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

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

GENERAL INSTRUCTIONS

Complete ALL items on the form unless otherwise instructed. Programs should attest to ALL levels of care (LOC) which services will be rendered. If attesting to more than one LOC, supporting documentation should clearly delineate between levels, including staffing and therapies.

Each residential program must be uniquely identifiable when submitting claims according to data standards set out by the Health Insurance Portability Act and Accountability Act of 1996 (HIPAA) and its associated rules. Service facility information should be included on CMS 1500, Box 32 (837P Loop 2310C)

All DMS provisionally certified residential/inpatient programs are expected to obtain the American Society of Addition Medicine (ASAM) Level of Care (LOC) Certification for each attested LOC prior to the provisional certification end date.

Please submit your DMS Attestation Form along with supporting documents to the DMS.Issues@ky.gov mailbox. When submitting, use the subject line "Facility Name: SUD Residential Provisional Certification Attestation"

Additional information regarding ASAM LOC Certification

ASAM LOC Certification

ASAM LOC Certification - Facts and FAQs

ASAM LOC Certification - Other Resources

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A. ENTITY INFORMATION

1. Legal Entity Name / Provider Name:

2. Residential Program Name (If different than Legal Entity Name used to identify the program):

3. Residential Program Street Address (Physical location/address where the program operates):

3a. City	3b. State/Zip

5. Mailing Address (If different than Program Address)

5a. Mailing City	5b. Mailing State/Zip

6. Contact Name	6a.Title

6b. Contact Email	6c. Contact Phone

7. National Provider Identifier (NPI)	8. Medicaid ID	9. Tax ID

10. AODE Residential License#	10a. Current Bed Capacity	10b. Average Census

Additional Information:

11. Have you applied for the ASAM Level of Care Certification?

11a. If yes, please include scheduled survey date.

12. Please indicate the following ASAM LOC Certification Resources utilized to prepare for certification:

- ☐ ASAM LOC Certification Manual
- ☐ ASAM LOC Certification Preparation Workbook
- ☐ ASAM LOC Certification Training Modules
- ☐ The ASAM Criteria

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Program Types
Select the appropriate ASAM Level(s) Of Care for the services offered at your residential facility. By checking this LOC you attest that you have received the appropriate licensure and that you are complaint with all applicable State regulations for the LOC indicated.

Please Note: ASAM LOC Certification must be obtained by the end of the Provisional Period.

B. Program Description	ASAM LOC	Provide Service
Clinically Monitored Low-Intensity Residential Services: 24-hour supervised residence that provide at least 5 hours of clinical service per week. Not intended to describe recovery housing where treatment services are not provided within the program. Examples of service delivery: Typically freestanding facilities located in a community setting such as recovery halfway house, group home or other supportive living environment (SLE) with 24-hour staff and close integration with clinical services. ***Allowable in BHSO3 PT 03 or CMHC PT 30***	3.1	☐
Clinically Managed High-Intensity Residential Services: 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu and therapeutic community. Examples: Therapeutic community of variable length of stay with appropriately clinically trained staff; or a residential treatment center or freestanding appropriately licensed residential facility located in a community setting. ***Allowable in BHSO3 PT 03, CDTC PT 06 or CMHHC PT 30***	3.5	☐
Medically Monitored High-Intensity Inpatient Services: 24-hour professionally directed evaluation, medical monitoring, and addiction treatment in an inpatient setting, but does not require the full resources of an acute care general hospital. Freestanding appropriately licensed facility located in a community setting, or a specialty unit in a general or psychiatric hospital. ***Allowable in CDTC PT 06, RCSU PT 26 treating SUD, or CMHC PT 30 with CDTC License***	3.7	☐

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C. ASSESSMENT / TREATMENT PLAN		Check all that apply
13	Duration of stay is based on recipients progress, not predetermined.	☐
14	Physical examinations and policies for each patient address:	
	Completion by provider(s) employed or contracted by the program	☐
	Admissions on weekends and holidays	☐
	What should be included in the physical examination	☐
	Documentation of the exam in the patient record	☐
	As needed integration into the treatment plan of services to address identified medical needs	☐
	Completion of physical exam with 48 hours (24 hours for *ASAM Level 3.7*) of admission If or when an exam would be accepted from an external physician	☐
		☐
15	Procedures for nursing address (*ASAM Level 3.7 Only*) :	
	Alcohol or other drug-focused nursing assessment of each patient that is conducted at admission.	☐
	Provision of nursing services 24/7 and reflected on staffing schedule.	☐
16	Admission criteria incldes:	
	ASAM six dimensional criteria	☐
	DSM/ICD diagnosis	☐
	Medical and psychiatric needs/conditions that would exclude admission into level of care assessed.	☐
17	Written procedures for biopsychosocial assessments specify:	
	Qualifications of providers who can conduct the assessment	☐
	Timeframe for completion of the assessment	☐
18	Treatment Planning procedures includes:	☐
	Patient participation	☐
	Is individualized	☐
	Timeframes for initial development of plan, review and modification of the plan at least weekly (more frequently as needed for ASAM Level 3.7)	☐
	Reflects current issues and maintained relevance	☐
	Reviewed by an interdisciplinary team with knowledge about addiction treatment	☐
19	Program provides care coordingation at minimum:	
	Referrall to appropriate community services	☐
	Facilitation of medical and behavioral health follow up	☐
	Linking the recipient to the appropriate level of substance use treatment within the continuum to provide ongoing supports	☐

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D. SUPPORT SYSTEMS

Check all that apply

20	Policy includes procedures to respond to urgent medical or psychiatric situations and how to access 24/7.	☐
21	Program has direct affiliation or close coordination with other levels of care programs	☐
22	Procedures that address (ASAM Level 3.7 Only):	
	Coordination when a patient is receiving concurrent services in another level of care	☐
	Transfer, discharge and transition to a different level of care within the same program	☐

E. STAFF REQUIREMENTS

Check all that apply

23	Program Director has documentation of at least five (5) years of addiction services/ treatment experience.	☐
24	Written contract for the medical director who is a physician. (*ASAM 3.7 Only*)	☐
25	The program has a policy on staffing that address coverage 24/7-365:	
	By allied health professionals including (*ASAM Level 3.1/3.5 only*)	☐
	Nursing coverage, including credentials of nursing personnel (*ASAM Level 3.7 only*)	☐
	On-site availabilty of clinicians who are trained on biopsychosocial dimensions of substance use and mental health disorders and their treatment (*ASAM Level 3.5/3.7 only*)	☐
	Availablity of supervisory personnel to respond to urgent situations	☐
26	At least one staff on-site, per day shift, 7 days a week include one of the following according to 907 KAR 15:005: Approved Behavioral Health Practitioner, Approved Behavioral Health Practitioner under supervision, or Certified/Registered Peer Support Specialist	☐
27	Team of licensed or credentialed medical, addiction, and mental health clinicians who work with non-licensed professionals as an interdisciplinary team approach	☐
28	Clinical staff with ability to explain purposes of psychotropic medications and interactions with SUD (*ASAM level 3.5/3.7 only*)	☐
29	Do you have affiliation with DEA waivered MD or APRN? (provide information)	

Provider Name: _____ NPI: _____

Contact Info: _____

License: _____ Other ID: _____

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Additional Staffing / Programming Information:

Please indicate staff/clinician discipline who provide services to the attested program. Check all that apply.

Program Clinician/Staff	Number of Staff	Individual Therapy	Group Therapy	Family Therapy	Educational Session	Other
Medical Doctor (MD)		☐	☐	☐	☐	☐
Adv. Practice Registered Nurse (APRN)		☐	☐	☐	☐	☐
Physician's Assistant (PA)		☐	☐	☐	☐	☐
Registered Nurse (RN)		☐	☐	☐	☐	☐
Psychiatrist (PSY)		☐	☐	☐	☐	☐
Licensed Psychological Practitioner (LPP)		☐	☐	☐	☐	☐
Certified Psychologist (CP)		☐	☐	☐	☐	☐
Licensed Clinical Social Worker (LCSW)		☐	☐	☐	☐	☐
Licensed Professional Clinical Counselor (LPCC)		☐	☐	☐	☐	☐
Licensed Marriage & Family Therapies (LMFT)		☐	☐	☐	☐	☐
Licensed Clinical Alcohol & Drug Counselor (LCADC)		☐	☐	☐	☐	☐
Licensed Psychological Associate (LPA)		☐	☐	☐	☐	☐
Certified Social Worker (CSW)		☐	☐	☐	☐	☐
Licensed Professional Counselor Associate (LPCA)		☐	☐	☐	☐	☐
Licensed Marriage & Family Therapist Associate (LMFTA)		☐	☐	☐	☐	☐
Licensed Clinical Alcohol & Drug Counselor Associate (LCADCA)		☐	☐	☐	☐	☐
Certified Alcohol & Drug Abuse Counselor (CADC)		☐	☐	☐	☐	☐
Certified/Registered Peer Support Specialist (PSS)		☐	☐	☐	☐	☐

F.THERAPIES	Check all that apply
30 Program directly provides:	
Drug testing services	☐
Mental Health services for co-occurring disorders	☐
Pharmacy services	☐
Physical Health (*ASAM Level 3.7 only*)	☐
31 Planned clinical program activities at least 5 hours per week (*ASAM Level 3.1*), 10 hour per week (*ASAM Level 3.5*) or more, designed to stabilize SUD symptoms, maintenance and relapse prevention.	☐
32 Does the program provide withdrawal management services?	☐
33 Medication procedures address:	
How patients obtain medications when needed	☐
Safe Storage	☐
Dispensing medication	☐
Monitoring patient adherence	☐
Compliance with regulatory requirements pertaining to administration and storage	☐
34 Policies for substance disorder medications address:	
How patients obtain medications when needed	☐
For maintenance after discharge or transfer	☐
Access to at least two medications approved by FDA for OUD (methadone, puprenorphine, and naltrexone)	☐
35 Procedures for accessing psychiatric consultative services address (*ASAM Level 3.7 o*nly):	
Response by phone within 8 hours	☐
Response in person or via telemedicine within 24 hours or sooner	☐
36 Program schedule has evidence that shows individual and group services	☐
37 Program policies include:	
Description of services provided	☐
Service objective	☐
Personnel and credentials providing the service	☐
Active treatment 7 days a week, including meaningful and intentional services on Saturday and Sunday	☐

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F.THERAPIES, *continued*		Check all that apply
38	Drug testing, at minimum includes:	
	Determination of frequency	☐
	Randomization or methodology for selection	☐
	Who is qualified for ordering drug test	☐
39	Motivational enhancements and engagement strategies appropriate to the individual's stage of readiness and desire to change.	☐
40	Program offers recovery support services.	☐
41	Program offers services for patient's family and significant others.	☐
42	Program offers a range of cognitive, behavioral and other therapies adapted to the recipient's developmental stage, level of comprehension, understanding and physical abilities.	☐
43	Program offers planned community reinforcement fostering community living skills	☐
44	Support system components include evidenced based clinical services.	☐

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G. Attachments

List of attachments required with request for provisional certification.
Please keep the attestation and all attachments in order.

		Check all that apply
1	Linkage agreement(s) with off-site or affiliated agency/providers (if applicable)	☐
2	Documentation supporting access to 24/7 emergency services	☐
3	Detailed weekly program schedule and policy with descriptions of services provided, objectives, personnel and credentials providing the service.	☐
4	Weekly staffing schedule including names, credentials and on-call coverage for all staff.	☐
5	Example of Assessment Tools(s), including Assessment and Treatment Planning Policy	☐
6	Admission and Physical Examination Policy	☐
7	Care Coordination and Discharge Planning Policy	☐
8	Yearly staff education/training requirements	☐
9	Program Director Qualifications	☐
10	Medical Director Qualification and Contracts	☐
11	Certifications for all Non-Licensed/Non-Credentialed Staff	☐
12	Drug screen policy	☐
13	Description of evidence-based practices/therapies utilized	☐
14	All appropriate program license	☐
15	Description of withdrawal managmeent services/therapies/plan	☐

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"I hereby certify that all information contained in this document and the supporting document is true and accurate. I further understand that any information entered in this document that subsequently is found to be false may result in termination of any agreements that the facility has or may enter into with DMS and/or its contractors.

In compliance with the DMS Provisional Residential Certification/Attestation Form, the Facility attests that it will permit only staff members who are fully licensed and/or meet DMS program requirements to see and treat Medicaid eligible members.

I hereby give permission and consent for DMS and/or its contractors, to obtain and verify information provided in this form and consent to the release by any person, organization or other entity to DMS and/or its contractors, of all information relevant to the evaluation of the facility's ability to render addiction recovery and treatment services in a cost-effective manner and agree to hold harmless any such person or organization from any cause or action based on the release of such information to DMS and/or its contractors.

I understand that DMS is not the ASAM Level of Care Certification surveying/certification body and this attestation may not represent all required elements for each level of care.

By signing this attestation, I agree that all statements are true and agree to abide by any contracted requirements for the services delivered under the authority of this agreement.

Printed Name:

Title:

Phone (if different)

Signature:

Date:

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