



United Behavioral Health

Supplemental Clinical Criteria: Kentucky Medicaid

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INTRODUCTION & INSTRUCTIONS FOR USE

The following *State or Contract Specific Clinical Criteria*¹ defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California ("Optum-CA")).

Other *Clinical Criteria*² may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®³. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services. When deciding coverage, the member's specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member's specific benefit, the member's specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

¹ **Clinical Criteria (State or Contract Specific)**: Criteria used to make medical necessity determinations for mental health disorder benefits when there are explicit mandates or contractual requirements.

² **Kentucky Medicaid Clinical Criteria (InterQual Criteria and ASAM Criteria)**

³ Optum is a brand used by United Behavioral Health and its affiliates.

BEHAVIORAL HEALTH DAY TREATMENT

BEHAVIORAL HEALTH DAY TREATMENT is an organized behavioral health program of treatment and rehabilitative services (substance use disorder, mental health, or co-occurring mental health and substance use disorder).

Admission Criteria

A member requires a non-residential, intensive treatment program designed for a child under the age of twenty-one (21) years if he/she has:

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

Service Delivery

1. Individual outpatient therapy, family outpatient therapy, or group outpatient therapy;
2. Behavior management and social skill training;
3. Independent living skills that correlate to the age and developmental stage of the recipient; and
4. Services designed to explore and link with community resources before discharge and to assist the recipient and family with transition to community services after discharge; and
5. Services are provided:
 - a. In collaboration with the education services of the local education authority including those provided through 20 U.S.C. 1400 et seq. (Individuals with Disabilities Education Act)
 - b. On school days and during scheduled breaks;
 - c. In coordination with the recipient's individual educational plan or Section 504 plan if the recipient has an individual educational plan or Section 504 plan;
 - d. Under the supervision of a licensed or certified behavioral health practitioner or a behavioral health practitioner working under clinical supervision; and
 - e. With a linkage agreement with the local education authority that specifies the responsibilities of the local education authority and the day treatment provider.
6. The Day Treatment provider has:
 - a. The capacity to employ staff authorized to provide day treatment services in accordance with this section and to coordinate the provision of services among team members;
 - b. The capacity to provide the full range of residential crisis stabilization services as stated in subparagraph 1 of this paragraph;
 - c. Demonstrated experience in serving individuals with behavioral health disorders;
 - d. The administrative capacity to ensure quality of services;
 - e. A financial management system that provides documentation of services and costs;
 - f. The capacity to document and maintain individual case records; and
 - g. Knowledge of substance use disorders.
7. Day treatment shall not include a therapeutic clinical service that is included in a child's individualized education plan or Section 504 plan.

COMPREHENSIVE COMMUNITY SUPPORT SERVICES

COMPREHENSIVE COMMUNITY SUPPORT SERVICES cover activities necessary to allow individuals with mental illness 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 service plan. Skills training is designed to reduce mental disability and restore the member to his/her best possible functional level. Comprehensive Community Support Services consist of using a variety of psychiatric rehabilitation techniques to improve daily living skills (hygiene, meal preparation, medication adherence), self-monitoring of symptoms and side effects, emotional regulation skills, crisis coping skills and developing and enhancing interpersonal skills. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations specifically 908 KAR 2:250

Admission Criteria

1. A child or adult who has a primary mental health disorder or a co-occurring mental health and substance use disorder diagnosis.
2. The member requires the following support services to allow them to live with maximum independence in the community:
 - a. Skills training, cueing, or supervision as identified in the client's individualized treatment plan;
 - b. Medication adherence and recognizing symptoms and side effects;
 - c. Non-clinical but therapeutic behavioral intervention, support, and skills training;
 - d. Assistance in accessing and utilizing community resources;
 - e. Emotional regulation skills;
 - f. Crisis coping skills; and
 - g. Developing and enhancing interpersonal skills.

Continued Stay Criteria

1. The desired outcome or level of functioning has not been fully restored or realized, improved or sustained over the time frame outlined in the individual treatment plan, OR
2. The individual continues to be at risk for relapse based on current clinical assessment, history, or the tenuous nature of the functional gains.
3. In addition, the individual has achieved current goals on their individualized treatment plan and additional goals are indicated as evidenced by documented symptoms, OR
4. The individual is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the treatment plan, OR
5. The individual is making some progress, but the specific interventions identified in the treatment plan need to be modified so that greater gains which are consistent with the individual's premorbid level of functioning are possible, OR
6. The individual fails to make progress, demonstrates regression, or both in meeting goals through the interventions identified in the treatment plan, and the individual should be reassessed, and recommendations revised to possibly include alternative or additional services.

Discharge Criteria

1. The individual's level of functioning has improved with respect to the goals/objectives outlined in the individualized treatment plan, OR
2. The individual has achieved positive life outcome(s) that support stable living in the home, school, and/or community and is no longer in need of Comprehensive Community Support, OR
3. The individual is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services, OR
4. The individual no longer wishes to receive the service (Comprehensive Community Support).

Service Delivery

1. Activities necessary to allow individuals with mental illness or co-occurring mental illness and substance use disorders to live with maximum independent in the community. Activities are intended to assure successful community living through utilization of skills training as identified in the individual's treatment plan. Skills training is designed to reduce mental disability and restore the member to his best possible functional level. Consists of using a variety of psychiatric rehabilitation techniques to improve daily living skills (hygiene, meal preparation, and medication adherence), self-monitoring of symptoms and side effects, emotional regulation skills, crisis coping skills and developing and enhancing interpersonal skills.
2. Activities should include at least one of the following services: Skills training, cueing or supervision as identified in the individualized treatment plan; Medication adherence and recognizing symptoms and side effects; Non-clinical but therapeutic behavioral intervention, support and skills training; Assistance in accessing and utilizing community resources; Emotional regulation skills; Crisis coping skills; and developing and enhancing interpersonal skills.

3. Services can include teaching and modeling such skills as the following: routine household care and maintenance; activities of daily living, including personal hygiene; shopping; money management; medication management; socialization; relationship building; participation in community activities; and goal attainment.
4. Comprehensive Community Support must be coordinated within the context of a comprehensive individualized treatment plan which is developed through a person-centered process. Comprehensive Community Support must be identified on each client's treatment plan as a modality to address one or more goal/objective.
5. Each service provided shall be documented in the client record. This documentation shall substantiate the service provided. Documentation shall include the type of service provided, the date of service, time of service, place of service and person providing the service. The documentation shall be signed by the person providing the service. Each Comprehensive Community Support service shall be directly related to each client's treatment plan and each service note shall reflect such.

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (LEVEL I AND LEVEL II)

Psychiatric Residential Treatment Facility (PRTF) means a separate, standalone facility providing a range of comprehensive long-term, intensive treatment for children and youth under age twenty-one (21) years on an inpatient basis under the direction of a physician. The facilities provide a more highly structured environment than can be provided in a Qualified Residential Treatment Program, Residential Placement, and in the home and serves as a community-based alternative to hospitalization. The facilities also serve children and youth who are transitioning from hospitals, but who not ready to live at home or in a foster home. (42 CFR Parts 441 and 483, and 902 KAR 20:320 and 902 KAR 20:330)

Admission Criteria (Level I and Level II)

1. The member is under age 21 with a DSM-5 diagnosis; and
2. The member meets the KAR 3:130 definition of medical necessityⁱ
3. Level I PRTF if the member requires:
 - a. Long term inpatient psychiatric care or crisis stabilization more suitably provided in a PRTF than in a psychiatric hospital; and
 - b. Level I PRTF services on a continuous basis as a result of a severe mental or psychiatric illness, including a severe emotional disturbance; or
4. Level II PRTF care if the member:
 - a. Is a child with a severe emotional disability;
 - b. Requires long term inpatient psychiatric care or crisis stabilization more suitably provided in a PRTF than a psychiatric hospital;
 - c. Requires Level II PRTF services on a continuous basis as a result of a severe emotional disability in addition to a severe and persistent aggressive behavior, an intellectual disability, a sexually acting out behavior, or a developmental disability; and
 - d. Does not meet the medical necessity criteria for an acute care hospital or a psychiatric hospital and has treatment needs which cannot be met in an ambulatory care setting, Level I PRTF, or other less restrictive environment.

Continued Stay Criteria (Level I and Level II)

1. The member is receiving active treatmentⁱⁱ
2. A treatment plan has been developed and specifies:
 - a. The amount and frequency of services needed; and
 - b. The number of therapeutic pass days for a member, if the treatment plan includes any therapeutic pass days.
3. A member in a Level I PRTF shall be re-evaluated at least once every thirty (30) days to determine if the member continues to meet Level I PRTF patient status criteria.
4. A Level I PRTF shall complete a review of each member's treatment plan at least once every thirty (30) days.
 - a. The review includes:

- i. Dated signatures of:
 1. Appropriate staff; and
 2. If present for the treatment plan meeting, a parent, guardian, legal custodian, or conservator;
 - ii. An assessment of progress toward each treatment plan goal and objective with revisions indicated; and
 - iii. A statement of justification for the level of services needed including:
 1. Suitability for treatment in a less-restrictive environment; and
 2. Continued services.
5. A Level II PRTF shall complete by no later than the third (3rd) business day following an admission, an initial review of services and treatment provided to a member which shall include:
 - a. Dated signatures of appropriate staff, parent, guardian, legal custodian, or conservator;
 - b. An assessment of progress toward each treatment plan goal and objective with revisions indicated; and
 - c. A statement of justification for the level of services needed including:
 - i. Suitability for treatment in a less-restrictive environment; and
 - ii. Continued services.
6. For a member aged four (4) to five (5) years, a Level II PRTF shall complete a review of the member's treatment plan of care at least once every fourteen (14) days after the initial review.
 - a. The review includes:
 - i. Dated signatures of appropriate staff, parent, guardian, legal custodian, or conservator;
 - ii. An assessment of progress toward each treatment plan goal and objective with revisions indicated; and
 - iii. A statement of justification for the level of services needed including:
 - iv. Suitability for treatment in a less-restrictive environment; and
 - v. Continued services.
7. For a member aged six (6) to twenty-two (22) years, a Level II PRTF shall complete a review of the member's treatment plan of care at least once every thirty (30) days after the initial review.
 - a. The review includes:
 - i. Dated signatures of appropriate staff, parent, guardian, legal custodian, or conservator;
 - ii. An assessment of progress toward each treatment plan goal and objective with revisions indicated; and
 - iii. A statement of justification for the level of services needed including:
 - iv. Suitability for treatment in a less-restrictive environment; and
 - v. Continued services.

Discharge Criteria

The discharge plan indicates:

1. There are member specific behavioral indicators for discharge from the service;
2. Expected service level that would be required upon discharge; and
3. Identification of the intended provider to deliver services upon discharge;
4. A crisis action plan that progresses through a continuum of care that is designed to re-duce or eliminate the necessity of inpatient services;
5. A plan for:
 - a. Transition to a lower intensity of services; and
 - b. Discharge from PRTF services;
 - c. An individual behavior management plan;
 - d. A plan for the involvement and visitation of the member with the birth family, guardian, or other significant person, unless prohibited by a court, including therapeutic off-site visits pursuant to the treatment plan; and
 - e. Services and planning, beginning at admission, to facilitate the discharge of the member to an identified plan for home-based services or a lower level of care.

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 members. 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 Specialists 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). Types of Peer Support include:

Peer Support (for youth and adults) is emotional support that is provided by persons having a mental health, substance use, or co-occurring mental health and substance use disorder to others sharing a similar mental health, substance use, or co-occurring mental health and substance use disorder in order to bring about a desired social or personal change. It is an evidence-based practice. Peer Support Services are structured and scheduled nonclinical, but therapeutic activities with individual clients or groups provided by a self-identified consumer of mental health, substance use, or co-occurring mental health and substance use disorder services who has been trained and certified in accordance with state regulations. Services should promote socialization, recovery, self-advocacy, preservation, and enhancement of community living skills for the client.

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

Service Delivery

1. Peer support services must be coordinated within the context of a comprehensive, individualized treatment plan which is developed through a person-centered planning process and reflect the following foundational principals: recovery-oriented, person-centered, voluntary, relationship-focused and trauma-informed. The peer support services must be identified on each member's individual treatment plan and must be designed to directly contribute to the participant's individualized goals, as specified in the plan. Individuals providing peer support services to members are permitted a maximum of 120 units per week of direct member contact. Peer support services being provided to members in a group setting shall not exceed 8 individuals in size.
2. Peer Support providers include:
 - a. Adult Peer Support Specialist - a self-identified consumer of mental health, substance use, or co-occurring mental health and substance use disorder services who provides emotional support to others with similar mental health, substance use, or co-occurring mental health and substances use disorders to achieve a desired social or personal change. Adult Peer Support Specialist are employed by a Medicaid enrolled provider group or licensed organization and shall successfully complete training
 - b. Youth Peer Support Specialists - identified as experiencing as a child or youth an emotional, social, behavioral or substance use disorder that is defined in the current version of The Diagnostic and Statistical Manual for Mental Disorders (DSM). Youth Peer Support Specialist are employed by a Medicaid enrolled provider group or licensed organization and shall successfully complete training and meet eligibility requirements approved by DBHDID.
3. Kentucky Youth Support Services (YPS) must be provided under the supervision of one of the following professionals who completed the department approved YPS 101 training:
 - a. physician;
 - b. psychiatrist;
 - c. advanced practice registered nurse;
 - d. physician assistant;

- e. licensed psychologist;
 - f. licensed psychological practitioner;
 - g. licensed clinical social worker;
 - h. licensed professional clinical counselor;
 - i. licensed marriage and family therapist;
 - j. certified psychologist;
 - k. certified psychologist with autonomous functioning;
 - l. licensed psychological associate;
 - m. marriage and family therapy associate;
 - n. certified social worker;
 - o. licensed professional counselor associate;
 - p. licensed professional art therapist;
 - q. professional equivalent;
 - r. certified alcohol and drug counselor;
 - s. or psychiatric nurse.
4. Individual supervision meetings must be conducted face-to-face; occur no less than once a week for the first year and monthly thereafter; and be documented. The supervising professional must maintain a written record for supervision that is dated and signed by both the KYPSS and supervisor for each meeting; and includes a description of the encounter that specifies:
- a. The topic discussed;
 - b. Any specific action to be taken;
 - c. An update for any issue previously discussed that required follow-up; and
 - d. A plan for additional training needs if any were identified.

TARGETED CASE MANAGEMENT

TARGETED CASE MANAGEMENT FOR ADULTS AND CHILDREN Services furnished to assist a member in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following types of assistance:

Targeted Case Management for Adults with Serious Mental Illness (SMI): A unit of service shall be one month; for a billable service to have occurred, at least 4 service contacts shall have occurred. Two of the contacts shall be face-to-face with the client. The other two contacts may be face-to-face or by telephone with or on behalf of the client.

Targeted Case Management for Children with Severe Emotional Disorder (SED): A unit of service shall be one month. For a billable service to have occurred, at least 4 service contacts shall have occurred. Two of the contacts shall be face-to-face with the client; at least one of these contacts shall be with the child and the other shall be with the family, parent(s), or person in custodial control. The other two contacts may be face-to-face or by telephone with or on behalf of the child.

Admission Criteria (SMI/SED)

- 1. The member is an adult diagnosed with a severe mental illness (SMI) ⁱⁱⁱ or is a child with a severe emotional disability (SED) ^{iv} as defined in KRS 200.503(3);
- 2. The member is not 21 to 64 years old while receiving services in an institution for mental disease or an inmate of a public institution;
- 3. The member needs assistance with access to housing, vocational, medical, social, educational, or other community services or supports;
- 4. The member has been involved with at least one child welfare agency or criminal justice agency or is in the custody of the Department of Community Based Services ;
- 5. The member is at risk of out of home placement or of inpatient mental health treatment.
- 6. The member has been diagnosed with an SMI using the DSM-5 criteria for:
 - a. Schizophrenia spectrum and other psychiatric disorders;
 - b. Bipolar and related disorders;
 - c. Depressive disorders; or
 - d. Post-traumatic stress disorders (under trauma and stressor related disorders).
- 7. The member’s history indicates that the member exhibits persistent disability and significant impairment in major areas of community living.
- 8. The member with SMI has had clinically significant symptoms which have persisted for a continuous period of at least 2 years; or

9. The member has been hospitalized for mental illness more than once within the past 2 years; and
10. The member is significantly impaired in the ability to function socially or occupationally or both.

Targeted Case Management for Substance Use Disorder: A unit of service shall be one month; for a billable service to have occurred, at least 4 service contacts shall have occurred. Two of the contacts shall be face-to-face with the client. The other two contacts may be face-to-face or by telephone with or on behalf of the client. There is a special case to this rule found in the reimbursement regulation; if the member is under the age of eighteen, contacts shall include one face-to-face with the member and one face-to-face with the member's parent or legal guardian.

Admission Criteria (SUD)

1. The member has a primary moderate or severe substance use disorder and mental health diagnoses according to the DSM-5;
2. The member has a lack of access to the supports necessary to assist the member in the member's recovery;
3. The member has a need for assistance with access to housing, vocational, medical, social, educational, or other community services and supports; or
4. The member is involved with one or more child welfare or criminal justice agencies but is not an inmate of a public institution; and
5. The member is not between the ages of 21 and 64 years old while receiving services in an institution for mental diseases or an inmate of a public institution

Targeted Case Management for Individuals w Co-Occurring Mental Health (SMI, SED) or Substance Use Disorders (SUD) and Chronic Complex Physical Health Issues: A unit of service shall be one month. For a billable service to have occurred, at least 5 service contacts shall have occurred. Three of the contacts shall be face-to-face with the client. The other two contacts may be face-to-face or by telephone with or on behalf of the client. When used with clients under age 18 having SED, two contacts shall be face-to-face with the client, two contacts shall be face-to-face with parent or guardian and one face-to-face or by telephone with or on behalf of the child. This shall be delivered in accordance with the current Kentucky State Plan Amendment and Reimbursement Regulations.

Admission Criteria (Co-Occurring)

1. The member is an adult diagnosed with a severe mental illness (SMI)^v or is a child with a severe emotional disability (SED)^{vi} as defined in KRS 200.503(3);
2. The member is not 21 to 64 years old while receiving services in an institution for mental disease or an inmate of a public institution;
3. The member needs assistance with access to housing, vocational, medical, social, educational, or other community services or supports;
4. The member has been involved with at least one child welfare agency or criminal justice agency or is in the custody of the Department of Community Based Services;
5. The member is at risk of out of home placement or of inpatient mental health treatment.
6. The member has been diagnosed with an SMI using the DSM-5 criteria for:
 - a. Schizophrenia spectrum and other psychiatric disorders;
 - b. Bipolar and related disorders;
 - c. Depressive disorders; or
 - d. Post-traumatic stress disorders (under trauma and stressor related disorders).
7. The member's history indicates that the member exhibits persistent disability and significant impairment in major areas of community living.
8. The member with SMI has had clinically significant symptoms which have persisted for a continuous period of at least 2 years; or
9. The member has been hospitalized for mental illness more than once within the past 2 years; and
10. The member is significantly impaired in the ability to function socially or occupationally or both.
11. The member is diagnosed with a moderate or severe substance use disorder shall be a moderate or severe substance use disorder as defined in the current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

12. The member is diagnosed with A chronic or complex physical health issue shall include:
 - a. A cardiovascular disorder;
 - b. A respiratory disorder;
 - c. A genito urinary disorder;
 - d. An endocrine disorder;
 - e. A musculoskeletal disorder;
 - f. A neurological disorder;
 - g. An immune system disorder;
 - h. Obesity;
 - i. Cancer;
 - j. Deafness; or
 - k. Blindness.
13. In addition to being diagnosed with a chronic or complex health issue, the member must also:
 - a. Have clinically significant symptoms which have persisted for a continuous period of at least two (2) years; or
 - b. Have been hospitalized as a result of the individual's physical health issue more than once within the past two (2) years; and
 - c. Be currently impaired in the ability to function socially or occupationally or both.
14. Documentation of a member's chronic or complex physical health diagnosis that is signed and dated by a qualified medical professional shall be present in the member's medical record.

Service Delivery for All Types of Targeted Case Management

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
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. 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 can provide 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:
 - i. services are being furnished in accordance with the individual's care plan;
 - ii. services in the care plan are adequate; and
 - iii. 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.
 - iv.** Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

THERAPEUTIC REHABILITATION PROGRAM

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

Therapeutic Rehabilitation Services for Adults

A therapeutic rehabilitation program of a community mental health center is a goal-oriented service for persons with SMI which provides a therapeutic program for persons who require less than twenty-four (24) hours a day care but more than outpatient counseling. Therapeutic rehabilitation shall be an effective intervention, the purpose of which is to assure that a person with a psychiatric disability possesses those physical, emotional, and intellectual skills to live, learn, and work in his own environment.

Services shall be designed for the development, acquisition, enhancement, and maintenance of interpersonal, personal adjustment, and daily living skills. The focus of all services shall be on helping clients to develop and maintain a healthy self-esteem. Clients shall be encouraged to retain the fullest possible control of their daily lives, to set their own rehabilitation goals, and to participate fully in decisions affecting their own lives and future.

Therapeutic Rehabilitation Services for Children

Children's therapeutic rehabilitation program shall be a goal-oriented program for children under age twenty-one (21) who have a mental health diagnosis as established in the most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, and who require more than intermittent outpatient services.

Children's therapeutic rehabilitation services may be provided twelve (12) months a year. Individual, group, and family therapies and collateral services may be provided in addition to the therapeutic rehabilitation services.

Admission Criteria

1. Member adults with SMI, Children with SED who require less than 24-hour care but more than outpatient counseling.

Continued Stay Criteria

1. Member adults with SMI or Children with SED continue to require a therapeutic program less than twenty-four (24) hours a day but more than outpatient counseling.

Discharge Criteria

1. Member adults with SMI or Children with SED no longer want, require or need a therapeutic program less than twenty-four (24) hours a day care but more than outpatient counseling.
2. When symptom reduction indicates a lesser level of care.

Service Delivery

1. Treatment plans should be developed through a person-centered planning process. Goals and objectives should be individualized.
2. The need for this level of intervention shall be identified by the appropriate mental health center staff and shall be indicated in the treatment plan.
3. A weekly summary note shall be used to document billable services. Staff notes shall be written by the person providing the service and cosigned, when appropriate. The weekly summary note shall reflect the goals and objectives identified in the treatment plan. In addition, it shall include an objective description of the individual's attitude, a reaction to treatment, progress, behavior, suggested changes in treatment, and other information as

deemed relative. A description of the activities and how the activities were used to facilitate psychiatric therapy shall also be included.

4. Treatment plans shall be reviewed and updated by staff at least every three (3) months.
5. These services shall be provided by:
 - a. A licensed psychologist;
 - b. A licensed professional clinical counselor;
 - c. A licensed clinical social worker;
 - d. A licensed marriage and family therapist;
 - e. A physician;
 - f. A psychiatrist;
 - g. An advanced practice registered nurse;
 - h. A licensed psychological practitioner;
 - i. A licensed psychological associate working under the supervision of a licensed psychologist;
 - j. A licensed professional counselor associate working under the supervision of a licensed professional clinical counselor;
 - k. A certified social worker working under the supervision of a licensed clinical social worker;
 - l. A marriage and family therapy associate working under the supervision of a licensed marriage and family therapist;
 - m. A physician assistant working under the supervision of a physician;
6. Under CMHCs psychiatric nurses and professional equivalents could also provide this service.
7. A psychiatrist shall be present in the therapeutic rehabilitation program on a regularly scheduled basis, at least monthly.

Program Principles

1. **Principle 1:** Psychiatric rehabilitation practitioners convey hope and respect and believe that all individuals have the capacity for learning and growth.
2. **Principle 2:** Psychiatric rehabilitation practitioners recognize that culture is central to recovery and strive to ensure that all services are culturally relevant to individuals receiving services.
3. **Principle 3:** Psychiatric rehabilitation practitioners engage in the processes of informed and shared decision-making and facilitate partnerships with other persons identified by the individual receiving services.
4. **Principle 4:** Psychiatric rehabilitation practices build on the strengths and capabilities of individuals.
5. **Principle 5:** Psychiatric rehabilitation practices are person-centered; they are designed to address the unique needs of individuals, consistent with their values, hopes and aspirations.
6. **Principle 6:** Psychiatric rehabilitation practices support full integration of people in recovery into their communities where they can exercise their rights of citizenship, as well as to accept the responsibilities and explore the opportunities that come with being a member of a community and a larger society.
7. **Principle 7:** Psychiatric rehabilitation practices promote self-determination and empowerment. All individuals have the right to make their own decisions, including decisions about the types of services and supports they receive.
8. **Principle 8:** Psychiatric rehabilitation practices facilitate the development of personal support networks by utilizing natural supports within communities, peer support initiatives, and self- and mutual-help groups.
9. **Principle 9:** Psychiatric rehabilitation practices strive to help individuals improve the quality of all aspects of their lives; including social, occupational, educational, residential, intellectual, spiritual and financial.
10. **Principle 10:** Psychiatric rehabilitation practices promote health and wellness, encouraging individuals to develop and use individualized wellness plans.
11. **Principle 11:** Psychiatric rehabilitation services emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with personal recovery. Programs include structured program evaluation and quality improvement mechanisms that actively involve persons receiving services.

12. **Principle 12:** Psychiatric rehabilitation services must be readily accessible to all individuals whenever they need them. These services also should be well coordinated and integrated with other psychiatric, medical, and holistic treatments and practices.

REFERENCES

Kentucky Administrative Regulations Title 907, October 30, 2020. Retrieved from: <https://apps.legislature.ky.gov/law/kar/title907.htm>

Psychiatric Residential Treatment Facility Services – (907 KAR 9:005)

Targeted Case Management Services (907 KAR15:005, 907 KAR 15:040 - 15:065)

Kentucky DBHDID Service Standards/Comprehensive Community Support, April 25, 2017. Retrieved from: <https://dbhdid.ky.gov/kdbhdid/documents/standards/support.pdf>

Kentucky DBHDID Service Standards/Therapeutic Rehabilitation Program, July 25, 2014. Retrieved from: <https://dbhdid.ky.gov/kdbhdid/documents/standards/rehab-adults.pdf>

REVISION HISTORY

Date	Action/Description
01/2021	<ul style="list-style-type: none"> Version 1

ⁱ Medical Necessity Determination.

(1) The determination of whether a covered benefit or service is medically necessary shall:

(a) Be based on an individualized assessment of the member's medical needs; and

(b) Comply with the requirements established in this paragraph. To be medically necessary or a medical necessity, a covered benefit shall be:

1. Reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability, or other medical condition, including pregnancy;

2. Appropriate in terms of the service, amount, scope, and duration based on generally-accepted standards of good medical practice;

3. Provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons;

4. Provided in the most appropriate location, with regard to generally-accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;

5. Needed, if used in reference to an emergency medical service, to exist using the prudent layperson standard;

6. Provided in accordance with early and periodic screening, diagnosis, and treatment (EPSDT) requirements established in 42 U.S.C. 1396d(r) and 42 C.F.R. Part 441 Subpart B for individuals under twenty-one (21) years of age; and

7. Provided in accordance with 42 C.F.R. 440.230.

(2) The department shall have the final authority to determine the medical necessity and clinical appropriateness of a covered benefit or service and shall ensure the right of a member to appeal a negative action in accordance with 907 KAR 1:563.

Section 3. Criteria to Establish Clinical Appropriateness.

(1) The department shall utilize criteria to determine if a given Medicaid service or benefit is clinically appropriate.

(2) The criteria referenced in subsection (1) of this section shall be the nationally-recognized clinical criteria that meets the definition established in Section 1(1) of this administrative regulation.

Section 4. Medical Director Role in Service Denials.

(1) If a request for a service is denied for failing to meet medical necessity or clinical appropriateness criteria, the department's medical director shall have the authority to reverse or approve the denial.

(2) The letter of denial shall include the specific clinical reason that the service was denied including any appropriate InterQual or other criteria.

ⁱⁱ "Active treatment" means a covered Level I or II psychiatric residential treatment facility service provided:

(a) In accordance with an individual plan of care as specified in 42 C.F.R. 441.154; and

(b) By an individual employed or contracted by a Level I or II PRTF including a:

1. Qualified mental health personnel;

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2. Qualified mental health professional;
 3. Mental health associate; or
 4. Direct care staff person.
- (2) "Acute care hospital" is defined by KRS 205.639(1).
- (3) "Advanced practice registered nurse" is defined by KRS 314.011(7).
- (4) "Behavioral health professional" means:
- (a) A psychiatrist;
 - (b) A physician licensed in Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties;
 - (c) A licensed psychologist;
 - (d) A licensed psychological practitioner;
 - (e) A licensed clinical social worker;
 - (f) An advanced practice registered nurse;
 - (g) A licensed marriage and family therapist;
 - (h) A licensed professional clinical counselor;
 - (i) A licensed professional art therapist;
 - (j) A licensed clinical alcohol and drug counselor in accordance with Section 13 of this administrative regulation;
 - (k) A certified psychologist with autonomous functioning; or
 - (l) A certified alcohol and drug counselor.
- (5) "Behavioral health professional under clinical supervision" means:
- (a) A certified psychologist;
 - (b) A licensed psychological associate;
 - (c) A marriage and family therapy associate;
 - (d) A certified social worker;
 - (e) A licensed professional counselor associate;
 - (f) A licensed professional art therapist associate;
 - (g) A physician assistant; or
 - (h) A licensed clinical alcohol and drug counselor associate in accordance with Section 13 of this administrative regulation.

iii Serious Mental Illness (SMI) means a major mental illness or disorder (but not a primary diagnosis of Alzheimer's disease or dementia) as included in the current American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM), under: schizophrenia spectrum and other psychotic disorders; bipolar and related disorders; depressive disorders; or post-traumatic stress disorders and has documented history indicating persistent disability and significant impairment in major areas of community living; and has clinically significant symptoms for at least two years or has been hospitalized for mental illness more than once within the two (2) past years; and has significant impairment that impedes functioning in two (2) or more major areas of living and is unlikely to improve without treatment, services and/or supports.

iv "Child with a serious emotional disability" means a child or transition-age youth with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and that:

- (a) Presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: "Self-care," defined as the ability to provide, sustain, and protect his or herself at a level appropriate to his or her age; "Interpersonal relationships," defined as the ability to build and maintain satisfactory relationships with peers and adults; "Family life," defined as the capacity to live in a family or family type environment; "Self-direction," defined as the child's ability to control his or her behavior and to make decisions in a manner appropriate to his or her age; and "Education," defined as the ability to learn social and intellectual skills from teachers in available educational settings;
- (b) Is a Kentucky resident and is receiving residential treatment for emotional disability through the interstate compact;
- (c) The Department for Community Based Services has removed the child from the child's home and has been unable to maintain the child in a stable setting due to behavioral health needs; or
- (d) Is a person under twenty-one (21) years of age meeting the criteria of paragraph (a) of this subsection and who was receiving services prior to age eighteen (18) that must be continued for therapeutic benefit

v Serious Mental Illness (SMI) means a major mental illness or disorder (but not a primary diagnosis of Alzheimer's disease or dementia) as included in the current American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM), under: schizophrenia spectrum and other psychotic disorders; bipolar and related disorders; depressive disorders; or post-traumatic stress disorders and has documented history indicating persistent disability and significant impairment in major areas of community living; and has clinically significant symptoms for at least two years or has been hospitalized for mental illness more than once within the two (2) past years; and has significant impairment that impedes functioning in two (2) or more major areas of living and is unlikely to improve without treatment, services and/or supports.

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- (c) The Department for Community Based Services has removed the child from the child's home and has been unable to maintain the child in a stable setting due to behavioral health needs; or

(d) Is a person under twenty-one (21) years of age meeting the criteria of paragraph (a) of this subsection and who was receiving services prior to age eighteen (18) that must be continued for therapeutic benefit