the required linkage agreement between the provider and the local education authority that specifies the responsibility of the authority and the provider for:

- Appropriately licensed teachers and provisions for their professional development;
- Educational supports including classroom aides and textbooks;
- Educational facilities;
- Physical education and recreational therapies;
- Transportation; and
- Transition planning.

Day treatment services do not include clinical services covered in a child's Individualized Education Plan (IEP) or Section 504 plan.

Day Treatment should include:

- Individual, family or group outpatient therapy;
- Behavior management and social skill training;
- Independent living skills that correlate to the age and development stage of the recipient;
- 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.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Day treatment may focus on resolving multiple mental health and/or substance use issues and is typically provided as an alternative to a school or other traditional day time setting for children.

Day treatment services shall be provided:

- In collaboration with the education services of the Local Education Authority (LEA) including those provided through IDEA and/or Section 504;
- On school days and during scheduled breaks;
- In coordination with the recipient's IEP, if the recipient has an IEP;
- With a linkage agreement to other behavioral health services with the LEA that specifies the responsibilities of the LEA and the day treatment provider.

(h) Peer Support

Peer Support is an evidence-based practice providing social and emotional support by a Peer Support Specialist in a structured and scheduled non-clinical therapeutic activity with an individual or group of recipients. A peer is defined as a person in recovery from a mental health, substance use, or co-occurring mental health and substance use disorder, or family member of a person living with a behavioral health or substance use disorder. The Substance Abuse and Mental Health Service Administration (SAMHSA) defines a Peer Support Specialist as an individual offering and receiving help, based on shared understanding, respect and mutual empowerment between individuals in a similar situation. Peer Support Specialist are employed by a Medicaid enrolled provider group or licensed organization, and has successfully completed peer support specialist training and eligibility requirements approved by the Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID).

Peer support services must incorporate the following core components:

- Supervision – Peer support specialists must be supervised regularly by an individually licensed approved behavioral health practitioner, employed by or under contract with the same provider, who may include a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, a LCADC, or a LPAT.
- Care coordination - Except for engagement into substance use treatment through ED Bridge Clinics, peer support services must be coordinated within the context of a comprehensive, individualized treatment plan which is developed through a person-centered planning process and reflect the following foundational principals: recovery-oriented, person-centered, voluntary, relationship-focused and trauma-informed. The peer support services must be identified on each recipient's individual treatment plan, and must be designed to directly contribute to the participant's individualized goals, as specified in the plan. Individuals providing peer support services to recipients are permitted a maximum of 120 units per week of direct recipient contact. Peer support services being provided to recipients in a group setting shall not exceed 8 individuals in size.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

- Training - Peer Support Specialists have a minimum educational requirement of a high school diploma or a General Educational Development (GED) certificate and shall complete the training requirements approved by (DBHDID) to include at minimum the SAMHSA core competencies.

Pursuant to KRS 309.0831, Registered Alcohol and Drug Peer Support Specialists are exempt from the DBHDID approved training required in 908 KAR 2:220 230 and 240

Adult Peer Support Specialist

Adult Peer Support Specialist is a self-identified consumer of mental health, substance use, or co-occurring mental health and substance use disorder services who provides emotional support to others with similar mental health, substance use, or co-occurring mental health and substances use disorders to achieve a desired social or personal change. Adult Peer Support Specialist are employed by a Medicaid enrolled provider group or licensed organization and shall successfully complete training approved by DBHDID.

Family Peer Support Specialist

Family Peer Support is provided by a parent or other family member of a child who has experienced a mental health disorder, substance use disorder, or a co-occurring mental health and substance abuse disorder to a parent, guardian, or other family member with a child sharing a similar mental health disorder, substance use disorder, or a co-occurring mental health and substance abuse disorder in order to bring about a desired or personal change. A Family Peer Support Specialist is employed by a Medicaid enrolled provider group or licensed organization and shall successfully complete training and meet eligibility requirements approved by DBHDID.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Youth Peer Support Specialist

Youth Peer Support Specialists are identified as experiencing as a child or youth an emotional, social, behavioral or substance use disorder that is defined in the current version of The Diagnostic and Statistical Manual for Mental Disorders (DSM). Youth Peer Support Specialist are employed by a Medicaid enrolled provider group or licensed organization and shall successfully complete training and meet eligibility requirements approved by DBHDID.

Registered Alcohol and Drug Peer Support Specialist

Registered Alcohol and Drug Peer Support Specialist is a self-identified consumer of substance use disorder services who provides emotional support to others with substance use disorders to achieve a desired social or personal change. Alcohol and Drug Peer Support Specialist are employed by a Medicaid enrolled provider group and meet requirements to KRS 309.0831.

Authorized Providers

Peer Support – Peer Support Specialists must be either employed by a provider group or a licensed organization that meet the criteria of a provider group or a licensed organization and the following additional criteria:

- Must employ qualified peer support specialists who successfully completed the training approved by DBHDID or completed required training pursuant to KRS 309.0831.;
- Must provide supervision by a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, a LCADC, or a LPAT;
- Must have the capacity to provide on-going continuing education and technical assistance to peer support specialists; and
- Must demonstrate experience serving the behavioral health population (mental health, substance use or co-occurring mental health and substance use disorders) and age range served (youth or adult peers or parent-to-parent).

(i) Intensive Outpatient Program (IOP)

Intensive Outpatient Program (IOP) is an alternative to or transition from inpatient hospitalization or partial hospitalization for mental health or substance use disorders. An IOP must offer a multi-modal, multi-disciplinary structured outpatient treatment program that is significantly more intensive than individual outpatient, group outpatient therapy, and family outpatient therapies. For the treatment of substance use disorders, intensive outpatient programs should meet the service criteria for this level of care using the current edition of *The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and co-Occurring Conditions.*

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

IOP services must be provided at least three (3) hours per day and at least three (3) days per week for adults and a minimum of 6 hours per week for adolescents.

Programming must include individual outpatient therapy, group outpatient therapy, and family outpatient therapy unless contraindicated, crisis intervention as it would occur in the setting where IOP is being provided, and psycho-education. Psycho-education is one component of outpatient therapy for mental health conditions. During psycho-education, the recipient or their family is provided with knowledge about his diagnosis, the causes of that condition, and the reasons why a particular treatment might be effective for reducing his symptoms. Recipients and their families gain empowerment to understand and accept the diagnosis and learn to cope with it in a successful manner).

All treatment plans must be individualized, focusing on stabilization and transition to a lesser level of care.

Intensive Outpatient Services - Practitioners must be employed by a provider group or licensed organization that meets the criteria of a provider group or licensed organization and the following additional criteria:

- Access to a board-certified or board-eligible psychiatrist for consultation;
- Access to a psychiatrist, other physician or Advanced Practice Registered Nurse (APRN) for medication management;
- Adequate staffing to assure a minimum recipient-to-program staff ratio of ten (10) recipients to one (1) staff member;
- Capacity to provide services utilizing a recognized intervention protocol based on nationally accepted treatment principles when serving adults with mental health, substance use disorder or co-occurring disorders and the System of Care Principles when serving a recipient under the age of 21 with mental health, substance use disorder or co-occurring disorders;
- Capacity to employ required practitioners and coordinate service provision among rendering practitioners;
- Capacity to provide the full range of services included in the Intensive Outpatient service definition;
- Demonstrated experience in serving individuals with behavioral health disorders;
- The administrative capacity to ensure quality of services;
- A financial management system that provides documentation of services and costs; and
- The capacity to document and maintain individual case records.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(j) Individual Outpatient Therapy

Individual Outpatient Therapy shall consist of a one-on-one encounter between the provider and the recipient. The therapy shall be a behavioral health therapeutic intervention provided in accordance with a recipient's identified treatment plan and is aimed at the reduction of adverse symptoms and improved functioning and reducing or eliminating the presenting problem of the recipient. Individual therapy, family therapy and group therapy services shall be limited to a maximum of a combined three (3) hours per day, per recipient, which can be exceeded based on medical necessity.

(k) Group Outpatient Therapy

Group therapy shall be therapeutic intervention provided to a group of unrelated persons, with the exception of multi-family group therapy. Group therapy shall consist of a behavioral health therapeutic intervention provided in accordance with the recipient's identified treatment plan. Group outpatient therapy shall not solely include physical exercise, a recreational activity or an educational activity, or a social activity. The subject of the group outpatient therapy shall be related to each recipient participating in the group. A group consists of no more than twelve persons. It is usually for a limited time period (generally 1 to 1 ½ hours in duration). Group therapy focuses on psychological needs of the recipients as evidenced in each recipient's plan of treatment. 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 must have a defined course of treatment. Individual notes must be written for each recipient within the group and be kept in that individual's medical record.

Individual therapy, family therapy and group therapy services shall be limited to a maximum of a combined three (3) hours per day, per recipient, which can be exceeded based on medical necessity.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(l) Family Outpatient Therapy

Family Therapy shall consist of therapeutic intervention provided through scheduled therapeutic visits between the therapist and the recipient and one or more members of a recipient's family or household member of the recipient 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 treatment. Family therapy services shall be for the benefit of the recipient.

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

(m) Collateral Outpatient Therapy

Collateral services shall be limited to recipients under the age of twenty-one, who are recipients of the rendering provider. A collateral service shall be an encounter with a parent/caregiver, household member of a recipient, 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 treatment. 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 age 21.

(n) Partial Hospitalization

Partial Hospitalization is a short-term (average of four (4) to six (6) weeks), less than 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. This service is designed for individuals who cannot effectively be served in community-based therapies or IOP. For the treatment of substance use disorders, partial hospitalization programs should meet the service criteria for this level of care using the current edition of *The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.*

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

The program consists 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 for at least four (4) hours per day. Partial Hospitalization is typically focused on one primary presenting problem (i.e., Substance use, sexual reactivity, etc.).

Authorized Providers

Partial Hospitalization – Practitioners must be employed by a licensed organization that meets the criteria of a licensed organization and the following additional criteria:

- An Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Physician available on-site and a board-certified or board-eligible psychiatrist available for consultation;
- Capacity to provide services utilizing a recognized intervention protocol based on Recovery Principles;
- Capacity to employ required practitioners and coordinate service provision among rendering practitioners; and
- Capacity to provide the full range of services included in the Partial Hospitalization definition.

(o) Service Planning

Service planning involves assisting a recipient with a mental health, substance use or co-occurring mental health and substance use disorder in creating an individualized plan for services needed to maximum recovery and restoration of a recipient to their best possible functional level. A person-centered planning process is required. The plan is directed by the recipient and must include practitioners of the recipient's choosing. The providers include more than licensed professionals – it may include the recipient (and his guardian if applicable), care coordinator, other service providers, family members or other individuals that the recipient chooses. Service Planning may include a mental health advance directive being filed with a local hospital; crisis plan or a relapse prevention strategy or plan.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(p) Residential Services for Substance Use Disorders TREATMENT FOR SUBSTANCE USE ONLY

Residential services for substance use disorders is residential treatment (24 hour/day) for the purposes of providing intensive treatment and skills building, in a structured and supportive environment, to assist individuals (children and adults) to enter into alcohol/drug addiction recovery. This service is provided in a 24-hour live-in facility that offers a planned and structured regimen of care aimed to treat persons with addictions or substance use disorders and assists them in making the necessary changes that will enable them to live drug or alcohol free lives.

Services must:

1) Be provided under the medical direction of a physician;
2) Provide continuous nursing services in which a registered nurse shall be:
   a) On-site during traditional first shift hours, Monday through Friday;
   b) Continuously available by phone after hours; and
   c) On-site as needed in follow-up to telephone consultation after hours.

In accordance with the most current edition of *The ASAM Criteria, Treatment Criteria for Addictive, Substance Related, and Co-Occurring Conditions*, individuals must be assessed and meet the Dimensional Admission criteria for approval of residential level of care placement.

KY Medicaid will not pay for this service in a unit of more than 16 beds or multiple units operating as one unified facility with more than 16 aggregated beds except for services furnished pursuant to the state plan benefit "inpatient psychiatric services for individuals under 21" (section 1905(a)(16) of the Act; 42 CFR 440.160) or pursuant to an exclusion for individuals age 65 or older who reside in institutions that are IMDs (section 1905(a) of the Act; 42 CFR 440.140.)

Residential treatment services shall be based on individual need and may include:

- Screening
- Assessment
- Service Planning
- Individual Therapy
- Group Therapy
- Family Therapy
- Peer Support
- Withdrawal Management
- Medication Assisted Treatment

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Residential services for Substance Use Disorders must include care coordination:

Care coordination in substance use treatment is essential in meeting recipients needs and treatment goals to improve overall health outcomes, and requires continued follow up, progress monitoring and tracking of patient outcomes to ensure these goals are met. For those recipients in residential substance use treatment, care coordination should include at minimum referring the recipient to appropriate community services, facilitating medical and behavioral health follow ups and linking to appropriate level of substance use treatment within the continuum in order to provide ongoing support for recipients. Care coordination shall also include facilitating medication assisted treatment off-site for residential recipients as necessary

Limitations

To provide residential services for substance use disorders, a licensed organization shall:

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

b. Be licensed as a non-hospital based alcohol and other drug abuse treatment entity in accordance with state licensing regulations

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(q) Screening, Brief Intervention, and Referral to Treatment (SBIRT) TREATMENT OF SUBSTANCE USE ONLY

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 referral to a behavioral health service.

Screening and brief intervention that do not meet criteria for referral to treatment are subject to coverage by the department.

(r) Assertive Community Treatment (ACT) TREATMENT OF MENTAL HEALTH ONLY

Assertive community treatment (ACT) is an evidence-based psychiatric rehabilitation practice which provides a comprehensive approach to service delivery for consumers with serious mental illnesses. ACT uses a multidisciplinary team of professionals including psychiatrists, nurses, case managers, therapists and peer support specialists.

Component services include assessment, person centered treatment planning, case management, individual outpatient therapy, family outpatient therapy, and group outpatient therapy, peer support, mobile crisis intervention, mental health consultation, , family support and basic living skills training. Mental health consultation involves brief, collateral interactions with other treating professionals who may have information for the purposes of treatment planning and service delivery.

Family support involves the ACT team working with the recipient's natural support systems to improve family relations in order to reduce conflict and increase recipient autonomy and independent functioning. Basic living skills training shall be rehabilitative services focused on restoring activities of daily living to reduce disability and improve function (i.e., taking medications, housekeeping, meal preparation, hygiene, interacting with neighbors) necessary to maintain independent functioning and community living.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Services are provided by a multidisciplinary team of providers whose backgrounds and training include social work, rehabilitation, counseling, nursing. Providers of ACT services consist of multidisciplinary staff organized as a team in which members function interchangeably to provide treatment, rehabilitation and support.

Authorized Providers

Assertive Community Treatment (ACT) – Team members must be employed by a licensed organization that meets the criteria of a licensed organization and the following additional criteria:

- Must employ one or more teams led by an approved behavioral health services provider and including, at a minimum, four (4) full time equivalents including 1.0 FTE therapist, 1.0 Case Manager, .5 Peer Support Specialist, .5 FTE nurse (medication and health management) and 1.0 of the team's choosing with access to a prescriber.
- Adequate staffing to assure a caseload size no greater than ten (10) participants per team member, not including the prescriber or administrative support;
  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
  (v) Demonstrate experience in serving individuals with persistent and serious mental illness who have difficulty living independently in the community.

(s) Comprehensive Community Support Services TREATMENT OF MENTAL HEALTH ONLY

Comprehensive Community Support Services covers activities necessary to allow individuals with mental illnesses to live with maximum independence in the community. Activities are intended to assure successful community living through utilization of skills training as identified in the individual treatment plan. Skills training is designed to reduce symptoms associated with a mental health disorder and restore the recipient to his best possible functional level. Comprehensive community support services consists of using a variety of psychiatric rehabilitation techniques to improve daily living skills, self-monitoring of symptoms and side effects, improve emotional regulation skills, crisis coping skills and developing and enhancing interpersonal skills.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

- To provide comprehensive community support services, a licensed organization or provider group shall:
- Have the capacity to employ staff authorized pursuant to 908 KAR 2:250 to provide comprehensive community support services in accordance with subsection (2)(k) of this section and to coordinate the provision of services among team members; and
- Meet the requirements for comprehensive community support services established in 908 KAR 2:250.

(t) Therapeutic Rehabilitation Program (TRP) TREATMENT OF MENTAL HEALTH ONLY

A Therapeutic Rehabilitation Program is a rehabilitative service for adults with serious mental illnesses and recipients under the age of twenty-one years who have a serious emotional disability designed to maximize reduction of the symptoms associated with a mental health disorder and restoration of the recipient's best possible functional level. Services shall be designed for the reduction in disabilities related to social, personal, and daily living skills, as well as the restoration of these skills. The recipient establishes his 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, 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.

(u) Withdrawal Management TREATMENT OF SUBSTANCE USE ONLY

Withdrawal Management is a set of interventions aimed at managing acute intoxication and withdrawal based on the severity of the illness and co-occurring conditions identified through a comprehensive biopsychosocial assessment and with linkage to addiction management services. This service can be offered by a provider group or licensed organization in a variety of settings and levels of intensity along a continuum to include outpatient, residential and inpatient, which can be clinically or medically monitored [in accordance with the most current version of The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions for Withdrawal Management levels . All recipients who are appropriately placed in any level of withdrawal management must meet the most current edition of diagnostic criteria for Substance Withdrawal Disorder found in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, as well as the most current edition of the ASAM criteria dimensions of care for admission.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(v) **Medication Assisted Treatment (MAT) TREATMENT OF SUBSTANCE USE ONLY**

Medication Assisted Treatment (MAT) is an evidence based practice with the use of FDA approved medications, in combination with counseling, behavioral therapies, and other supports to provide a "whole patient" approach to the treatment of substance use disorder. The duration of treatment should be based on the individual needs of the person served. Prescribing is limited to Kentucky Medicaid enrolled DEA waivered practitioners who have experience with addiction medicine. Licensed Credentialed Addiction Treatment professionals and other support services including but not limited to Targeted Case Management, Drug and Alcohol Peer Support Specialists, and Substance Use specific Care Coordination must be co-located or virtually located at the same practice site as the DEA waivered practitioner or have agreements in place for linkage to appropriate behavioral health treatment providers. Staff shall be knowledge in the assessment, interpretation, and treatment of the biopsychosocial dimensions of alcohol or other substance use disorders. MAT can be provided in primary care settings with the appropriate treatment linkage agreement, outpatient behavioral health settings, licensed organizations, or within SUD residential treatment programs that have care coordination in place.

The program must:

- Assess the need for treatment which includes a full patient history to determine the severity of the recipient's substance use disorder
- Identify any underlying or co-occurring diseases or conditions and address as needed.
- Educate the recipient about how the medication works and the associated risks and benefits; as well as education on overdose prevention.
- Evaluate the need for medically managed withdrawal from substances.
- Obtain informed consent prior to integratingpharmacologic and nonpharmacologic therapies.
- Refer patients for higher levels of care, if necessary.

Authorized Providers:

Practitioners must be employed by a provider group or licensed organization that meets the criteria of a provider group or licensed organization and the following additional criteria:

- A Physician or Advanced Practice Registered Nurse (APRN) licensed to practice medicine under KRS Chapter 311;
- Shall meet standards in accordance with 201 KAR 9:270 or 201 KAR 20:065; and
- Maintain current waiver under 21 U.S.C. Section 823(g)(2) to prescribe buprenorphine products.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Narcotic Treatment Programs (NTP):

Narcotic Treatment Programs (NTP) are licensed organizations that provide MAT services for methadone in accordance with 908 KAR 1:370 and 908 KAR 1:374, or in a medication unit affiliated with an NTP. A medication unit affiliated with an NTP includes a Medication Station or Dosing Location that obtains its Methadone drug supply form the main program site and retain all records (except dosing and drug screens) at the main location. The main program of a NTP means the location of the MAT program where all administrative and medical information related to the NTP is retained for the purpose of on-site reviews by federal agencies, the state narcotic authority or state opioid treatment authority designee. NTP for the treatment of substance use disorders must have the capacity to provide the full range of services included in the Medication Assisted Treatment definition and document supporting behavioral health services in addition to medication dosing.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

8. Community Mental Health Centers (CMHC)

CMHCs provide a comprehensive range of coordinated mental health and substance use rehabilitation services. Reimbursement is available for all rehabilitation services described above under covered services subject to the following:

1. Medicaid will reimburse for community mental health center rehabilitation services when provided to persons diagnosed with a mental health, substance use or co-occurring mental health and substance use disorder when provided by qualified mental health professionals listed below. Service limitations applicable to other provider types are also applicable to CMHCs.

2. Professionals qualified to provide mental health or substance use rehabilitation services in the CMHCs include:
   - Licensed Psychologist (LP)
   - Licensed Psychological Practitioner (LPP)
   - Licensed Clinical Social Worker (LCSW)
   - A psychiatric social worker with a master's degree from an accredited school
   - Licensed Professional Clinical Counselor (LPCC)
   - Licensed Marriage and Family Therapist (LMFT)
   - Psychiatrist
   - Physician
   - Licensed Professional Art Therapist (LPAT)
   - Licensed Behavior Analyst (LBA)
   - A psychiatric nurse licensed in the Commonwealth of Kentucky with one of the following combination of education and experience:
     i. Master of Science in Nursing with a specialty in psychiatric or mental health nursing. No experience required.
     ii. Bachelor of Science in Nursing and 1 year of experience in a mental health setting.
     iii. A graduate of a three-year educational program with 2 years of experience in a mental health setting.
     iv. A graduate of a two-year educational program (Associate degree) with 3 years of experience in a mental health setting.
   - Licensed Clinical Alcohol and Drug Counselor (LCADC)
   - Physician Assistant (PA)
   - Advanced Practice Registered Nurse (APRN)
   - Certified Psychologist with autonomous functioning

* Requires Supervision

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

8. Community Mental Health Centers (CMHC) (continued)

- A professional equivalent, employed by a CMHC as of, or prior to January 17, 2018 through education in a behavioral health field and experience in a behavioral health setting, qualified to provide behavioral health services. 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:
  - i. Bachelor's degree and three (3) years of full-time supervised experience.
  - ii. Master's degree and six (6) months of full-time supervised experience.
  - iii. Doctoral degree. No experience.
- The following professionals may provide services with appropriate supervision:
  - i. A mental health associate with a minimum of a Bachelor's degree in psychology, sociology, social work, or human services under supervision of one of the above professionals;
  - ii. A licensed psychological associate;
  - iii. A licensed professional counselor associate;
  - iv. A certified social worker, Master Level;
  - v. A marriage and family therapy associate;
  - vi. A physician assistant working under the supervision of a physician;
  - vii. A certified or registered Peer Support Specialist working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, a LCADC (for substance use only), a psychiatric nurse, or a LPAT;
  - viii. A certified alcohol and drug counselor (CADC) working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, LCADC, or a LPAT, with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community mental health center;
  - ix. A community support associate who is working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, a psychiatric nurse, or a LPAT;

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

8. Community Mental Health Centers (CMHC) (continued)

x. A Licensed Professional Art Therapist Associate (LPATA);
xi. A Licensed Assistant Behavior Analyst (LABA).
xii Licensed Clinical Alcohol and Drug Counselor (LCADC)
xiii Licensed Clinical Alcohol and Drug Counselor Associate (LCADCA)
xiv A Certified Psychologist (CP)
xv A Registered Behavioral Technician (RBT)

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers

Qualified providers are approved practitioners, licensed or certified under state law, operating within the scope of their licensures (or under the appropriate supervision).

a. Advanced Practice Registered Nurse (APRN) – KRS 314.042 states that an applicant for licensure to practice as an advanced practice registered nurse shall:

(1) File with the board a written application for licensure and submit evidence, verified by oath, that the applicant has completed an approved organized post basic program of study and clinical experience; has fulfilled the requirements of KRS 214.615(1); is certified by a nationally established organization or agency recognized by the board to certify registered nurses for advanced practice registered nursing; and is able to understandably speak and write the English language and to read the English language with comprehension.

(a) The board may issue a license to practice advanced practice registered nursing to an applicant who holds a current active registered nurse license issued by the board or holds the privilege to practice as a registered nurse in this state and meets the qualifications of subsection (1) of this section. An APRN shall be:

i. Designated by the board as a certified nurse anesthetist, certified nurse midwife, certified nurse practitioner, or clinical nurse specialist; and

ii. Certified in a least one (1) population focus.

(b) An APRN shall maintain a current active registered nurse license issued by the board or hold the privilege to practice as a registered nurse in this state and maintain current certification by the appropriate national organization or agency recognized by the board.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(c) Before an APRN engages in the prescribing or dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8), the APRN shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician that defines the scope of the prescriptive authority for nonscheduled legend drugs.

(d) Before an APRN engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the APRN shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances" (CAPA-CS) with a physician that defines the scope of the prescriptive authority for controlled substances.

b. Certified Social Worker, Master Level – KRS 335.08 states the board shall issue a license as "certified social worker" to an applicant who meets the following requirements:

(1) Is at least eighteen years of age;
(2). Is a person of good moral character:
(3). Has received a master's degree or doctorate degree in social work from an educational institution approved by the board;
(4). Has passed an examination prepared by the board; and
(5). Has not, within the preceding three months failed to pass an examination given by the board.

A Certified Social Worker, Master Level may engage in the practice of clinical social work by contracting, in writing, with a licensed behavioral health professional who meets the requirements of the respective KY Board of Licensure for supervision of the Certified Social Worker, Masters Level. The supervising licensed behavioral health professional shall assume responsibility for and supervise the CSW's practice.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

c. Licensed Clinical Social Worker (LCSW) – KRS 335.100 states that the LCSW must:

(1) Have received a master's degree or doctoral degree in social work from an educational institution approved by the board;

(2) Have had a minimum of two (2) years of full time post-master's experience, consisting of at least thirty (30) hours per week, or three (3) years of part time, consisting of at least twenty (20) hours per week, post-master's degree experience acceptable to the board in the use of specialty methods and measures to be employed in clinical social work practice, the experience having been acquired under appropriate supervision as established by the board by promulgation of an administrative regulation;

(3) Have paid to the board an examination fee established by the board by promulgation of an administrative regulation;

(4) Have passed an examination prepared by the board for this purpose; and

(5) Have not, within the preceding three (3) months, failed to pass an examination given by the board.

d. Licensed Marriage and Family Therapist (LMFT) – KRS 335.330 states the LMFT has:

(1) Completed a master's or doctoral degree program in marriage and family therapy, from a regionally-accredited educational institution, or a master's, post-master's, or doctoral program approved by the Commission on Accreditation for Marriage and Family Therapy Education or any of its successor organizations, or an equivalent course of study as defined by the board by promulgation of administrative regulations.

(a) The degree or equivalent course of study shall contain specific coursework on psychopathology and the Diagnostic and Statistical Manual; and

(b) In determining equivalency, the board shall use the criteria for marriage and family therapy education and clinical training approved by the United States Department of Education.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(2) Completed each of the following:

(a) At least two (2) years' experience in the practice of marriage and family therapy, acceptable to the board and subsequent to being granted a master's degree; and

(b) A minimum of two hundred (200) hours of clinical supervision acceptable to the board and subsequent to being granted a master's degree; and

(3) Passed a written examination prescribed by the board by promulgation of administrative regulations.

c. Marriage and Family Therapist Associate (MFTA) – KRS 335.332 states the LMFT has

(1) Completed a master's or doctoral degree program in marriage and family therapy, from a regionally-accredited educational institution, or a master's, post-master's, or doctoral program approved by the Commission on Accreditation for Marriage and Family Therapy Education or any of its successor organizations, or an equivalent course of study as defined by the board by promulgation of administrative regulations.

(a) The degree or equivalent course of study shall contain specific coursework on psychopathology and the Diagnostic and Statistical Manual; and

(b) In determining equivalency, the board shall use the criteria for marriage and family therapy education and clinical training approved by the United States Department of Education; and

(2) A MFTA shall engage in the practice of marriage and family therapy while receiving qualifying experience by contracting, in writing, with a licensed behavioral health professional who meets the requirements of the respective KY Board of Licensure for supervision of the MFTA. The supervising licensed behavioral health professional shall assume responsibility for and supervise the MFTA's practice.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

f. Licensed Professional Clinical Counselor – KRS 335.525 states that the board shall issue a "professional clinical counselor" license to an applicant who:

(1) Has paid the application fee and the appropriate examination fee to the board;
ii. Is of good moral character;
(2) Has received a master's, specialist, or doctoral degree in counseling or a related field from a regionally accredited institution;
(3) Has completed a minimum of sixty (60) graduate semester hours in the following:
(a) The helping relationship, including counseling theory and practice;
(b) Human growth and development;
(c) Lifestyle and career development;
(d) Group dynamics, process, counseling, and consulting;
(e) Assessment, appraisal, and testing of individuals;
(f) Social and cultural foundations, including multicultural issues;
(g) Principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;
(h) Research and evaluation; and
(i) Professional orientation and ethics;
(4) Has completed a minimum of four thousand (4,000) hours of experience in the practice of counseling, all of which must have been obtained since obtaining the master's degree and must be under approved supervision and shall include but not be limited to a minimum of one thousand six hundred (1,600) hours of direct counseling with individuals, couples, families, or groups and a minimum of one hundred (100) hours of individual, face-to-face clinical supervision with an approved supervisor.
Each applicant is encouraged to include as part of the total hours of experience a minimum of ten (10) hours of direct counseling with individuals in a jail or corrections setting. All applicants shall complete an organized practicum or internship consisting of at least four hundred (400) hours; and
(5) Has achieved passing scores on all portions of the examinations required by the board.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

g. Licensed Professional Counselor Associate – KRS 335.525 states that the board shall issue a "professional clinical counselor" license to an applicant who:
(1) Has completed all requirements under paragraphs (a) to (d) as outlined under Licensed Professional Counselor above;
(2) Has not met the requirements of paragraphs (e) or (f) as outlined under Licensed Professional Counselor above; and
(3) Has obtained a board-approved supervisor of record.

A licensed professional counselor associate shall maintain ongoing supervision with a licensed behavioral health professional who meets the requirements of the respective KY Board of Licensure for supervision of the Licensed Professional Counselor Associate. The supervising licensed behavioral health professional shall assume responsibility for and supervise the LPCA's practice.

h. Licensed Psychological Associate – KRS 319.064 states a licensed psychological associate shall:
(1) Have received a master's degree in psychology from a regionally accredited educational institution;
(2) Have passed an examination procedure in psychology; and
(3) A licensed psychological associate shall not practice independently, except under the employment and supervision of any board-approved licensed psychologist.

i. Licensed Psychological Practitioner – KRS 319.053 states a person holding a credential as a certified psychologist or as a licensed psychological associate may apply for a license to perform certain functions within the practice of psychology without supervision and use the title of "licensed psychological practitioner" when all of the following conditions are met:
(1) Submission of three (3) letters of endorsement to the board to sit for the examination:
(a) One of the letters shall be from the applicant's current board approved supervisor of record and shall include a statement describing the scope of practice demonstrated in the clinical experience of the applicant; and
(b) Two letters shall be from licensed mental health professionals who are acceptable to the board and who are familiar with the clinical work of the applicant.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(2) Documentation of at least sixty (60) semester hours of graduate study in psychology or a related field or its equivalent acceptable to the board; and

(3) Completion, after credentialing by the board as a certified psychologist, psychological associate, or licensed psychological associate, of the equivalent of five full-time years of professional experience under the supervision of a board-approved licensed psychologist.

(4) An applicant for licensure shall be required by the board to pass the national objective examination known as the EPPP, with an equal to or exceeding the score required for the passage for a licensed psychologist candidate at the doctoral level at the time the examination is taken.

(5) The board shall require an applicant for licensure under this section to pass an examination of psychological practice, ethical principles and the law.

j. Licensed Psychologist – Per KRS 319.050, a licensed psychologist shall pass an examination in psychology and fulfill all requirements for supervised experience.

(1) The psychologist shall:

(a) Have received a doctoral degree in psychology that is acceptable to the board from a regionally accredited educational institution; provided, however, the board may grant a license to an individual otherwise qualified under this chapter who has received a doctoral degree in psychology that is acceptable to the board from an educational institution outside the United States, if the educational institution would otherwise be accredited by a regional accrediting body if located in the United States;

(b) Have passed the national EPPP examination at the doctoral level; and

(c) Have had at least two (2) years of supervised professional experience satisfactory to the board, one (1) year of which shall be an internship.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(2) Upon acceptance of the application to sit for the examination in psychology, the applicant may practice psychology under the supervision of a licensed psychologist under conditions of supervision and temporary licensure established by the board. The board shall establish a grace period not to exceed sixty (60) days to allow for the employment and supervision of the applicant by an agency from the time the applicant's degree requirements are completed to the submission of the complete application. During this period of supervision, the applicant for licensure may not supervise certified psychologists, licensed psychological associates, other applicants for licensure, or temporarily licensed persons, nor shall he engage in an independent practice, except under the employment of his supervising psychologist. Upon certification to the board of completion of the two (2) years of supervision satisfactory to the board, the applicant shall be examined on psychological practice, ethical principles, and the law.

(3) Licensed psychologists may function independently without supervision. Licensed psychologists who have the designation "health service provider" may retain that designation and may employ and supervise certified psychologists and licensed psychological associates. Licensed psychologists who have the designation "health service provider" may supervise no more than a total of six (6) certified psychologists, licensed psychological associates, or applicants for licensure at one (1) time.

k. Physician – KRS 311.571 states that any applicant who is a graduate of a medical or osteopathic school shall be eligible for a regular license to practice medicine in the Commonwealth if they:

(1) Are able to understandably speak, read, and write the English language;

(2) Has graduated from an accredited college or university or has satisfactorily completed a collegiate course of study necessary for entry into an approved medical or osteopathic school or college;

(3) Has graduated from a prescribed course of instruction in a medical or osteopathic school or college situated in the United States or Canada and approved by the board:

(4) Has satisfactorily completed a prescribed course of postgraduate training of a duration to be established by the board in an administrative regulation; and

(5) Has successfully completed an examination prescribed by the board.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

l. Physician Assistant – Has graduated from a physician assistant or surgeon assistant program accredited by the Accreditation Review Commission on Education for Physician Assistants or its predecessor or successor agencies and has passed the certifying examination administered by the National Commission on Certification of Physician Assistants or its predecessor or successor agencies; or Possesses a current physician assistant certificate issued by the board prior to July 15, 2002.

m. Psychiatrist – Licensed under the laws of Kentucky 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 eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.

n. Certified Peer Support Specialist – As specified by relevant peer support regulations 908 KAR 2:220, 230, 240 an applicant shall:

(1) Be eighteen (18) years of age or older;

(2) Have personal or family lived experience with mental health, substance use or co-occurring mental health and substance use disorders and treatment;

(3) Have attained a high school diploma or general equivalency diploma (GED) certificate;

(3) Complete the relevant peer specialist training program(s);

(4) Successfully complete the peer specialist examination(s);

(5) Must complete and maintain documentation of continuing education requirements;

(6) Meet all other requirements according to relevant peer support regulations 908 KAR 2:220, 230, 240; and

(7) Certified Peer Support Specialist can deliver services working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LCADC, a LMFT, a LPCC, or a LPAT.

(8) 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.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

o. Registered Alcohol and Drug Peer Support Specialist shall meet the following requirements as according to KRS 309.0831:

(1) Be at least eighteen (18) years of age;
(2) Have obtained a high school diploma or equivalent;
(3) Have completed board-approved experience working with persons having a substance use disorder, and under the direct supervision;
(4) Have completed board-approved curriculum;
(5) Have passed a written examination;
(6) Have completed required training;
(7) And have met all other requirements according to KRS 309.0831;
(8) Registered Peer Support Specialist can deliver services working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LCADC, a LMFT, a LPCC, or a LPAT; and
(9) 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.

p. Certified Alcohol and Drug Counselor (CADC): KRS 309.083 states that a Certified Alcohol and Drug Counselor shall:

(1) Be at least eighteen (18) years of age;
(2) Have obtained a baccalaureate degree;
(3) Have completed six thousand (6,000) hours of board-approved experience working with alcohol or drug dependent persons, three hundred (300) hours of which shall have been under the direct supervision of a certified alcohol and drug counselor who has at least two (2) years of post-certification experience; (4) Have completed at least two hundred seventy (270) classroom hours of board-approved curriculum;
(4) Have passed a written examination that has been approved by the International Certification Reciprocity Consortium on Alcoholism and Drug Abuse and an oral examination approved by the board;
(5) Have signed an agreement to abide by the standards of practice and code of ethics approved by the board;
(6) Have completed at least six (6) hours of ethics training and two (2) hours of training in the transmission, control, treatment, and prevention of the human immunodeficiency virus;
(7) Have completed three (3) hours of domestic violence training;
(8) Have submitted two (2) letters of reference from certified alcohol and drug counselors; and

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(9) Work under the supervision of a physician, a psychiatrist, a LP, a LPP, a LCSW, a LMFT, a LPCC, LCADC or a LPAT, with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community mental health center.

q. Licensed clinical alcohol and drug counselor – KRS 309.0832 states that a licensed clinical alcohol and drug counselor shall:

(1) Be at least eighteen (18) years of age;
(2) Have obtained from a regionally accredited college or university or a college or university accredited by an agency recognized by the United States Department of Education:
  (a) A sixty (60) hour master's degree in a behavioral science with clinical application;
  (b) A thirty (30) hour advanced placement master's degree in a behavioral science with clinical application; or
  (c) A doctoral degree in a behavioral science with clinical application;
(3) Have completed at least one hundred eighty (180) classroom hours of alcohol and drug counselor specific board-approved curriculum;
(4) Have passed a written examination as specified by the board in administrative regulation;
(5) Have signed an agreement to abide by the standards of practice and code of ethics approved by the board;

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(6) Have completed at least six (6) hours of ethics training; three (3) hours of domestic violence training; and two (2) hours training in the transmission, control, treatment, and prevention of the human immunodeficiency virus, in addition to the educational requirements in subsection (2) of this section;
(7) Have submitted two (2) letters of reference from certified alcohol and drug counselors or licensed clinical alcohol and drug counselors;
(8) Live or work at least a majority of the time in Kentucky;
(9) Have complied with the requirements for the training program in suicide assessment, treatment, and management in KRS 210.366 and any administrative regulations promulgated thereunder; and
(10) Have completed two thousand (2,000) hours of board-approved experience working with persons having a substance use disorder, three hundred (300) hours of which shall have been under the direct supervision of a licensed clinical alcohol and drug counselor.

r. Licensed clinical alcohol and drug counselor associate – KRS 309.0833 states that a licensed clinical alcohol and drug counselor associate shall:

(1) An applicant for licensure as a licensed clinical alcohol and drug counselor associate shall:
(a) Pay the board the initial fee for licensure;
(b) Complete the requirements under KRS 309.0832(1) to (9) [as indicated above for the Licensed clinical alcohol and drug counselor]; and
(c) Obtain a board-approved supervisor of record.
(2) Upon completion of the hours of board-approved experience specified in KRS 309.0832(10), a licensed clinical alcohol and drug counselor associate may apply to the board for licensure as a licensed clinical alcohol and drug counselor.

s. Community Support Associate: 908 KAR 2:250 states that a Community Support Associate shall:
(1) Be eighteen (18) years of age or older;
(2) Have a high school diploma, a general equivalency diploma (GED), or qualifying documentation from a comparable educational entity;
(3) Have one (1) year of full-time experience working with individuals who receive services for treatment of a mental health or co-occurring disorder; and

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(4) Successfully complete within six (6) months of hire a training program approved by the Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID) described in Section 3 of 908 KAR 2:250 and
(5) Work under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LCSW, a LMFT, a LPCC, or a LPAT; and
(6) Meet face-to-face no less than one (1) time every two (2) weeks with his or her supervisor as described in paragraph (e) of this subsection.

t. Licensed Professional Art Therapist: KRS 309.130 states that a Licensed Professional Art Therapist shall:
(1) Have completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution; and
(2) Have been issued a license by the board for the independent practice of art therapy.

u. Licensed Professional Art Therapist Associate: KRS 309.130 states that a Licensed Professional Art Therapist Associate shall:
(1) Have completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution; and
(2) Have been issued a license by the board to practice art therapy under an approved clinical supervisor authorized by the board.

v. Licensed Behavior Analyst: KRS 319C.080 states that a Licensed Behavior Analyst shall:
(1) Have met the education requirements of the Board Certified Behavior Analyst (BCBA) standards, has passed the BCBA examination, and is credentialed as a behavior analyst by the certification board;
(2) Maintain active status and fulfill all requirements for renewal and recertification with the certification board as a Board Certified Behavior Analyst (BCBA);
(3) Conduct his or her professional activities in accordance with accepted standards as required by administrative regulations promulgated by the board in accordance with KRS 319C.050(1); and
(4) Comply with all applicable administrative regulations promulgated by the board.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

w. Licensed Assistant Behavior Analyst: KRS 319C.080 states that a Licensed Assistant Behavior Analyst shall:

(1) Have met the education requirements of the Board Certified Assistant Behavior Analyst (BCaBA) standards, has passed the BCaBA examination, and is credentialed as an assistant behavior analyst by the certification board;

(2) Maintain active status and fulfills all requirements for renewal and recertification with the certification board as a Board Certified Assistant Behavior Analyst;

(3) Conduct his professional activities in accordance with accepted standards as required by administrative regulations promulgated by the board in accordance with KRS 319C.050(1);

(4) Comply with all applicable administrative regulations promulgated by the board; and

(5) Be supervised by a certified behavior analyst in a manner consistent with the certification board requirements for supervision of Board Certified Assistant Behavior Analysts.

x. Registered Behavioral Technician (RBT) shall meet the following requirements provided by the Behavior Analyst Certification Board (BACB):

(1) Be at least 18 years of age

(2) Have a minimum educational requirement of a high school diploma or the equivalent

(3) Complete a 40-hour training program approved by the Behavior Analyst Certification Board conducted by BACB certificants.

(4) Pass the Registered Behavioral Technician Competency Assessment administered by a BACB certificant.

(5) Pass the Registered Behavioral Technician exam provided by the Behavior Analyst Certification Board

y. Certified Psychologist with autonomus functioning: KRS 319.056 states a Certified Psychologist with autonomus functioning shall be:

(1) A person currently authorized to use the title "certified psychologist with autonomous functioning" may continue to function with that title or may choose to permanently change this title to "licensed psychological practitioner" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

9. Qualifications of Providers (continued)

(2) A certified psychologist with autonomous functioning or a licensed psychological practitioner may continue to function without supervision unless the board revokes his or her license pursuant to KRS 319.082. He or she shall not supervise certified psychologists, licensed psychological practitioners, or licensed psychological associates.

z. Certified Psychologist: KRS 319.056 states a Certified Psychologist shall be:

(1) A person currently authorized to use the title "certified psychologist" may continue to function with that title or may choose to permanently change this title to "licensed psychological associate" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.

(2) A certified psychologist or a licensed psychological associate may continue to function under the supervision of a licensed psychologist unless the board revokes his certificate pursuant to KRS 319.082.

(3) A certified psychologist, whether functioning under that title or as a licensed psychological associate, may perform certain functions within the practice of psychology only under the supervision of a licensed psychologist approved by the board, and shall not employ or supervise other certified psychologists, licensed psychological practitioners, or licensed psychological associates.

XVI. Other diagnostic, screening, preventive and rehabilitative services.

B. Other practitioners providing the service (listed in 1, 2, 3, 4, and 5 below) will be reimbursed based on a step down methodology calculated as a percentage of the physician rate (75% of the current Kentucky-specific Medicare Physician rate, or the established Medicaid rate if a current Kentucky-specific Medicare rate does not exist). The step down includes:

(1) 85% - Advanced Practice Registered Nurse (APRN), Licensed Psychologist (LP), Physician Assistant (PA)
(2) 80% - Licensed Professional Clinical Counselor (LPCC), Licensed Clinical Social Worker (LCSW), Licensed Psychological Practitioner (LPP), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Art Therapist (LPAT), Licensed Behavior Analyst (LBA), Licensed Clinical Alcohol and Drug Counselor (LCADC), or Certified Psychologist with autonomous functioning.
(3) 70% - Licensed Psychological Associate (LPA), Licensed Marriage and Family Therapist Associate (LMFTA), Licensed Professional Counselor Associate (LPCA), Certified Social Worker, Masters Level (CSW), Licensed Professional Art Therapist Associate (LPATA), Licensed Assistant Behavior Analyst (LABA), Licensed Clinical Alcohol and Drug Counselor Associate (LCADCA) or Certified psychologist without autonomous functioning. The billing provider is either the supervisor, a provider group, or licensed organization.
(4) 50% - Certified alcohol and drug counselor (CADC).
(5) 40% - Other non-bachelors-level providers

C. Reimbursement for the following services shall be as established on the Behavioral Health and Substance Abuse Services Outpatient (Non-Facility) fee Schedule. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the following services. The agency's fee schedule rate was set as of 7/1/2019 and is effective for services provided on or after that date. All rates are published on the agency's website at https://chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/July2019BHOutpatientFeeSchedule.pdf

(1) Screening, brief intervention and referral to treatment (SBIRT)
(2) Service planning
(3) Day treatment
(4) Comprehensive community support services
(5) Peer support services
(6) Intensive outpatient program services

Partial hospitalization must be provided by a licensed organization and will be reimbursed a rate of $194.10 per day. This set rate will be the same for all governmental and private Medicaid providers. In order to be reimbursed this rate, at least one of the services (individual therapy, group therapy, family therapy, medication management) must be provided during the period. This rate is effective as of 7/1/2019 and can be found on the KY Medicaid Behavioral Health & Substance Abuse Services Outpatient Fee schedule which is published on the agency's website at https://chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/July2019BHOutpatientFeeSchedule.pdf.

A. Kentucky has developed a method for allocating the portion of the rate related to each of the bundled services for purposes of proper reporting on the CMS-64.

B. The partial hospitalization daily rate is based on rates currently set for state plan services. The rates for each service are multiplied by the anticipated service frequency per day. Additionally, as this is an outpatient service, these rates do not include costs related to room and board or any other unallowable facility costs.

C. Any provider delivering Partial Hospitalization services will be paid through the daily payment rate and cannot bill the department separately. Any Medicaid providers delivering separate services outside of the Partial Hospitalization services rate may bill for those separate services in accordance with the state's Medicaid billing procedures.

D. The state will periodically monitor the actual provisions of partial hospitalization services paid at this daily rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs. Post payment audits will inform and ensure that this rate remains economic and efficient based on the services that are actually provided for the service.

XVI. Other diagnostic, screening, preventive and rehabilitative services.

Medication Assisted Treatment for Methadone Only

Methadone Medication Assisted Treatment (MAT) must be provided by a licensed organization meeting all qualifications to be approved as a Narcotic Treatment Program. Methadone MAT will be reimbursed a rate of $105.00 weekly and will this will be the set rate for all governmental as well as private Medicaid providers. Methadone MAT must include at least one of the services (individual, group, and/or family therapies, medication dispensing, and limited laboratory services for drug screening) in order to be reimbursed this rate. The services included in the bundled rate for Methadone MAT for substance use disorder must be administered by a physician, psychiatrist, advanced nurse practitioner registered nurse or a physician assistant and will be paid from the Kentucky Behavioral Health and Substance Abuse Services Outpatient (non-Facility) Fee Schedule. The Fee Schedule can be located at https://chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/July2019BHOutpatientFeeSchedule.pdf.

A. Kentucky has developed a method for allocating the portion of the rate related to each of the bundled services for purposes of proper reporting on the CMS-64.

B. Methadone MAT weekly rate is based on rates currently set for state plan services. The rates for each service are multiplied and averaged by the anticipated service frequency per week. Additionally, as this is an outpatient service, these rates do not include costs related to room and board or any other unallowable facility costs.

C. Any provider delivering Methadone MAT services will be paid through the weekly payment rate and cannot bill the department separately. Any Medicaid providers delivering separate services outside of the Methadone MAT services rate may bill for those separate services in accordance with the state's Medicaid billing procedures.