CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services
Division of Policy and Operations
(New Administrative Regulation)

907 KAR 15:100. Crisis continuum of care.

RELATES TO: KRS 205.520, 42 U.S.C. 1396a(a)(10)(B), 1396a(a)(23)
STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)
NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has a responsibility to administer the Medicaid Program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed or opportunity presented by federal law to qualify for federal Medicaid funds. This administrative regulation establishes a continuum of expanded crisis services that will be available to people experiencing a crisis.

Section 1. General Requirements.
(1) The department shall facilitate and establish a continuum of care for individuals in behavioral or mental health crisis within the Commonwealth. The goal of the crisis continuum of care shall be to ensure that individuals have:
(a) An entity to contact;
(b) An entity or team to respond to the individual in crisis; and
(c) A location, entity, community, service, or facility that can serve the individual in the least restrictive community setting.
(2) For the department to reimburse for a service covered under this administrative regulation, the service shall be:
(a) Medically necessary;
(b) Provided if a:
1. Crisis response service (CRS), by a community based behavioral health response provider that meets the requirements of Section 3 of this administrative regulation;
2. Twenty-three (23) hour crisis continuum of care observation and stabilization service (CCCOSS) that meet the requirements of Section 4 of this administrative regulation;
3. Behavioral health crisis transport service, by a behavioral health crisis transport provider to a recipient that is alleged to be in a behavioral health crisis and that meets the requirements of Section 5 of this administrative regulation; and
4. Residential crisis stabilization service, by a residential crisis stabilization unit or a community mental health center operating in accordance with the requirements established in 907 KAR 15:070 and Section 6 of this administrative regulation; and
(c) Mediated or coordinated by a crisis continuum of care contracted administrator.
(d)
1. This administrative regulation shall not become operational until a crisis continuum of care contracted administrator is contracted with the cabinet and has entered into a sufficient network of provider contracts, as determined by the department.
2. If necessary, the department and crisis continuum of care contracted administrator shall implement the administrative regulation on a region-by-region basis as sufficient networks of providers are contracted.
(3) Prior authorization shall not be required for a service provided pursuant to this administrative regulation.

Section 2. Crisis Continuum of Care Contracted Administrator (CCCCA) Requirements.

(1) Any provider providing services pursuant to Section 1, 3, 4, or 5 of this administrative regulation shall be contracted with the CCCCA.
(2) A CCCCA shall be responsible for ensuring that all services established pursuant to this administrative regulation are available to a standard established by the department. This may include an enhanced standard for a CCCCA and a contracted provider relating to the coordination of continuing care for a recipient.
(3) A CCCCA may establish a reimbursement structure that involves directly reimbursing providers of services under Section 3, 4, or 5 of this administrative regulation or may otherwise facilitate reimbursement by the department to providers.
(4) The department shall monitor the performance of the CCCCA and enforce contractual requirements to perform the purposes of the contract and this administrative regulation.

Section 3. Continuum of Care Crisis Response Service (CRS).
(1) A CRS shall include a dispatch:
(a) Of a behavioral health response team that is based in the community; and
(b) To the location of an individual experiencing a behavioral health crisis.
(2) A CRS shall have the goal of:
(a) Alleviating symptoms of a behavioral health crisis;
(b) Harm reduction; or
(c) Safely transitioning an individual in an acute crisis to the appropriate level of care.
(3) Each delivery of a CRS shall include:
(a) Conducting a crisis screening and assessment;
(b) Stabilization;
(c) De-escalation;
(d) Coordination with post-crisis follow-up services, which shall include referrals to health, social, and other support services as needed; and
(e) Follow-up with the individual.
(4) CRS shall be:
(a) Available on a twenty-four (24) hours per day, seven (7) days per week, 365 days per year basis; and
(b) Provided outside of a hospital or other facility.
(5) A response team providing CRS shall consist of, at a minimum:
(a) A two (2) person team that shall actively participate in the crisis response;
(b)
1. One (1) response team member physically at the location of the individual; and
2. Other members of the response team who may be available by telehealth or in the same physical location.
(c) One (1) behavioral health practitioner that is able to perform an assessment that is within the scope of their licensure.
(6) A CRS provider shall:
(a)
1. Be a licensed:
a. Community mental health center;
b. Behavioral health services organization; or
2. A state certified community behavioral health center; and
(b) Have:
1. Capacity to employ practitioners and coordinate service provision among rendering providers;
2. Capacity to provide the full range of services established pursuant to this section; and
3. Access to a board certified or board eligible psychiatrist on a twenty-four (24) hours per day, seven (7) days per week, 365 days per year basis.

(c) Be contracted with the CCCCA.
(d) Be provided by:
1. An approved behavioral health practitioner; or
2. An approved behavioral health practitioner under supervision.

Section 4. Crisis Continuum of Care Observation and Stabilization Services.
(1) A Crisis continuum of care observation and stabilization services (CCCOSS) provider shall:
(a)
1. Be licensed by the Office of Inspector General or registered with the department as a CCCOSS; or
2. Be licensed as a residential crisis stabilization unit; and
(b) Be contracted with the CCCCA.
(c) Have:
1. Capacity to employ practitioners and coordinate service provision among rendering providers;
2. Capacity to provide the full range of services established pursuant to this section;
3. Administrative capacity to ensure quality of services;
4. A financial management system that provides documentation of services and costs;
5. Access to a prescriber twenty-four (24) hours a day, seven (7) days a week, 365 days per year;
6. Staff knowledgeable in mental health disorders based on the population being served; and
7. The capacity to document and maintain individual case records.
(d) Offer the full range of services established pursuant to subsection (4) of this section.
(e)
1. Possess accreditation within one (1) year by one (1) of the following:
a. The Joint Commission;
b. The Commission on Accreditation of Rehabilitation Facilities;
c. The Council on Accreditation; or
d. A nationally recognized accreditation organization.
2. If necessary, request and receive a one (1) time extension to complete the accreditation process if the request is submitted at least ninety (90) days prior to expiration of provider enrollment.
(f) Agree to provide services in compliance with federal and state law regardless of age, sex, race, creed, religion, national origin, handicap, or disability;
(g) Provide services in order to:
1. Stabilize a crisis and divert an individual from a higher level of care;
2. Stabilize an individual and provide medication management, if applicable; or
3. Reintegrate an individual into the individual's community or other appropriate setting in a timely fashion;
(h) Be used when an individual:
1. Is experiencing a crisis that cannot be safely accommodated within the individual's community; and
2. Needs extended care beyond outpatient services; and
(2) A CCCOSS shall not:
(a) Be a part of a hospital;
(b) Contain less than three (3) or more than twenty (20) chairs, unless a waiver or other approval is received from the federal government;

(3) The department shall establish a staffing ratio and may stratify it by care needs according to a day, evening, or night shift format.
(4) Crisis continuum of care observation and stabilization services shall be limited to twenty-three (23) hours or less per event, and shall include the services established in this subsection.

(a) Except as specified in the requirements stated for a given service, the services covered may be provided for a mental health disorder.

(b) A screening shall:

1. Determine the likelihood that an individual has a mental health disorder.
2. Not establish the presence of a specific type of disorder.
3. Establish the need for an in-depth assessment of the number and duration of risk factors including:
    a. Imminent danger and availability of lethal weapons;
    b. Verbalization of suicidal or homicidal risk;
    c. Need of immediate medical attention;
    d. Positive and negative coping strategies;
    e. Lack of family or social supports;
    f. Active psychiatric diagnosis; or
    g. Current drug and alcohol use.
4. Consist of an in person, or via telehealth as appropriate pursuant to 907 KAR 3:170, one-on-one encounter between the provider and recipient.
5. Be provided by:
    a. An approved behavioral health practitioner; or
    b. An approved behavioral health practitioner under supervision.

(c) An assessment shall:

1. Include gathering information and engaging in a process with the individual that enables the practitioner to:
    a. Establish the presence of a mental health disorder, a substance use disorder, or co-occurring disorders;
    b. Determine the individual's readiness for changes;
    c. Identify the individual's strengths or problem areas that may affect the treatment and recovery process; or
    d. Engage the individual in developing an appropriate treatment relationship;
2. Establish or rule out the existence of a clinical disorder or service needed;
3. Include working with the individual to develop a Crisis Intervention and Prevention Plan (CIPP);
4. Not include psychological or psychiatric evaluations or assessments; and
5. Be provided by:
    a. An approved behavioral health practitioner; or
    b. An approved behavioral health practitioner under supervision.

(d) A Crisis Intervention and Prevention Plan (CIPP):

1. Shall:
    a. Involve assisting a recipient in creating an individualized plan for CCCOSS services needed;
    b. Involve restoring a recipient's functional level to the recipient's best possible functional level;
    c. Be performed using a person-centered planning process;
    d. Be directed by the recipient;
    e. Include practitioners of the recipient's choosing; and
2. May include:
    a. A mental health advanced directive being filed with a local hospital.
    b. A safety plan.

c. A relapse prevention strategy or plan.
3. A CIPP shall be completed by:
a. An approved behavioral health practitioner; or
b. An approved behavioral health practitioner under supervision.
(e) Individual therapy shall:
1. Be provided to promote the:
a. Health and well-being of the individual.
b. Restoration of a recipient to their best possible functional level from a mental health disorder, a substance use disorder, or co-occurring disorders;
2. Consist of:
a. An in person, or via telehealth as appropriate in accordance with 907 KAR 3:170, one-on-one encounter between the provider and recipient; and
b. A behavioral health therapeutic intervention provided in accordance with the recipient's identified CIPP;
3. Be aimed at:
a. Reducing adverse symptoms;
b. Reducing or eliminating the presenting problem of the recipient; and
c. Improving functioning;
4. Not exceed three (3) hours per day unless additional time is medically necessary; and
5. Be provided by:
a. An approved behavioral health practitioner; or
b. An approved behavioral health practitioner under supervision.
(f) Peer support services:
1. Shall be provided by a peer support specialist working under the supervision of an approved behavioral health practitioner and shall:
a. Be social and emotional support that is provided by an individual who is experiencing a mental health disorder to a recipient by sharing a similar mental health disorder in order to bring about a desired social or personal change;
b. Be an evidence based practice;
c. Be structured and scheduled non-clinical therapeutic activities with an individual recipient or a group of recipients;
d. Be provided by a self-identified consumer, parent or family member of a child consumer of mental health disorder services who has been trained and certified in accordance with 908 KAR 2:220, 908 KAR 2:230, or 908 KAR 2:240;
e. Promote socialization, recovery, self-advocacy, preservation, and enhancement of community living skills for the recipient;
f. Be coordinated within the context of a comprehensive, individualized CIPP developed through a person-centered planning process;
g. Be identified in each recipient's CIPP; and
h. Be designed to directly contribute to the recipient's individualized goals as specified in the recipient's CIPP.
2. To provide peer support services, a CCCOSS shall:
a. Employ peer support specialists who are qualified to provide peer support services in accordance with 908 KAR 2:220, 908 KAR 2:230, or 908 KAR 2:240;
b. Have the capacity to coordinate the provision of services among team members;
c. Have the capacity to provide ongoing continuing education and technical assistance to peer support specialists;
d. Require individuals providing peer support services to recipients to not exceed thirty (30) hours per week of direct recipient contact; and

e. Require individuals providing peer support services to recipients in a group setting to not exceed eight (8) individuals within any group at one (1) time.

(g)

1. Withdrawal management services shall:

a. Be provided face-to-face for recipients with a substance use disorder or co-occurring disorders;

b. Be incorporated into a recipient's CIPP as appropriate according to the continuum of care described in the most current version of The ASAM Criteria;

c. Be in accordance with the most current version of The ASAM Criteria for withdrawal management levels in an outpatient setting;

2. A recipient who is receiving withdrawal management services shall meet the:

a. Most current edition of diagnostic criteria for substance withdrawal management found in the Diagnostic and Statistical Manual of Mental Disorders; and

b. Current dimensional admissions criteria for withdrawal management level of care as found in The ASAM Criteria; and

3. Withdrawal management services shall be provided by:

a. A physician;

b. A psychiatrist;

c. A physician assistant;

d. An advanced practice registered nurse; or

e. Any other approved behavioral health practitioner with oversight by a physician, advanced practice registered nurse, or a physician assistant.

(h) Medication assisted treatment services shall:

1. Be provided by an authorized prescribing provider who:

a. Is:

(i) A physician licensed to practice medicine under KRS Chapter 311; or

(ii) An advanced practice registered nurse (APRN); or

(iii) A physician assistant licensed to practice medicine under KRS Chapter 311;

b. Meets standards in accordance with 201 KAR 9:270 or 201 KAR 20:065.

c. Maintains a current waiver under 21 U.S.C. 823(g)(2) to prescribe buprenorphine products, including any waiving or expansion of buprenorphine prescribing authority by the federal government; and

d. Has experience and knowledge in addiction medicine.

2. Be conducted with associated behavioral health therapies that shall:

a.

(i) Be co-located within the same practicing site, or via telehealth as appropriate in accordance with 907 KAR 3:170, as the practitioner with a waiver pursuant to subparagraph 1.c. of this paragraph; or

(ii) Be conducted with agreements in place for linkage to appropriate behavioral health treatment providers who specialize in substance use disorders and are knowledgeable in the biopsychosocial dimensions of alcohol or other substance use disorders;

b. Assess the need for treatment including:

(i) A full patient history to determine the severity of the patient's substance use disorder, and

(ii) Identifying and addressing any underlying or co-occurring disease or conditions, as necessary;

c. Educate the patient about how the medication works, including:

(i) The associated risks and benefits, and

(ii) Overdose prevention;

d. Evaluate the need for medically monitored withdrawal from substances;
e. Refer patients for higher levels of care if necessary; and
f. Obtain informed consent prior to integrating pharmacologic or nonpharmacologic therapies.
3. Be conducted with care coordination that shall include at minimum:
a. Referring the recipient to appropriate community services;
b. Facilitating medical and behavioral health follow-ups or linkage to current providers; and
c. Linking to appropriate levels of behavioral health treatment in order to provide ongoing support; and
4. The department shall not reimburse for a service billed by or on behalf of an entity or individual who is not a billing provider.

Section 5. Behavioral Health Crisis Transportation.
(1) Provider requirements:
(a) A behavioral health crisis transport provider shall meet the state transportation benefit requirements established to obtain a motor carrier certification.
(b) A behavioral health crisis transport provider shall enroll with the department;
(c) A behavioral health crisis transport provider shall meet any relevant state or federal law relating to transporting recipients for profit;
(d) A behavioral health crisis transport provider shall be available twenty-four (24) hours each day, seven (7) days per week, and 365 days per year;
(e) Each behavioral health crisis transport provider vehicle shall be staffed by two (2) employees, one of which shall be a driver and one of which shall be a support staff person. Each provider staff person shall meet the training requirements in paragraph (f) of this subsection;
(f) A behavioral health crisis transport provider shall provide and document staff training in the following amounts and on the following subjects:
1. Four (4) hours of evidence-based training on the de-escalation of conflicts;
2. Eight (8) hours of evidence-based training concerning behavioral health, which shall include:
a. Suicide risk assessment and intervention;
b. Opioid overdose response including the use of naloxone; and
c. Awareness of issues relating to mental health and substance use disorders; and
3. Cardiopulmonary resuscitation (CPR) certification; and
(g) A behavioral health crisis transport provider shall be contracted with the CCCCA.
(2) Service delivery:
(a) A behavioral health crisis transport provider may provide behavioral health crisis transportation to a recipient alleged to be in a behavioral health crisis;
(b) An assessment of a recipient shall be performed prior to transport that complies with Section 3 of this administrative regulation;
(c) A recipient shall be transported to the nearest, most appropriate provider or facility;
(d) If the assessment determines that the recipient requires a higher level of care, the recipient shall be transported, as appropriate, to the most appropriate level of care;
(e) A behavioral health crisis transportation service may be utilized to transport recipients to another facility for recipients who:
1. Are present in a facility, including a hospital emergency department; and
2. Meet a CCCOSS level of care or higher;
(f) Except in the case of a recipient that requires a caregiver or legal guardian due to a cognitive impairment, an intellectual, physical, or developmental disability, a family member or unaccredited agent shall not ride in the vehicle with the recipient; and

(3) Prior authorization shall not be required for a behavioral health crisis transportation service.

Section 6. Reimbursement.

(1) The department shall establish and update a reimbursement table for each of the following service and provider categories. The reimbursement shall be available when billed through a CCCCA for:

(a)

1. A crisis response service;
2. A community crisis observation and stabilization service;
3. A behavioral health crisis transportation service provider; and
4. A residential crisis stabilization unit.

(b) For fee-for-service claims involving a community mental health center, reimbursement for mobile crisis intervention services and residential crisis stabilization unit services shall be governed by and consistent with 907 KAR 1:045.

(2) The department may establish and increase a per diem rate for any service or provider in order to ensure provider availability and programmatic stability.

(3) Each reimbursement table shall be available at: https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx.

Section 7. Federal Approval and Federal Financial Participation. The department's reimbursement for services pursuant to this administrative regulation shall be contingent upon:

(1) Receipt of federal financial participation for the reimbursement; and

(2) Centers for Medicare and Medicaid Services' approval for the reimbursement.

Section 8. Appeal Rights.

(1) An appeal of a negative action regarding a Medicaid recipient shall be in accordance with 907 KAR 1:563.

(2) An appeal of a negative action regarding Medicaid eligibility of an individual shall be in accordance with 907 KAR 1:560.

(3) An appeal of a negative action regarding a Medicaid provider shall be in accordance with 907 KAR 1:671.

LISA D. LEE, Commissioner
ERIC C. FRIEDLANDER, Secretary

APPROVED BY AGENCY: April 12, 2024

FILED WITH LRC: April 15, 2024 at 8:20 a.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall, if requested, be held on June 24, 2024, at 9:00 a.m. using the CHFS Office of Legislative and Regulatory Affairs Zoom meeting room. The Zoom invitation will be emailed to each requestor the week prior to the scheduled hearing. Individuals interested in attending this hearing shall notify this agency in writing by June 17, 2024, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who attends will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on this proposed administrative regulation until June 30, 2024. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to the contact person. Pursuant to KRS

13A.280(8), copies of the statement of consideration and, if applicable, the amended after comments version of the administrative regulation shall be made available upon request.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, Kentucky 40621; phone 502-564-7476; fax 502-564-7091; email CHFSregs@ky.gov.