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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: KY-20-0002-CHIP

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

April 8, 2021

Lisa D. Lee, Commissioner
Department for Medicaid Services
Cabinet for Health and Family Services
275 East Main Street, 6W-A
Frankfort, KY 40621

Dear Ms. Lee:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number KY-20-0002-CHIP, has been approved. Through this SPA, Kentucky has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. This SPA has an effective date of October 24, 2019.

Section 5022 of the SUPPORT Act added Section 2103(c)(5) to the Social Security Act (the Act) and requires child health and pregnancy related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. Additionally, Section 2103(c)(5)(B) of the Act requires that these behavioral health services be delivered in a culturally and linguistically appropriate manner. Kentucky demonstrated compliance by providing the necessary assurances and benefit descriptions that the state covers a range of behavioral health services in a culturally and linguistically appropriate manner.

Your Project Officer is Jack Mirabella. They are available to answer your questions and other CHIP-related matters. Their contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-2424
E-mail: jack.mirabella@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Division Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed Amy Lutzky/

Amy Lutzky
Deputy Director

Behavioral Health Benefits CHIP SPA

6.2-BH Behavioral Health Coverage Section 2103(c)(6) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- State-developed schedule
- American Academy of Pediatrics
- Other Nationally recognized periodicity schedule (please specify:)
- Other (please describe:)

No difference between CHIP Population.

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders, and if there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

6.3.1- BH Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

6.3.1.1- BH The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.1.2- BH The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

- Psychological testing for individuals with mental health, substance use, or co-occurring mental health and substance use disorders may include:
Psycho-diagnostic assessment of personality, psychopathology, emotionality, and/or intellectual disabilities. The services also includes interpretation and written report of testing results.
- The state will facilitate Training and Screening Tool Updates for providers, by the use of provider letters, state webpage, Bi-monthly meetings of the Children’s Technical Advisory Committee (which includes advocates and community liaisons) and via monthly meetings with Managed Care Organizations.
- The state requires managed care organizations (MCO’s) and their networks to use screening and assessment tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.2- BH Outpatient services (Sections 2110(a)(11) and 2110(a)(19))
All benefit limits are based on medical necessity unless otherwise noted.

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH Psychosocial treatment
Provided for: Mental Health Substance Use Disorder

Psychosocial treatment for Mental Health and SUD includes individual outpatient therapy, outpatient group therapy and outpatient family therapy as medically necessary.

6.3.2.2- BH Tobacco cessation

Provided for: Substance Use Disorder

Tobacco cessation treatment includes but is not limited to:

- All FDA approved medications for tobacco cessation are available.
- Prevention education in kindergarten through 12th grade with intensive instruction in middle school and reinforced in high school.
- Targeted community wide programs that address the role of families, community organizations, tobacco-related policies, anti-tobacco advertising, and other elements of an adolescents' social environment.
- Program-specific training for teachers
- Trained Peer Support to help counteract social pressures on youth to use tobacco
- Substance Use Disorder (SUD) Individuals with co-occurring mental health and SUDs may be treated for both disorders in inpatient and outpatient settings. Kentucky's Division of Behavioral Health handles all mental and SUD services and coordinates with Child (CPS) and Adult Protective Services using initiatives such as a pilot program called Sobriety Treatment and Recovery Team (START), which works with children that may be put into state custody due to SUD issues and tries to get parents into SUD treatment. The START program fills gaps in CHIP by focusing on prevention (i.e., keeping children from going into custody). Medicaid is billed for START program services provided to families covered by Medicaid.
- The START Program is not based on tobacco cessation alone.
- The target population for START is as follows:
 - Families with at least one child younger than 6 in the child welfare system with a parent whose substance use is determined to be a primary child safety risk factor.
- It is not likely that tobacco use alone would be determined to be a primary child safety risk factor by DCBS. The parents can have intensive SUD services, with or without medication included in the treatment based on recommendations by the clinician and/or physician.
- Counseling is available as part of the tobacco cessation benefit.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

6.3.2.3- BH Medication Assisted Treatment

Provided for: Substance Use Disorder

6.3.2.3.1 Opioid Use Disorder **6.3.2.3.2** Alcohol Use Disorder

6.3.2.3.3 Other

Medication Assisted Treatment (MAT) is an evidence based practice with the use of all 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 waived practitioners who have experience with addiction medicine. Kentucky’s estimated 1300 waived physicians are not able to prescribe medications for Opioid Use Disorder until receipt of their waiver license. 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 waived practitioner or have agreements in place for linkage to appropriate behavioral health treatment providers. Staff shall be knowledgeable 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.

6.3.2.4- BH Peer

Provided for: Mental Health Substance Use Disorder

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).

6.3.2.5- BH Respite Care
Provided for: Mental Health Substance Use Disorder

Respite Care/Caregiver support is not covered under CHIP. Children in need of respite care and caregiver support services will be evaluated to determine whether the child is eligible for the state's Medicaid 1915(c) waiver.

6.3.2.6- BH Intensive in-home services
Provided for: Mental Health Substance Use Disorder

Although intensive in-home services is not a defined covered service in Kentucky, the home is an approved place of service.

6.3.2.7- BH Intensive outpatient
Provided for: Mental Health Substance Use Disorder

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*.

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.

6.3.2.8- BH Psychosocial rehabilitation
Provided for: Mental Health Substance Use Disorder

Services may require prior authorization determined by each MCO.

Psychosocial rehabilitation helps people develop the social, emotional and intellectual skills they need in order to live happily with the smallest amount of professional assistance they can manage. Psychosocial rehabilitation uses two strategies for intervention: Learning coping skills so that they are more successful in handling a stressful environment and developing resources that reduce future stressors.

PSR is a treatment approach designed to help improve the lives of people with disabilities. The goal of **psychosocial rehabilitation** is to teach emotional, cognitive, and social skills that help those diagnosed with **mental** illness live and work in their communities as independently as possible. Treatments and resources vary from case to case but can include medication management, psychological support, family counseling, vocational and independent living training, housing, job coaching, educational aide and social support.

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH Day Treatment

Provided for: Mental Health Substance Use Disorder

Services are available for at least three hours and less than 24 hours each day the program is open. There is no limit on the scope, duration, or amount for this benefit. Day Treatment services are covered in Fee for Service and all Managed Care Organization plans as part of the Behavioral Health benefit.

6.3.3.1- BH Partial Hospitalization

Provided for: Mental Health Substance Use Disorder

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.

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 5 days a week. Partial Hospitalization is typically focused on one primary presenting problem (i.e., Substance use, sexual reactivity, etc.).

6.3.4- BH Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))

Provided for: Mental Health Substance Use Disorder

Inpatient services/PRTF's

Inpatient and residential SUD treatments are a covered behavioral benefit for beneficiaries through Chemical Dependency Treatment Centers, Residential Behavioral Health Services Organizations as well as Acute and Psychiatric Hospitals. PRTF's are treatment facilities for primary mental health diagnosis' but can treat SUD if identified while in treatment. Outpatient SUD treatment services are covered by PRTF's, BH multi-specialty groups, Behavioral Health Services Organizations, Chemical Dependency Treatment Centers, Community Mental Health Centers as well as Individual licensed enrolled providers with SUD treatment specialties.

PTRF I service providers must meet the coverage provisions and requirements of 907 KAR 9:005 and 907 KAR 9:015 to provide covered services. Any services performed must fall within the scope of practice for any provider. Listing of a service in the administrative regulation is not a guarantee of payment. Providers must follow Kentucky Medicaid regulations. All services must be medically necessary.

The following are not covered as PRTF services:

- Chemical dependency treatment services if the need for the services is the beneficiary's primary diagnosis. However, chemical dependency treatment services are covered as incidental treatment if minimal chemical dependency treatment is necessary for successful treatment of the primary diagnosis.
- Outpatient services
- Pharmacy services covered as pharmacy services in accordance with 907 KAR 23:010
- Durable medical equipment covered as a durable medical equipment benefit in accordance with 907 KAR 1:479

A PRTF may not charge a beneficiary or responsible party representing a beneficiary any difference between private and semiprivate room charges.

Services are not be covered if appropriate alternative services are available in the community. The following are not covered:

- Admissions that are not medically necessary
- Individuals with a major medical problem or minor symptoms
- Individuals who might only require a psychiatric consultation rather than an admission to a psychiatric facility
- Individuals who might need only adequate living accommodations, economic aid or social support services

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

6.3.4.1- BH Residential Treatment
Provided for: Mental Health Substance Use Disorder

As the 2014 ACA expansion allowed the addition of behavioral health practitioners and services, Residential Treatment for mental health and substance use disorder, as well as other medically necessary behavioral health services may be provided in other approved settings including Community Mental Health

Centers.

Mental Health:

Kentucky assures that the Community Mental Health Centers (CMHS) provide outpatient mental health services in the least restrictive community-based settings to promote appropriate and timely access to care for beneficiaries, which include Adult Residential Treatment services and Crisis Residential services.

SUDs:

Residential treatment is a non-institutional, 24-hour, short-term residential program that provides rehabilitation services to beneficiaries with a substance use disorder diagnosis (ASAM Level 3.1, 3.3, 3.5). Residential treatment services are provided in a continuum of care as per the five (5) levels of ASAM residential treatment levels.

- Adolescents – up to two 30-day periods, with a one-time 30-day extension in a 365-day period;
- Perinatal beneficiaries are provided residential treatment for the duration of their pregnancy and 60 days postpartum.

6.3.4.2- BH Detoxification
Provided for: Substance Use Disorder

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. Services may require prior authorization determined by each MCO.

Detoxification, also known as withdrawal management, is a covered service within the Substance Use Disorder (SUD) continuum of services. At the highest level of care, it is covered within an acute care hospital, chemical dependency treatment center, residential SUD treatment and outpatient services.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility based services in order to avoid inpatient hospitalization.

6.3.5- BH Emergency services
Provided for: Mental Health Substance Use Disorder

6.3.5.1- BH Crisis Intervention and Stabilization
Provided for: Mental Health Substance Use Disorder

As the 2014 ACA expansion allowed the addition of behavioral health practitioners and services for the treatment of mental health and substance use disorder, Emergency services for Crisis Intervention, Stabilization treatment as well as other medically necessary behavioral health services may be provided in other approved settings including Community Mental Health Centers.

Mental Health:

The county Community Mental Health Centers (CMHS) provide outpatient mental health services in the least restrictive community-based settings to promote appropriate and timely access to care for beneficiaries, which include Crisis Intervention/Stabilization services. Crisis Stabilization in an Emergency Room must be provided onsite at a licensed 24-hour health care facility, as part of a hospital-based outpatient program, certified by the state to perform crisis stabilization. Guidelines for urgent care follow the same as emergency room care.

SUDs:

Crisis Intervention outpatient services are made available through county SUD programs including MAT services when needed. Service duration limits depend on ASAM Level.

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. Services may require prior authorization determined by each MCO.

The state assures that amount, duration, and/or scope limitation associated with its benefits can be exceeded if medically necessary

6.3.6- BH Continuing care services
Provided for: Mental Health Substance Use Disorder
Kentucky considers continuing care services to include outpatient community based services as described above in 6.3.2.1-BH; 6.3.2.2-BH; 6.3.2.3.3-BH; 6.3.2.7-BH; 6.3.4.1-BH; 6.3.5.1-BH; 6.3.9-BH.

6.3.7- BH Care Coordination
Provided for: Mental Health Substance Use Disorder

MCOs care management teams (including utilization management reviewers) will work collaboratively with providers, enrollees and community organizations to ensure the enrollee is treated in the least restrictive setting as is clinically appropriate with the goal to maintain enrollees safely in the community whenever possible. MCOs differ in the care programs they provide. They provide other care coordination programs, such as developing and monitoring care programs and shares among providers. The recipient's PCP plays a vital role in the recipient's care program.

6.3.7.1- BH Intensive wraparound
Provided for: Mental Health Substance Use Disorder

6.3.7.2- BH Care transition services
Provided for: Mental Health Substance Use Disorder

6.3.8- BH Case Management
Provided for: Mental Health Substance Use Disorder

Targeted Case Management for Children with Severe Emotional Disability or Severe Mental Illness

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - a. Taking client history;
 - b. Identifying the individual's needs and completing related documentation; and
 - c. Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.
 - d. An assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.

2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - e. Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - f. Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - g. Identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - a. Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
4. Monitoring and follow-up activities:
 - a. Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - 1) Services are being furnished in accordance with the individual's care plan;
 - 2) Services in the care plan are adequate; and
 - 3) Changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
 - 4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

Limitations:

1. Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).
2. Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

3. FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

6.3.9- BH Other
 Provided for: Mental Health Substance Use Disorder

Services may require prior authorization determined by each MCO.

1. **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.
2. **Psychological testing** for individuals with mental health, substance use, or co-occurring mental health and substance use disorders may include psycho-diagnostic assessment of personality, psychopathology, emotionality, and/or intellectual disabilities. The service also includes interpretation and written report of testing results
3. **Assertive community treatment (ACT)**, mental health only service, 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.
4. **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. 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.

5. **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.

6. Applied Behavior Analysis (ABA)

In accordance with KRS 319C.010, applied behavior analysis is described as the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. Applied behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and environment which utilize contextual factors, establishing operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and elicit behaviors under specific environmental conditions.

Applied behavioral analysis services should apply principles, methods, and procedures of the experimental analysis of behavior and applied behavior analysis, including but not limited to applications of those principles, methods, and procedures to: Design, implement, evaluate, and modify treatment programs to change the behavior of individuals; Design, implement, evaluate, and modify treatment programs to change the behavior of individuals that interact with a recipient; Design, implement, evaluate, and modify treatment programs to change the behavior of a group or groups that interact with a recipient; and Consult with individuals and organizations.

7. 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. Services may require prior authorization determined by each MCO.

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe the tool(s) used by the state or each managed care entity:

- ASAM Criteria (American Society Addiction Medicine)
 - Mental Health
 - Substance Use Disorders

- InterQual
 - Mental Health Substance Use Disorders
- MCG Care Guidelines
 - Mental Health Substance Use Disorders
- CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
 - Mental Health Substance Use Disorders
- CASII (Child and Adolescent Service Intensity Instrument)
 - Mental Health Substance Use Disorders
- CANS (Child and Adolescent Needs and Strengths)
 - Mental Health Substance Use Disorders
- State-specific criteria (e.g. state law or policies) (please describe)
 - Mental Health Substance Use Disorders
- Plan-specific criteria (please describe)
 - Mental Health Substance Use Disorders
- Other (please describe)
 - Mental Health Substance Use Disorders

The contractor shall adopt Interqual for Medical Necessity and shall utilize the American Society of Addiction Medicine (ASAM) for substance use. If Interqual does not cover a behavioral health service, the Contractor shall adopt the following standardized tools for medical necessity determinations:

For adults: Level of Care Utilization System (LOCUS); For children: Child and Adolescent Service Intensity Instrument (CASII) or the Child and Adolescent Needs and Strengths Scale (CANS); for young children; Early Childhood Service Intensity Instrument (ECSII).

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools. The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.

Guidance: Examples of facilitation efforts include requiring managed care organizations

and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

Under Kentucky's Managed Care Organization contracts, plans and provider networks are required to use ASAM for SUD and InterQual for mental health conditions.

The MCOs have provider manuals for Behavioral Health services and the Department for Behavioral Health, Developmental and Intellectual Disabilities as our Mental Health State Authority offer trainings and resources to providers in our State on evidence based practices and tools. Providers receive updates annually and as often as changes are made.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.