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State/Territory Name: Kentucky

State Plan Amendment (SPA)#: 23-0016

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

July 20, 2023

Ms. Lisa Lee
Commissioner, Department for Medicaid Services
Commonwealth of Kentucky
Cabinet for Health and Human Services
275 East Main Street, 6 West A
Frankfort, KY 40601

Re: Kentucky State Plan Amendment (SPA) Transmittal Number 23-0016

Dear Ms. Lee:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under Transmittal Number (TN) 23-0016. This amendment proposes to develop services for a twenty-three hour crisis observation stabilization service; to update the definition for Crisis Intervention Service and Residential Crisis Stabilization Service; and to change Mobile Crisis to Community Mobile Crisis Intervention services and update definition.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in 42 C.F.R 430.12(B). This letter is to inform you that Kentucky Medicaid SPA 23-0016 was approved on July 20, 2023, with an effective date of October 1, 2023.

If you have any questions, please contact Keri Toback at (312) 353-1754 or via email at Keri.Toback@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Erin Bickers, KY DMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 6

2. STATE

KY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 430.12 (B)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 483,867
b. FFY 2025 \$ 483,867

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Page 7.6.1 (f)
Attachment 3.1-A Page 7.6.1 (g)
Attachment 3.1-A Page 7.6.1 (g)(1)
Attachment 3.1-A Page 7.6.1 (h)
Attachment 3.1-A Page 7.6.1 (i)
Attachment 3.1-A Page 7.6.1 (j)
Attachment 3.1-A Page 7.6.1 (k)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A Page 7.6.1 (f)
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Attachment 3.1-A Page 7.6.1 (i)
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9. SUBJECT OF AMENDMENT

Developing services for a twenty three hour crisis observation stabilization services. Update definition of Crisis Intervention Service, and Residential Crisis Stabilization Services. Change Mobile Crisis to Community Based Mobile Crisis Intervention services and add updated definition.

10 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

OTHER, AS SPECIFIED:

11 SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Lisa Lee

13. TITLE
Commissioner

14. DATE SUBMITTED
4/25/2023

15. RETURN TO

Lisa Lee
275 E. Main St.
Frankfort, KY 40601

FOR CMS USE ONLY

16. DATE RECEIVED
04/25/2023

17. DATE APPROVED
07/20/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Block 7. Page Number of the Plan Section

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Attachment 3.1-A Page 7.6.1 (k)
Attachment 3.1-A Page 7.6.1 (k)(1) – New
Attachment 3.1-A Page 7.6.1 (k)(2) – New
Attachment 3.1-A Page 7.6.1 (k)(3) – New
Attachment 3.1-B Page 31.5 (f)
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Attachment 3.1-B Page 31.5 (k)(2) – New
Attachment 3.1-B Page 31.5 (k)(3) – New
Attachment 4.19-B Page 20.15 (1)(d) Attachment
4.19-B Page 20.15 (1)(d)(1) – New

Block 8. Page of the Superseded Plan Section

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Attachment 4.19-B Page 20.15 (1)(d)

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 | LMFT* | MD | Psychiatrist | APRN | PA | LCADC | LCADCA* | LADC* | CADC* | BHA* | 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. Community Based Mobile Crisis Intervention Services (MCIS) | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| F. Crisis Stabilization Services (f1) 23 hour Crisis Observation Stabilization Services (COSS) | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| (f.2) Residential Crisis Stabilization | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| G. Day Treatment | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| H. Peer Support Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Intensive Outpatient Program (IOP) | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | |
| J. Individual Outpatient Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | |
| K. Group 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/CP * | LPP/CP with | LCSW | CSW * | LPC | LPCA * | LPAT | LPATA * | LMFT | LMFT * | MD | Psychiatrist | APRN | PA | LCADC | LCADCA * | LADC * | CADC * | BHA * | Peer Support * | SU Peer Support* | Prevention Specialist* | CSA * | LBA | LABA * | RBT * | LO | CMHC | Provider Group |
|--|----|----------|-------------|------|-------|-----|--------|------|---------|------|--------|----|--------------|------|----|-------|----------|--------|--------|-------|----------------|------------------|------------------------|-------|-----|--------|-------|----|------|----------------|
| L. Family Outpatient Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ❖ | | | | | | | | ✓ | ✓ | ✓ |
| M. Collateral Outpatient Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ❖ | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| N. Partial Hospitalization | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | | | | | | | | | ✓ |
| O. Service Planning | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | ✓ |
| P. Residential Services for SUD | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | | ◆ | | | | | | | | ✓ |
| Q. SBIRT (SUD only) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | | | | | ✓ |
| R. Assertive Community Treatment (Mental Health only) | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | | | | ◆ | | | | | ✓ |
| S. Comprehensive Community Support Services (Mental Health 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

4. Rendering Providers

| Service | Provider Group | ✓ | ✓ | ✓ | ✓ | ✓ |
|---|------------------------------------|---|---|---|---|---|
| T. Withdrawal Management | CMHC | ✓ | ✓ | ✓ | ✓ | ✓ |
| U. Medication Assisted Treatment (MAT) | LO | ✓ | ✓ | ✓ | ✓ | ✓ |
| V. Applied Behavior Analysis (Mental Health only) | RBT * | | | ✓ | | |
| W. Inpatient Chemical Dependency Treatment (SUD only) | LABA * | | | ✓ | | |
| X. Therapeutic Rehabilitation (Mental Health only) | LBA | | | ✓ | | |
| | CSA * | | | | | |
| | Prevention Specialist* | | | | | |
| | SU Peer Support* | | | | ◆ | |
| | Peer Support * | | | | ◆ | ❖ |
| | BHA * | ❖ | ❖ | | | ❖ |
| | CADC * | ✓ | ❖ | | ◆ | |
| | LADC * | ✓ | ❖ | | ◆ | |
| | LCADCA * | ✓ | ❖ | | ◆ | |
| | LCADC | ✓ | ❖ | | ◆ | |
| | PA | ✓ | ❖ | ✓ | ◆ | ✓ |
| | APRN | ✓ | ❖ | ✓ | ◆ | ✓ |
| | Psychiatrist | ✓ | ❖ | ✓ | ◆ | ✓ |
| | MD | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LMFT * | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LMFT | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPATA * | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPAT | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPCA * | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPCC | ✓ | ❖ | ✓ | ◆ | ✓ |
| | CSW * | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LCSW | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPP/CP with autonomous functioning | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPA/CP * | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LP | ✓ | ❖ | ✓ | ◆ | ✓ |

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

13d. Rehabilitative Services

5. Rendering 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)

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

- (1) Behavioral Health Services Organizations (BHSO)
- (2) Community Mental Health Center (CMHC)

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) Community Based Mobile Crisis Intervention Services (MCIS)

State: Kentucky

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

13d. Rehabilitative Services

- (f) Crisis Stabilization Services
 - (f.1) 23-Hour Crisis Observation Stabilization Services (COSS)
 - (f.2) 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 (Mental health only)
- (u) Withdrawal Management (Substance use only)
- (v) Medication Assisted Treatment (MAT) (Substance use only)
- (w) Applied Behavior Analysis (ABA) (Mental health only)
- (x) Inpatient Chemical Dependency Treatment (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 assessments. 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 may include psychodiagnostics 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 is an immediate short-term de-escalation, usually single session, technique used to address an immediate behavioral health emergency, stabilize the individual in crisis, and create and implement a safe, appropriate plan for next steps and future treatment. Crisis intervention involves connecting to the person in crisis and talking them through specific steps to ensure their immediate safety as well as make appropriate plans for future care.

Community Based Mobile Crisis Intervention Services (MCIS) Community Based Mobile Crisis Intervention Services (MCIS) includes dispatch of the Mobile Crisis Team (MCT) at the individual's location for those experiencing a behavioral health crisis. A behavioral health crisis is defined as any behavioral, SUD, or psychiatric situation perceived to be a crisis by the individual.

MCIS aims to effect symptom or harm reduction, or to safely transition an individual in acute crisis to the appropriate level of care. Delivery of MCIS include conducting a crisis screening and assessment, stabilization and de-escalation; coordination with post-crisis follow-up services, including referrals to health, social and other support services as needed; and follow-up with the individual.

MCI services are:

- Provided in duration of less than 24 hours.
- Available on a 24/7/365 basis.
- Provided outside of a hospital or other facility.

Composition of the MCT:

- Minimum of a two-person team for safety and who are actively participating in the crisis response with the individual.
- Minimum of one (1) MCT members at the location of the individual in person, located in the community, the other MCT member may be available by telehealth or in person. If telehealth is being used, the team member must actively participate in the mobile crisis response.
- Minimum of one (1) behavioral health practitioner that is able to perform an assessment.

Authorized Providers

The MCIS providers must be a licensed organization and also meet the following:

- Capacity to employ practitioners and coordinate service provision among rendering providers.
- Capacity to provide the full range of services included in the definition.
- Access to a board certified or board eligible psychiatrist on a 24/7/365 basis
- For more information on rendering providers, see pages 7.6.1(f-g1)

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

13d. Rehabilitative Services

(f) [Crisis Stabilization Services](#)

(f.1) 23-Hour Crisis Observation Stabilization Services

23-Hour Crisis Observation Stabilization Services (COSS) is a voluntary, 23 hour direct service, designed to stabilize and restore the individual to a level of functioning in the least restrictive environment. COSS provides assessment and stabilization interventions to individuals experiencing a behavioral health crisis for a period of up to 23 hours in a Crisis Observation Stabilization Services Unit (COSSU). This service is indicated for those situations wherein an individual is in an acute behavioral health crisis and requires a safe environment for observation and assessment prior to determination of whether admission to a higher level of care is necessary. COSS should be person centered, medically necessary, reflect the cultural and linguistic needs of the recipient, evidence based and trauma informed. COSS within a COSSU should be outpatient community

based and not part of a hospital.

COSSUs are community-based, outpatient programs that offer an array of services including screening; assessment; development of a crisis care plan to determine appropriate level of care; individual, group, and family therapy, medication management; ambulatory withdrawal management with extended on-site monitoring; care coordination; psychoeducation; and peer support (For more information on peer supports, see page 7.6.1(m)) in order to stabilize a crisis. In addition, COSSU must have referral relationships to both outpatient and inpatient levels of care as next level of care options.

Care coordination in mental health and substance use disorder 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. Care coordination shall include at minimum;

- Referring the recipient to appropriate community services through a warm handoff;
- Transferring of medical records;
- Facilitating medical and behavioral health follow-ups;

- Linking to appropriate levels of substance use treatment within the continuum in order to provide on-going support;
- Providing a discharge summary;
- Facilitating medication assisted treatment as necessary, per patient choice, if the medication is not offered on-site;
- Completing post crisis follow-up with the individual within 72 hours of the discharge from the COSSU.

COSS 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.

Authorized Providers

The COSS providers must be a licensed organization and also meet the following:

- 24 hour Nursing services with at a minimum of an RN
- Capacity to employ practitioners and coordinate service provision among rendering providers.
- Capacity to provide the full range of services included in the COSS definition.
- Access to nursing services when providing COSS.
- Access to a prescriber for Medication for Opioid Use Disorder (MOUD) when providing COSS.
- Access to a board certified or board eligible psychiatrist on a 24/7/365 basis
- For more information on rendering providers, see pages 7.6.1.(f-g1).

(f.2) Residential Crisis Stabilization

Residential Crisis Stabilization Services (RCSS) are provided in residential crisis stabilization units (RSCU) that are community based residential programs. These services are used when individuals in a behavioral health crisis cannot be safely accommodated within the community and are not in need of hospitalization but need overnight care. The purpose is to stabilize the individual and reintegrate back into the community in a timely fashion.

RCSS provides assessment and stabilization interventions to individuals experiencing a behavioral health crisis. Services may include crisis screening, assessment and development of a Crisis Education, Intervention and Prevention Plan (CIPP) to determine appropriate level of care, individual, group and family therapy, psychoeducation, stabilization of withdrawal management symptoms and medication management with extended on-site monitoring; care coordination; and peer support (page 7.6.1(m)) in order to stabilize a crisis. In addition, RSCU must have referral relationships to both outpatient and inpatient levels of care as next level of care options.

Services should be person centered, medically necessary, reflect the cultural and linguistic needs of the recipient, evidence based and trauma informed.

Care coordination in mental health and substance use disorder 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. Care coordination shall include at minimum;

- Referring the recipient to appropriate community services through a warm handoff;
- Transferring of medical records;
- Facilitating medical and behavioral health follow-ups;
- Linking to appropriate levels of substance use treatment within the continuum in order to provide on-going support;
- Providing a discharge summary;
- Facilitating medication assisted treatment as necessary, per patient choice, if the medication is not offered on-site;
- Completing post crisis follow-up with the individual within 72 hours of discharge from the RCSU.

For the treatment of substance use disorders, residential crisis stabilization programs should meet the service criteria for medically monitored intensive inpatient services, including medically monitored inpatient withdrawal management services using the current edition of *The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and co-Occurring Conditions*.

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 aged 65 or older who reside in institutions that are IMDs (section 1905(a) of the Act; 42 CFR 440.140.)

Authorized Providers

The Residential Crisis Stabilization providers must be employed by 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
- 24 hour Nursing services with at a minimum of an RN
- Access to nursing services when providing RCSS.
- Access to prescriber for Medication for Opioid Use Disorder (MOUD) when providing RCSS.
- For more information on rendering providers, see pages 7.6.1(f-g1)

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 | LMFT* | MD | Psychiatrist | APRN | PA | LCADC | LCADCA* | LADC* | CADC* | BHA* | 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. Community Based Mobile Crisis Intervention Services (MCIS) | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| F. Crisis Stabilization Services (f1) 23 hour Crisis Observation Stabilization Services (COSS) | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| (f.2) Residential Crisis Stabilization | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| G. Day Treatment | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| H. Peer Support Services | | | | | | | | | | | | | | | | | | | | | ❖ | ❖ | | | | | | | | | |
| I. Intensive Outpatient Program (IOP) | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | ❖ | | | | | | | | | | | |
| J. Individual Outpatient Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | |
| K. Group Outpatient Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | |
| L. Family Outpatient Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | |
| M. Collateral Outpatient Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | |
| N. Partial Hospitalization | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |

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 | LCSW | CSW * | LPCC | LPCA * | LPAT | LPATA * | LMFT | LMFT * | MD | Psychiatrist | APRN | PA | LCADC | LCADCA * | LADC * | CADC * | BHA * | Peer Support * | SU Peer Support* | Prevention Specialist* | CSA * | LBA | LABA * | RBT * | LO | CMHC | Provider Group | |
|--|----|----------|-------------|------|-------|------|--------|------|---------|------|--------|----|--------------|------|----|-------|----------|--------|--------|-------|----------------|------------------|------------------------|-------|-----|--------|-------|----|------|----------------|---|
| L. Family Outpatient Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ❖ | | | | | | | | ✓ | ✓ | ✓ | |
| M. Collateral Outpatient Therapy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ❖ | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| N. Partial Hospitalization | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | | | | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| O. Service Planning | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ❖ | | | ✓ | | | | | | ✓ | ✓ | |
| P. Residential Services for SUD | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | | ◆ | | | | | | | | ✓ | ✓ |
| Q. SBIRT (SUD only) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ❖ | | | ✓ | | | | | | | ✓ | ✓ |
| R. Assertive Community Treatment (Mental Health only) | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | | | | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |
| S. Comprehensive Community Support Services (Mental Health 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

4. Rendering Providers

| Service | Provider Group | ✓ | ✓ | ✓ | ✓ | ✓ |
|---|------------------------------------|---|---|---|---|---|
| T. Withdrawal Management | CMHC | ✓ | ✓ | ✓ | ✓ | ✓ |
| U. Medication Assisted Treatment (MAT) | LO | ✓ | ✓ | ✓ | ✓ | ✓ |
| V. Applied Behavior Analysis (Mental Health only) | RBT * | | | ✓ | | |
| W. Inpatient Chemical Dependency Treatment (SUD only) | LABA * | | | ✓ | | |
| X. Therapeutic Rehabilitation (Mental Health only) | LBA | | | ✓ | | |
| | CSA * | | | | | |
| | Prevention Specialist* | | | | | |
| | SU Peer Support* | | | | ◆ | |
| | Peer Support * | | | | ◆ | ❖ |
| | BHA * | ❖ | ❖ | | | ❖ |
| | CADC * | ✓ | ❖ | | ◆ | |
| | LADC * | ✓ | ❖ | | ◆ | |
| | LCADCA * | ✓ | ❖ | | ◆ | |
| | LCADC | ✓ | ❖ | | ◆ | |
| | PA | ✓ | ❖ | ✓ | ◆ | ✓ |
| | APRN | ✓ | ❖ | ✓ | ◆ | ✓ |
| | Psychiatrist | ✓ | ❖ | ✓ | ◆ | ✓ |
| | MD | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LMFT * | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LMFT | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPATA * | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPAT | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPCA * | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPCC | ✓ | ❖ | ✓ | ◆ | ✓ |
| | CSW * | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LCSW | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPP/CP with autonomous functioning | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LPA/CP * | ✓ | ❖ | ✓ | ◆ | ✓ |
| | LP | ✓ | ❖ | ✓ | ◆ | ✓ |

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

13d. Rehabilitative Services

5. Rendering 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)

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

- (1) Behavioral Health Services Organization (BHSO)
- (2) Community Mental Health Center (CMHC)

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) Community Based Mobile Crisis Intervention Services (MCIS)

State: Kentucky

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

13d. Rehabilitative Services

- (f) Crisis Stabilization Services
 - (f.1) 23-Hour Crisis Observation Stabilization Services (COSS)
 - (f.2) 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 (Mental health only)
- (u) Withdrawal Management (Substance use only)
- (v) Medication Assisted Treatment (MAT) (Substance use only)
- (w) Applied Behavior Analysis (ABA) (Mental health only)
- (x) Inpatient Chemical Dependency Treatment (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 assessments. 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 may include psychodiagnostics 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 is an immediate short-term de-escalation, usually single session, technique used to address an immediate behavioral health emergency, stabilize the individual in crisis, and create and implement a safe, appropriate plan for next steps and future treatment. Crisis intervention involves connecting to the person in crisis and talking them through specific steps to ensure their immediate safety as well as make appropriate plans for future care.

Community Based Mobile Crisis Intervention Services (MCIS) Community Based Mobile Crisis Intervention Services (MCIS) includes dispatch of the Mobile Crisis Team (MCT) at the individual's location for those experiencing a behavioral health crisis. A behavioral health crisis is defined as any behavioral, SUD, or psychiatric situation perceived to be a crisis by the individual.

MCIS aims to effect symptom or harm reduction, or to safely transition an individual in acute crisis to the appropriate level of care. Delivery of MCIS include conducting a crisis screening and assessment, stabilization and de-escalation; coordination with post-crisis follow-up services, including referrals to health, social and other support services as needed; and follow-up with the individual.

MCI services are:

- Provided in duration of less than 24 hours.
- Available on a 24/7/365 basis.
- Provided outside of a hospital or other facility.

Composition of the MCT:

- Minimum of a two-person team for safety and who are actively participating in the crisis response with the individual.
- Minimum of one (1) MCT members at the location of the individual in person, located in the community, the other MCT member may be available by telehealth or in person. If telehealth is being used, the team member must actively participate in the mobile crisis response.
- Minimum of one (1) behavioral health practitioner that is able to perform an assessment.

Authorized Providers

The MCIS providers must be a licensed organization and also meet the following:

- Capacity to employ practitioners and coordinate service provision among rendering providers.
- Capacity to provide the full range of services included in the definition.
- Access to a board certified or board eligible psychiatrist on a 24/7/365 basis
- For more information on rendering providers, see pages 7.6.1(f-g1)

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

13d. Rehabilitative Services

(f) [Crisis Stabilization Services](#)

(f.1) 23-Hour Crisis Observation Stabilization Services

23-Hour Crisis Observation Stabilization Services (COSS) is a voluntary, 23 hour direct service, designed to stabilize and restore the individual to a level of functioning in the least restrictive environment. COSS provides assessment and stabilization interventions to individuals experiencing a behavioral health crisis for a period of up to 23 hours in a Crisis Observation Stabilization Services Unit (COSSU). This service is indicated for those situations wherein an individual is in an acute behavioral health crisis and requires a safe environment for observation and assessment prior to determination of whether admission to a higher level of care is necessary. COSS should be person centered, medically necessary, reflect the cultural and linguistic needs of the recipient, evidence based and trauma informed. COSS within a COSSU should be outpatient community

based and not part of a hospital.

COSSUs are community-based, outpatient programs that offer an array of services including screening; assessment; development of a crisis care plan to determine appropriate level of care; individual, group, and family therapy, medication management; ambulatory withdrawal management with extended on-site monitoring; care coordination; psychoeducation; and peer support (For more information on peer supports, see page 7.6.1(m)) in order to stabilize a crisis. In addition, COSSU must have referral relationships to both outpatient and inpatient levels of care as next level of care options.

Care coordination in mental health and substance use disorder 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. Care coordination shall include at minimum;

- Referring the recipient to appropriate community services through a warm handoff;
- Transferring of medical records;
- Facilitating medical and behavioral health follow-ups;

- Linking to appropriate levels of substance use treatment within the continuum in order to provide on-going support;
- Providing a discharge summary;
- Facilitating medication assisted treatment as necessary, per patient choice, if the medication is not offered on-site;
- Completing post crisis follow-up with the individual within 72 hours of the discharge from the COSSU.

COSS 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.

Authorized Providers

The COSS providers must be a licensed organization and also meet the following:

- 24 hour Nursing services with at a minimum of an RN
- Capacity to employ practitioners and coordinate service provision among rendering providers.
- Capacity to provide the full range of services included in the COSS definition.
- Access to nursing services when providing COSS.
- Access to a prescriber for Medication for Opioid Use Disorder (MOUD) when providing COSS.
- Access to a board certified or board eligible psychiatrist on a 24/7/365 basis
- For more information on rendering providers, see pages 7.6.1.(f-g1).

(f.2) Residential Crisis Stabilization

Residential Crisis Stabilization Services (RCSS) are provided in residential crisis stabilization units (RSCU) that are community based residential programs. These services are used when individuals in a behavioral health crisis cannot be safely accommodated within the community and are not in need of hospitalization but need overnight care. The purpose is to stabilize the individual and reintegrate back into the community in a timely fashion.

RCSS provides assessment and stabilization interventions to individuals experiencing a behavioral health crisis. Services may include crisis screening, assessment and development of a Crisis Education, Intervention and Prevention Plan (CIPP) to determine appropriate level of care, individual, group and family therapy, psychoeducation, stabilization of withdrawal management symptoms and medication management with extended on-site monitoring; care coordination; and peer support (page 7.6.1(m)) in order to stabilize a crisis. In addition, RSCU must have referral relationships to both outpatient and inpatient levels of care as next level of care options.

Services should be person centered, medically necessary, reflect the cultural and linguistic needs of the recipient, evidence based and trauma informed.

Care coordination in mental health and substance use disorder 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. Care coordination shall include at minimum;

- Referring the recipient to appropriate community services through a warm handoff;
- Transferring of medical records;
- Facilitating medical and behavioral health follow-ups;
- Linking to appropriate levels of substance use treatment within the continuum in order to provide on-going support;
- Providing a discharge summary;
- Facilitating medication assisted treatment as necessary, per patient choice, if the medication is not offered on-site;
- Completing post crisis follow-up with the individual within 72 hours of discharge from the RCSU.

For the treatment of substance use disorders, residential crisis stabilization programs should meet the service criteria for medically monitored intensive inpatient services, including medically monitored inpatient withdrawal management services using the current edition of *The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and co-Occurring Conditions*.

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 aged 65 or older who reside in institutions that are IMDs (section 1905(a) of the Act; 42 CFR 440.140.)

Authorized Providers

The Residential Crisis Stabilization providers must be employed by 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
- 24 hour Nursing services with at a minimum of an RN
- Access to nursing services when providing RCSS.
- Access to a prescriber for Medication for Opioid Disorder (MOUD) when providing RCSS
- For more information on rendering providers, see pages 7.6.1(f-g1)

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), Licensed Alcohol and Drug Counselor, 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) and Behavioral Health Associate.
 - (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://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>
- (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
 - (7) Partial hospitalization services

Reimbursement for these services will be reviewed and may be adjusted annually according to the Medicare Economic Index.

- D. Reimbursement for mobile crisis intervention (MCI) services, crisis observation and stabilization services (COSS) and residential crisis stabilization services shall be as established on the Behavioral Health Fee Schedule 2023. This fee schedule will be posted at <http://chfs.ky.gov/dms/fee.htm> and is effective beginning on October 1, 2023. The fee schedule rates are calculated based on the following methodology:
- (1) The mobile crisis intervention rate is a per diem rate based on calculated market costs which includes salaries/wages, travel and administrative expense.
 - i. Salaries/wages include practitioner and paraprofessional providers utilizing the Bureau of Labor Statistics information
 - ii. Travel expense is calculated based on the federal reimbursement rate per mile.
 - iii. Administrative expense is based on 15% of salaries/wages and travel expense.
 - (2) COSS is an hourly rate and residential crisis stabilization is a per diem rate based on calculated market costs which includes salaries/wages, facility, supplies, equipment, and administrative expenses.
 - i. Salaries/wages include practitioner and paraprofessional providers utilizing the Bureau of Labor Statistics information.
 - ii. Facility, supplies, equipment expense is based on 13% salaries/wages.
 - iii. Administrative expense is based on 20% of salaries/wages.

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