

# *IMPACT Plus User's Manual*



**Cabinet For Health and Family Services  
DEPARTMENT FOR BEHAVIORAL HEALTH,  
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES  
DIVISION OF BEHAVIORAL HEALTH  
IMPACT PLUS PROGRAM  
100 FAIR OAKS LANE 4E-D  
FRANKFORT, KENTUCKY 40621-0001**

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# *TABLE OF CONTENTS*

<i>Section 1: Introduction -----</i>	<i>Page 1</i>
<i>Section 2: IMPACT Plus Eligibility-----</i>	<i>Page 4</i>
<i>Section 3: Wraparound-----</i>	<i>Page 6</i>
<i>Section 4: IMPACT Plus Services-----</i>	<i>Page 14</i>
<i>Section 5: Service Limitations-----</i>	<i>Page 43</i>
<i>Section 6: Supervision-----</i>	<i>Page 44</i>
<i>Section 7: Regulatory Requirements for Billing IMPACT Plus Services-----</i>	<i>Page 46</i>
<i>Section 8: Professional Qualifications for IMPACT Plus Credentialing-----</i>	<i>Page 51</i>
<i>Section 9: IMPACT Plus Credentialing Policies and Procedures-----</i>	<i>Page 56</i>
<i>Section 10: IMPACT Plus Required Policies and Procedures-----</i>	<i>Page 69</i>
<i>Section 11: Scheduled On-site Reviews of Sub- contractors/Sub-contracting Agencies -----</i>	<i>Page 72</i>
<i>Section 12: Grievance Procedures-----</i>	<i>Page 80</i>

# *Section 1*

## *Introduction*

# *Introduction*

## **What is IMPACT Plus?**

IMPACT Plus is an intensive array of residential and community based services utilizing Wraparound for children with serious emotional disabilities and other complex treatment needs. The intensive services provided by IMPACT Plus are rooted in collaborative efforts coordinated by a service team among several agencies including child welfare, behavioral health, education, physical health services and the courts at local, regional, and state levels. These agencies work to coordinate and mobilize services for eligible children. IMPACT Plus seeks to actively involve caregivers in treatment planning and service delivery, and is intended to be a short-term, intense program of treatment.

IMPACT Plus is implemented through a Title V interagency agreement. The Department for Behavioral Health, Development and Intellectual Disabilities has primary responsibility for developing program policy, qualifying and enrolling Sub-contractors, monitoring Sub-contractors for compliance with regulatory and program policy, and ensuring the provision of quality services to Kentucky's Medicaid eligible children. IMPACT Plus currently has agreements with fifty-five (55) behavioral health providers statewide.

The individuals and agencies providing IMPACT Plus services are referred to as "Sub-contractors," as they are contracted by the Department for Behavioral Health, Developmental and Intellectual Disabilities to provide intensive services within the IMPACT Plus network. Sub-contractors are required to sign a yearly Sub-contractor Agreement which outlines the Department's minimum expectations. Sub-contractors are expected to adhere to the policies and procedures set forth in the yearly Sub-contractor Agreement including the IMPACT Plus User's Manual and *907 KAR 3:030: Coverage and Payments for IMPACT Plus Services*. Information in this manual may be updated or changed. If this occurs Sub-contractors will be provided a thirty (30) day notice of any updates.

## **How do I contact Central Office?**

### IMPACT Plus Central Office:

100 Fair Oaks Lane 4E-D  
Frankfort, KY 40601  
Phone: (502) 564-4797  
Fax: (502) 564-4826

## **What is managed care?**

Medicaid has traditionally operated on a fee-for-service basis. On November 1<sup>st</sup>, 2011, Kentucky Medicaid transitioned to expand managed care coverage to all areas of the state. Medicaid contracted with three new Managed Care Organizations to coordinate health care for most Medicaid members.

The Managed Care Organizations (MCOs) contracted to manage Medicaid services and benefits are *Coventry Cares of Kentucky*, *Kentucky Spirit Health Plan*, and *WellCare of Kentucky*. Members in Jefferson County and the fifteen (15) surrounding counties served by the *Passport Health Plan* have continued to receive managed care services through that plan for their physical health care services; Kentucky Medicaid continues to provide fee for service behavioral health services. At this time, members who receive coverage through Medicaid waiver programs or are in nursing homes will NOT move to managed care and are not assigned to a Managed Care Organization.

Members do have an opportunity to switch their Managed Care Organization annually, similar to private health insurance open enrollment, as determined by the Department of Medicaid Services. Other circumstances may allow for members to change their managed care coverage. These circumstances are handled on an individual basis.

Under the managed care system, the Managed Care Organization receives a fee for each Medicaid member it serves. This is designed to result in better coordination of physical and behavioral health care services across multiple health care providers.

Managed care focuses on improving health outcomes through coordinated care, preventive services and by offering disease management for individuals with chronic conditions like diabetes or asthma. It also focuses on reducing the unnecessary use of services, such as emergency room visits for non-emergencies or duplicate tests.

For help with questions about managed care coverage, members can call the Medicaid Managed Care Hotline at 1-855-446-1245 from 8 a.m. to 6 p.m. Eastern time, Monday through Friday.

## **What is the role of the Managed Care Organization with IMPACT Plus?**

Each Managed Care Organization has primary responsibility for all IMPACT Plus eligibility determinations, determination of medical necessity, utilization reviews, issuance of prior authorizations, processing of appeals, and claims submission/processing.

Each Managed Care Organization is contracted by Medicaid to develop policies and procedures specific to each of these functions. IMPACT Plus Sub-contractors are required to follow these policies and procedures.

### **Where do I locate this information?**

Each Managed Care Organization's policy manual can be downloaded from their website. Questions related to eligibility and service approval should be directed to the member's Managed Care Organization. Contact information is available on the following websites:

<http://chcmedicaid-kentucky.coventryhealthcare.com/>  
<http://www.kentuckyspirithhealth.com/>  
<http://kentucky.wellcare.com/>

### **What if my client is not enrolled with a Managed Care Organization or is enrolled in the Passport Health Plan?**

Children enrolled in waivers or the Passport Health Plan will continue to utilize all traditional Medicaid authorization and claims processes. Medicaid currently maintains a contract with the Peer Review Organization, SHPS, for all IMPACT Plus eligibility determinations, medical necessity determinations, utilization reviews, issuance of prior authorizations, and processing of appeals. IMPACT Plus Sub-contractors are required to follow the policies and procedures defined by SHPS related to these functions. Please contact SHPS for questions or additional information related to these policies and procedures.

#### **SHPS:**

9200 Shelbyville Rd.  
Louisville, KY 40222  
1-800-292-2392 (phone)  
1/800-807-8843 (fax)

# *Section 2*

## *IMPACT Plus*

### *Eligibility*

# *IMPACT Plus Eligibility*

## **Who is eligible for IMPACT Plus services?**

A child may be eligible to receive IMPACT Plus services if he or she is Medicaid eligible and is:

- In the custody of the state *or* under supervision of the state *or*
- At risk of being in the custody of the state *and* in a psychiatric hospital/hospital unit *or* psychiatric residential treatment facility (and would meet the criteria of *Section (3)* of the administrative regulation if discharged) *or* is not in a hospital *or* psychiatric residential treatment facility and meets the criteria of *Section (3)* of the administrative regulation.

IMPACT Plus administrative regulation 907 KAR 3:030, *Section (3) Criteria for at Risk Institutionalization*, provides a detailed description for each of the criteria that the child must meet for eligibility. Please review these criteria thoroughly as every child with a serious emotional disability will not meet the criteria established for IMPACT Plus eligibility. While a child may be in need of services, IMPACT Plus services may not be the most clinically appropriate program at the time. If a child does not meet eligibility criteria, please make a referral to a more appropriate program (i.e., Community Mental Health Center, Kentucky IMPACT).

## **What is the eligibility process?**

IMPACT Plus eligibility packets can be located on the IMPACT Plus website at the following link: <http://dbhdid.ky.gov/dbh/impactplusecmforms.asp>. Eligibility packets must be signed by a Behavioral Health Professional or a Behavioral Health Professional under clinical supervision. The information provided should be detailed and should provide sufficient documentation that supports the required criteria. Requests for eligibility should be submitted to the appropriate Peer Review Organization or Managed Care Organization for approval.

## **What do I do after a child becomes eligible for IMPACT Plus services?**

When a child is determined eligible for IMPACT Plus, an initial service team meeting should be scheduled. This service team meeting, which includes at minimum, the parent/guardian, the Service Coordinator, and the assigned Behavioral Health Professional or Behavioral Health Professional under clinical supervision, must occur within fourteen (14) business days of the notice of approved eligibility and should include development of the first Collaborative



Service Plan. A second Service Team Meeting must be held within thirty (30) days of the date of the initial Service Team Meeting.

All ongoing services for IMPACT Plus require prior authorization from the appropriate Peer Review or Managed Care Organization. Approval for services is based upon medical necessity criteria and appropriateness of care. Ongoing service team meetings must be held at least every sixty (60) calendar days for outpatient services and every thirty (30) days for Therapeutic Foster Care and Therapeutic Group Residential programs in order to evaluate progress and revise the Collaborative Service Plan.

*Please Note:*

IMPACT Plus was designed to be a short term, six (6) month program to stabilize children in their homes and communities. Extended long term services should be the exception rather than the rule.

# *Section 3*

## *Wraparound*

# Wraparound

## **What is Wraparound?**

The IMPACT Plus program adheres to and supports the guiding principles of Wraparound. Wraparound is community-based, child and family driven, individualized, strengths based, collaborative, persistent, team based, inclusive of natural supports, and accounts for client's ethnic and cultural heritage. The Wraparound process has four phases including engagement and team preparation, initial plan development, plan implementation, and transition. In this team-based planning process, individuals work together toward a common goal for the child and family. Service decisions are made at service team meetings where team members discuss client and family strengths, establish collaborative goals and objectives, develop crisis plans, and evaluate progress. These elements are all incorporated into a comprehensive document called a Collaborative Service Plan. Wraparound values the family perspective and emphasizes the need to have family members as equal decision-makers with regard to the development, implementation, and monitoring of a child's individualized plan.

## **How does Wraparound recognize Freedom of Choice?**

The IMPACT Plus program is based on the philosophy that the parent/legal guardian knows his or her child's needs best, and should have the right to choose the Sub-contractor of each individually requested service independently. In other words, a parent may choose to access available services from more than one Sub-contractor, regardless of the agency's available array of services. For example, even if a Sub-contractor is approved to provide Targeted Case Management, Individual Therapy, and Collateral Therapy services, a parent may choose to only access Targeted Case Management and choose therapy services from another local Sub-contractor. Families should never be pressured or persuaded into accessing more services with a Sub-contractor than he or she desires.

At intake, all IMPACT Plus parents, caregivers, and recipients must be presented with a list of locally available Sub-contractors and the services that they provide. At that time, the guardian may choose a Sub-contractor for each individual service and sign the provided Freedom of Choice Form (*Appendix A*). IMPACT Plus recipients may at any time terminate or transfer their services to another IMPACT Plus Sub-contractor. This process ensures clients receive services from a Sub-contractor of his or her choosing. Please remember, IMPACT Plus Sub-contractors may NOT solicit clients or require families to receive a minimum array of services.

## **What if a family wants to file a grievance?**

It is important that all recipients and their parents understand their rights as a client, and know how to file a formal complaint. A copy of the IMPACT Plus Grievance Procedures for Families and Recipients (*Appendix B*) and IMPACT Plus Grievance Form for Families and Recipients (*Appendix C*) must be provided to each parent and recipient at intake.

## **What are service team meetings?**

An integral part of the IMPACT Plus program, as well as the Wraparound process, is the Collaborative Service Team Meeting. The initial team meeting should NOT be the first time the Service Coordinator is meeting the child or the family. Prior to the team meeting, the Service Coordinator should have had initial conversations with the family, as well as with other team members, to develop a completed Strengths and Needs Assessment. This should be brought to the first service team meeting and used to help develop a strengths-based Collaborative Service Plan to address the child's needs across the life domains.

All service team meetings must include, at a minimum: the parent/legal guardian, the Behavioral Health Professional or a Behavioral Health Professional under clinical supervision, and the Service Coordinator. All other agencies and service providers involved with the child or family should be invited to participate in the treatment planning and service team meeting process. Documentation of invitations to attend service team meetings should be present in the chart.

It is essential that the service team also include natural supports present in the child and/or family's life in the planning and in service team meetings. A natural support is any individual or community based organization that is not receiving compensation or acting in a professional service role. Natural supports provide strength and support to the child, family and to other team members. Examples of possible natural supports include: church members/leaders, extended family members, paramours, family friends, Boy/Girl Scout leaders, coaches, siblings, mentors, daycare staff, youth council leaders/members, school personnel, etc. While families have a strong voice in determining who participates in service team meetings, it is important to work with each family to establish links with other resources in the community as it is often difficult for families to identify natural supports in the initial phase of treatment. When the Sub-contractor is no longer providing services to the family, these team members will be the social support system that families will utilize and depend on when a crisis occurs. Therefore, the inclusion of natural supports in team meetings is essential to the family's ongoing success after discharge. While it would be ideal for all of a child's natural supports to be present at each meeting, this may not be realistic. When natural supports are

unable to attend, efforts should be made to gather any input that can be shared at the meeting, and to engage absent team members in the team process outside of the set meeting time. Documentation to engage natural supports in the treatment process should be present in the chart. It is expected that the service team will include additional natural supports as treatment progresses and goals and objectives are added or modified.

It is the job of the Service Coordinator to coordinate and facilitate the service team meeting. This includes coordinating meetings times and locations, sending out invitations or reminders, and securing all documentation needed to develop or modify the Collaborative Service Plan.

### **What is included in the Collaborative Service Plan?**

The Collaborative Service Plan is a compilation of the information required by the appropriate Peer Review or Managed Care Organization to determine medical necessity for each child that you serve. This document serves as both a treatment plan and way to coordinate all of the services involved, making it imperative that all team members work closely with one another to build a comprehensive plan of care that addresses treatment needs and community/service needs.

While the Service Coordinator assists in developing, coordinating, and accessing services in the Collaborative Service Plan, it is the Behavioral Health Professional that manages the continuity of care. This should be represented by the clinical development of treatment goals heavily influenced by team feedback and input.

The Collaborative Service Plan is designed to elicit information from the team that will produce goals that are: driven by the child's DSM IV diagnosis, behaviorally specific, time limited, realistic, client focused, strength-based, and outcome measurable.

The current Collaborative Service Plan is divided into eight sections:

1. *Demographics:* Please fill in all demographic information fully and completely. It is strongly advised to inform the appropriate Peer Review or Managed Care Organization of any changes that occur with this information during treatment. Legal guardian information, Service Coordinator information, and recipient information including Maid number and date of birth must be accurate on all documents submitted to appropriate Peer Review or Managed Care Organization;
2. *Strengths Assessment:* The team should work together to identify specific and detailed strengths of both the family and the child. These should always be individualized and the list should grow as treatment

progresses. Natural supports that are present in the child's own personal world should also be identified and listed here. It is from this list that new potential team members can be identified;

3. *DSM-IV Assessment:* Please include all Axes of the diagnosis and identify the diagnosing clinician and date of diagnosis if it is available;
4. *Clinical Information:* This section should include all information regarding the child's symptoms, behaviors, and risk factors. Information should be detailed and specific. Clinical information should be updated regularly and changes should be noted in every Collaborative Service Plan. It is suggested that this section be documented by date in a running log format that will streamline the appropriate Peer Review or Managed Care Organization, review process. Medications, medication changes, and the child's ongoing risk for institutionalization should be included in this section;
5. *Treatment Goals/Objectives:* Specificity and thoroughness are keys to success in writing Collaborative Service Plan goals. Each DSM-IV diagnosis must be addressed with goals and objectives. An in depth rationale should be given for any DSM-IV diagnoses that are not reflected on the Collaborative Service Plan. Each goal should include a description of:

- Symptoms/Behaviors: These should be specific and related to one behavior/diagnosis.

*Examples:*

*Behavior (Focus of Goal):* Physical aggression/Reactive Attachment Disorder

*Symptoms:* Hitting, biting, slapping, kicking

*Behavior (Focus of Goal):* Anxiety/Post Traumatic Stress Disorder

*Symptoms:* Nightmares, withdraws from caregivers, worries excessively, regresses to baby talk when anxious

- Baseline Measure: This is the child's current level of functioning in specific measureable terms (i.e., hits and bites four (4) times daily, speaks in baby talk three (3) times weekly).
- Objectives: These are the programs, interventions, strategies, modalities, or experiences team members will use to achieve the

goals on the Collaborative Service Plan. Objectives should be specific and modified often, as progress is made, the focus of therapy shifts, and the child's natural supports increase. It is also important to have objectives for which the client and caregiver are responsible in order to facilitate investment in treatment.

*Example Goals:*

- ♦ Child will learn to accept love and trust his caregivers as evidenced by a reduction in physical outbursts (i.e., kicking, biting, hitting) aimed at them from four (4) times daily to two (2) times daily as reported through charting done by child and caregiver.
- ♦ Child will appropriately express her fears of being abandoned as evidenced by a reduction in Post-Traumatic Stress Disorder symptoms (i.e., withdraws, baby talk, worries excessively, nightmares) from occurring three (3) times daily to three (3) times weekly as reported by child, grandmother, and teacher.

*Example Objectives:*

- ♦ *Objective 1:* Therapist will assist the child in recognizing his physical signs of anger and work with him to use self-soothing strategies (i.e., self-time-out, journaling, exercise) to decrease his impulse to act in a physically aggressive manner.
- ♦ *Objective 2:* Mother will follow through with consistent displays of affection (i.e., hugs with permission, pats on the back, blowing kisses) that make the child feel safe and secure in the home.
- ♦ *Objective 3:* Teacher will provide child with a time-out space of her own when she begins to feel anxious and afraid.
- ♦ *Objective 4:* Grandmother will remind child to use her big girl voice when expressing her fears about her father. Grandmother will provide a safe, nurturing environment that promotes open expression of feelings.
- Service: A service is the modality through which the objectives will be delivered (i.e., Individual Therapy, Collateral Therapy, etc.) Remember, services do not always have to be IMPACT Plus specific or reimbursed by Medicaid. Services can include activities such as: Boy Scouts, after-school tutoring, school athletics, community based parent support groups, Big Brother/Big Sister, youth group, etc.

- Frequency: The frequency is how often the service will occur (i.e., one (1) time per week). It is important that the actual implementation of services matches closely with the frequency that is called for in the plan. If under use of services occurs, a detailed rationale must be documented which includes a plan to address the issue. As the need for services changes, an adjustment in frequency should be made on the Collaborative Service Plan as determined by the team. The frequency amount documented on the request for services needs to match what is documented on the Collaborative Service Plan.
- Intensity: The intensity is how long the service will last each time it occurs (i.e., one (1) hour). It is important that the actual implementation of services matches closely with the intensity that is called for in the plan. If under use of services occurs, a detailed rationale must be documented on the Progress Report under “Progress in Accessing Services” which includes a plan to address the issue. This should also be adjusted on the Collaborative Service Plan when necessary as determined by the team. The intensity of services documented on the request for services needs to match what is documented on the Collaborative Service Plan.
- Responsible Team Member: Identify which team member will be responsible for the service or objective. More than one team member can be responsible for each objective and ALL team members, including natural supports, should be responsible for interventions and objectives identified in the Collaborative Service Plan. Actively involving the client and family in the development of goals and objectives promotes the family’s responsibility and investment in their treatment.
- Units: Represents the total number of units requested (i.e., four (4) units).
- Duration: The length of time targeted to achieve the goal (i.e., eight (8) weeks).
- Outcome Measure: This represents the desired level of the child’s functioning in regards to the behavior addressed by the goal at the next review (i.e., Child will hit and bite two (2) times daily; Child will speak in baby talk once weekly).
- Projected Date: The date for the next team meeting at which time the progress and outcome measure will be assessed. This measure will become the new baseline.



6. *Transition and Discharge Plan:* An anticipated discharge date should be determined based on the severity of the child's behaviors and their rate of progress. Long periods of little to no progress and continued extensions of the discharge date may indicate that the child's participation in the IMPACT Plus program is ineffective and another program of care may be more clinically appropriate. It is important to note that IMPACT Plus was created as a time-limited program with the expectation that clients who access services will transition to lower level services when they no longer meet medical necessity criteria. Although services may exceed six months in certain instances, IMPACT Plus is not a maintenance program designed to eliminate problematic behaviors. IMPACT Plus was created to serve as a step down program to lower level services that can meet the client's treatment needs. These expectations should serve as a guide for the service team when looking at the client's discharge and transition dates.

The Discharge Plan should identify the minimal discharge criteria that the child must meet to be successful in a discharge to a lower level of care. Discharge indicators should define these measureable behavioral expectations for the client upon discharge from the IMPACT Plus program. These should be driven by attainment of the goals (i.e., Child will be ready for discharge to a lower level of care when physical outbursts have decreased to two (2) times weekly and panic attacks have stabilized to three (3) times weekly).

The Transition Plan should indicate the details of how the child will be transitioned to a lower level of care upon discharge. Specifically, what will each team member be responsible for during this time of transition and how will the family be supported. Transition planning must begin at the onset of treatment and clearly identify the agency to which the referral will be made, as well as define the natural supports that can be accessed by the family upon exit from the program. Preparing the family for discharge by making a referral to a lower level of services and providing the family with a list of available community resources can help deter the family's need to access higher level services again; and

7. *Crisis Plan:* The crisis plan must be individualized to the child/family and his or her strengths. This plan serves as the client's primary guide to the steps that need to be taken in the event of a crisis. The plan developed by the team should be user friendly and detailed enough that the family can navigate the plan step by step. Prior to identifying crisis interventions, the team, including the child, should identify the specific behaviors and feelings that indicate a crisis may be imminent. Strategies to manage a crisis should go from the least restrictive alternatives to the

highest level of care necessary to manage the crisis. It is essential to identify the person responsible for each intervention as well as the contact information for those resources outside the family. When appropriate, the crisis plan can be modified to either add or remove interventions found to be helpful or ineffective during treatment.

The Collaborative Service Plan should be an evolving document and should NEVER be written prior to service team meetings. It may be helpful to bring the previous document to the meeting and make changes and modifications directly on the old plan. A Collaborative Service Plan should change and be modified as progress is made and when interventions are not successful. A Collaborative Service Plan should be updated throughout treatment to be a direct reflection of the progress or lack of progress being made by the client and his or her family.

Each team member should acknowledge and review the contents of the Collaborative Service Plan before signing and dating the signature page. A confidentiality statement is included on the signature page in order to eliminate the need for an additional agency confidentiality sheet. Each member MUST understand his or her role in carrying out the plan and agree to participate in the plan's implementation as agreed upon by the team. A copy of the plan, once compiled and completed after the meeting, should be sent to each member of the team.

In summary, the Collaborative Service Plan must be based on the identified needs of the client as agreed on by the team, with an emphasis on promoting family involvement and responsibility. The Collaborative Service Plan should reflect a collaborative effort between natural and funded services. The treatment goals should be clinically driven, have a focus on the behaviors that put the client at risk, and be measurable and observable. An effectively written plan will promote behavioral changes within ninety (90) days of treatment and should move a child towards discharge to a lower level of care within a six (6) month time frame.

# *Section 4*

## *IMPACT Plus Services*

# *Impact Plus Services*

## ***Targeted Case Management***

### **What is Targeted Case Management?**

Targeted Case Management services assist the IMPACT Plus recipient in accessing the needed medical, educational, social, developmental, and other support services available in their community. Those individuals providing Targeted Case Management Services may be called Targeted Case Managers or Service Coordinators. In this document, they will be referred to as Service Coordinators. These individuals serve a very important function as they are often the first line of contact for families seeking IMPACT Plus services. Service Coordinators aid in filling out and submitting eligibility packets, conducting initial conversations with families to orient them to the program, helping the family identify potential team members, coordinating team meetings, and submitting requests for initial and ongoing requests for services.

The primary function of a Service Coordinator is to actively monitor service utilization, monitor client progress and service plan adherence, and facilitate client connection to available community resources that can best meet his or her needs. By effectively accessing community based services and treatment for children, Service Coordinators can help prevent youth from entering higher levels of care. Service Coordinators should be active participants in collecting and disseminating information from and between service team members and community partners, as well as working to empower families to move towards independence. Essentially, Service Coordinators are facilitators of the Wraparound model.

The role of the IMPACT Plus Service Coordinator is central to each child's treatment. Targeted Case Management services are designed to be intensive. Each case will require significant involvement with the family and treatment team, making it imperative that caseloads be appropriate to the complex treatment needs and high levels of care required to maintain each client in the community. As such, the recommended case load size is fifteen (15) clients to one (1) full-time Case Manager with a maximum case load size of twenty (20) to one (1).

### **What documentation is required for Targeted Case Management?**

*Case Management Assessment:* Service Coordinators are required to complete a Case Management Assessment, independent from the clinical psychosocial. The assessment should include a multi-axial diagnosis description that includes the specific behaviors or symptoms upon which each current diagnosis is based. These descriptions should be collected from a variety of sources including the child or

youth, the family, school personnel, previous therapists, etc. In addition to the current clinical diagnosis(es), the child's initial diagnosis, the date of initial diagnosis(es), and the clinical professional providing the diagnosis must be included in the assessment, followed by a description of the impact of each diagnosis over time. This assessment provides a history of the child's behaviors and how those behaviors have impacted each system in the child's life domain. Those systems for which the child needs intervention should be identified by the Service Coordinator in the assessment, and a plan for coordination developed. The subsequent Collaborative Service Plan should be reflective of this assessment and should address interventions and services that target each system identified in the assessment.

Each calendar month, a Service Coordinator is required to make and document at least four (4) contacts made on separate days. These contacts must include, at a minimum:

- One (1) face-to-face contact with the child;
- One (1) face-to-face contact with the parent, legal guardian, or caregiver; and
- Two (2) other contacts which may include telephone or direct contact with others involved in the child's treatment.

While these four (4) contacts meet the regulatory minimum, quality Targeted Case Management requires significantly more contact with families and teams. Targeted Case Management contacts are integral to a child's treatment process, as the Service Coordinator has primary responsibility for facilitating integrated service provision and promoting communication amongst service providers. It is imperative that a Service Coordinator spend adequate time each month with the child, family, team members, and service providers in order to gather information about progress, determine barriers to service, and make referrals as new service needs arise. As with any IMPACT Plus service, Targeted Case Management direct contacts should reflect active participation with the client, family, or individual. The content should be adequately documented to reflect purposeful contact that addresses the client's and/or family's progress, behaviors, needs, or service participation. Service Coordinators who actively participate in the lives of the families with which they work are most likely to see and be a part of the successes and changes that occur during treatment. As stated in the *Service Limitations* section of this manual, IMPACT Plus policy requires that the minimum time spent during the regulatory mandated direct contacts shall include at least one (1) face-to-face contact with the child (minimum of thirty (30) minutes), and at least one (1) face-to-face contact with the parent/guardian (minimum of thirty (30) minutes) of each month. Indirect contacts shall total no less than an additional thirty (30)

minutes of Case Management activity. Any and all additional Targeted Case Management contact must be documented.

Each calendar month, the Service Coordinator is required to write a progress summary. The summary should include:

- Specific discussion of the child's access to current and needed services;
- Detailed explanation of progress or lack of progress towards each goal in the Collaborative Service Plan;
- Specific discussion of the child's response to each service and recommendations to the team for changes in services to address failures to progress; and
- A plan for the delivery of Targeted Case Management services for the following month.

The monthly summary/progress report should be a reflection of each month and should not include "stock" answers or be a compilation of copied portions of previous month's summaries.

### **What if a child is already receiving Case Management or Targeted Case Management services?**

Generally, if a child is receiving Case Management or Targeted Case Management services from any other Medicaid funded agency or program, he or she should NOT be eligible for IMPACT Plus Targeted Case Management. This may be considered a duplication of services. In some very limited instances, Case Management services provided by two Medicaid funded programs or agencies may be provided at the same time. If you have specific questions, please contact IMPACT Plus Central Office.

### **What activities are non-billable Targeted Case Management contacts?**

- *Transportation of a client* - Transporting a child to or from an appointment, school, daycare, etc. is not a billable contact. Time spent with a child/family prior to or after transportation may be an appropriate contact if the activity includes those described as Targeted Case Management in 907 KAR 3:030, Section (5);
- *Court proceedings* - Court proceedings are not considered a billable Case Management contact unless the Case Manager is subpoenaed to testify. Time spent with a family either before or after a court proceeding may be an appropriate billable contact, if the activity includes those described as Targeted Case Management in 907 KAR 3:030, Section (5);

- *Classroom Observation* - Targeted Case Management requires active participation and interaction with the client or contact recipient. Time spent observing the client in his or her environment, while beneficial, cannot be used as part of a billable contact;
- *Contact with the child while in a psychiatric hospital, residential facility, or partial hospitalization program* - While it is encouraged that the Service Coordinator remain involved and aware of the client's treatment, transition plan, and discharge date in order to promote a smooth transition back into the community, any contact made during the client's admission is not billable. The month of Targeted Case Management may only be billed if ALL four (4) contacts were made prior to admission or after discharge;
- *Any administrative activity related to eligibility* - Service Coordinators may not use time spent filling out, submitting, or contacting the family with updates about eligibility status as a billable contact;
- *Any activity related to outreach of a potential client* - (i.e., solicitation, marketing); and
- *Discharge Planning* - While Service Coordinators should be actively involved with the discharge planning of a child in a Psychiatric Hospital, Residential, Therapeutic Foster Care, or Partial Hospitalization program, these contacts and/or discharge sessions are not billable. However, in the case of a client being discharged from an IMPACT Plus Therapeutic Group Residential or Therapeutic Foster Care program, one (1) unit of Targeted Case Management shall be automatically authorized for an IMPACT Plus eligible recipient for delivery of Targeted Case Management in the county to which the child shall be discharged as defined in 907 KAR 3:030, Section 5.1(e).

Please note that the above activities are not prohibited and may be documented as appropriate Targeted Case Management interventions. However, they may not be used as one of the minimum required contacts for billing.

## ***Individual Therapy***

### **What is an Individual Therapy service?**

Individual Therapy must be provided by a Behavioral Health Professional or a Behavioral Health Professional under clinical supervision and practicing in accordance with the IMPACT Plus regulation. This service exclusively involves direct, face to face contact with the IMPACT Plus recipient. Individual Therapy cannot be billed if a caregiver, sibling, or any other person is present in the therapy

session at the same time. During Individual Therapy sessions, the clinician must meet with the child in a private area to ensure confidentiality and meet the standards for an Individual service. Telephone calls with clients, even in crisis situations, are not to be considered appropriate billable forms of Individual Therapy. Time spent during the transportation of a client cannot, under any circumstances, be billed as Individual Therapy. While many meaningful conversations may occur between a client and his or her therapist during a car ride, this is not a reimbursable Individual Therapy service.

The length and duration of Individual Therapy sessions should be determined during service team meeting within the service limitations set forth below. These should be adhered to closely as services are approved based upon need. This service may be increased or decreased during the course of treatment and should always be a team decision.

### **What should my Individual Therapy documentation include?**

Individual Therapy should be intentional and purposeful. Session notes should reflect a course of treatment that is guided by the Collaborative Service Plan. Each session should be directed by a specific, individualized goal that is documented on the note and is supported by the content of the session. A variety of interventions and/or treatment modalities must be incorporated into treatment based on client age, client ability, etc. The clinician's modality and/or use of clinical interventions, along with the client's reaction to these interventions, should be included in each session note. Measurable data is integral to care planning and must be included as part of the clinical documentation. This should be shared with team members and influence modifications to future Collaborative Service Plans.

## ***Collateral Therapy***

### **What is a Collateral Therapy service?**

Collateral Therapy must be provided by a Behavioral Health Professional or a Behavioral Health Professional under clinical supervision and practicing in accordance with the IMPACT Plus regulation. This service involves face to face behavioral health consultation with a parent or legal guardian, school personnel, or other individual with custodial control or supervision of the client. Collateral Therapy sessions must be conducted in a private area to ensure confidentiality and meet the standards for a Collateral service. Common examples of Collateral Therapy include the attendance of a Behavioral Health Professional or Behavioral Health Professional under clinical supervision at a service team meeting, school Annual Review Committee meetings or conferences with teachers, face-to-face meetings with other service professionals involved in the child's treatment, and



therapy sessions with caregivers and family members. Please note if the child has an individual therapist and a different collateral therapist who are both in attendance of the service team meeting, the time billed **MUST** be split.

It is important to reiterate that Collateral Therapy sessions **MUST** be documented as relevant to the child's treatment, be reflective of a behavioral health consultation, and must be provided in accordance with the Collaborative Service Plan. Collateral Therapy session notes must contain a clinical objective, and the modality must be clinical in nature. Collateral sessions, if they occur on the same day and directly before, in the middle of, or directly after an Individual session must be documented on a separate service note and clearly indicate the start and end time of that particular session. The length and duration of Collateral Therapy sessions should be determined during the service team meeting and adhered to closely, as services are approved based upon need. This service may be increased or decreased during the course of treatment and should always be a team decision, however, the team must adhere to service limitations as discussed in the *Service Limitations* section of this manual.

### **What else should I know about providing therapy services?**

IMPACT Plus is designed to be an intensive program of treatment for children who are at imminent risk of removal from their homes. Clinical treatment must be considered in terms of both frequency and intensity of services. In addition, children who receive IMPACT Plus services may also be receiving psychiatric care and be involved with other treatment/therapeutic professionals. In recognition of best practice guidelines, Individual and Collateral Therapy may be provided at no more than twelve (12) hours per week, with no more than four (4) hours being provided in one (1) day.

Both Individual and Collateral Therapy are services that require face to face therapeutic intervention and/or behavioral health consultation that are intentional, non-duplicative, and meet the expected standards of a therapy services. As such, the following situations would be deemed a non-billable use of Individual and/or Collateral Therapy:

- Individual and Collateral Therapy may **NOT** be billed during any client court proceeding. Therapy may occur either before or after a court proceeding to process and/or prepare with clients and families, but this should occur in a private, intentional session that occurs with a focused goal. Time spent at the court house waiting for the case to be called is **NOT** billable;

- Collateral Therapy may NOT be billed for your attendance at a client's psychiatry appointment, including Tele-psychiatry. Any face to face consultation with the Psychiatrist that occurs outside of the appointment may be billed as Collateral Therapy under the regulatory definition;
- Collateral Therapy may NOT be billed for your attendance at a client's appointment with another therapist (Individual, Group, etc.) Face to face consultation with other therapists on the child's treatment team may be billed as Collateral Therapy under the regulatory definition although the time billed must not overlap;
- Individual and/or Collateral Therapy may NOT be billed for recreational activities (i.e., swimming lessons, movies, lunch at school with the child, etc.). Neither should Individual and/or Collateral Therapy be billed for observation of a child in a classroom; and
- Individual and/or Collateral Therapy may NOT be billed for the transportation of a client or his or her family. If you plan to conduct a therapy session at a location in the community, the time spent transporting the child or family to/from that location is non-billable.

### **Are there any exceptions for duplicate services?**

While some circumstances may apply in which IMPACT Plus and another Medicaid funding stream is accessed concurrently (i.e., Supports for Community Living or Michelle P Waiver services), in general, Medicaid should not be billed concurrently for similar services. This could result in a recoupment of the money paid to the agency for a duplicated service. However, there are limited exceptions for which over-lapping services are appropriate and billable.

### **Can a child be seen by a Community Mental Health Center and an IMPACT Plus Sub-contractor?**

There are currently only two circumstances under which Medicaid may be billed for both an IMPACT Plus therapist and a Community Mental Health Center therapist to provide the same service. All other circumstances are seen as duplication:

1. If the child is receiving medication management from the Community Mental Health Center Psychiatrist and a therapist is required by Community Mental Health Center policy, an IMPACT Plus therapist may also work with the child. The Community Mental Health Center therapist should be invited to the team meeting and the effort must be collaborative as evidenced in your documentation. This must be reflected in the Collaborative Service Plan and the goals and objectives of the

Community Mental Health Center therapist must relate specifically to the diagnosis for which the child is receiving medication. IMPACT plus goals and objectives must NOT overlap. Please remember, when both therapists attend the team meeting, they must split the time billed for that meeting; and

2. If the discharge plan calls for the child to be transitioned to the Community Mental Health Center, a transition plan may be established during which the child will receive overlapping therapy services from both the Community Mental Health Center therapist and the IMPACT Plus therapist. This should occur over a relatively brief time period and the focus of the Community Mental Health Center goals should be limited to building rapport and facilitating transition. Again, this must be reflected on the Collaborative Service Plan.

Families should be encouraged to choose the provider and services that are most beneficial to their child and family. Collaboration between the Community Mental Health Center and the IMPACT Plus Sub-contractor is essential to promote integrated, effective treatment.

### **Can a child receive the same service from two IMPACT Plus Sub-contractors?**

Generally, it is most clinically appropriate for a child and/or family with complex treatment needs to receive therapy from only one therapist in order to ensure consistency of modality and treatment across life domains. It should be the exception rather than the rule that a child be assigned a different Individual and Collateral therapist within the same agency.

If a specialized treatment need arises, and it is believed that an additional IMPACT Plus therapist is needed due to a therapist specialized to treat the need, an exception must be obtained through IMPACT Plus Central Office or the appropriate Managed Care Organization. If approved, the roles of each therapist and the developed goals must be very clearly defined on the Collaborative Service Plan. The duration during which two (2) or more therapists are involved must not exceed three (3) months. The following exception procedure should be followed:

- If a client is receiving Individual and/or Collateral Therapy services and a specialized treatment need arises that cannot be treated by the existing therapist; and it is believed that this need can be effectively treated by another IMPACT Plus agency over a period of three (3) months or less, a written Exception for Duplicate Therapy services (*see Appendix D*) must be submitted to IMPACT Plus Central Office or the appropriate Managed

Care Organization. This exception must explain the specialized need, identify the requested agency/therapist to provide the service, provide the credentials and/or training in the specialization of the requested agency/therapist, and a brief description that identifies the plan for treatment; and

- If the client's specialized treatment is expected to require long term treatment, all Individual/Collateral services must be transitioned to the IMPACT Plus agency/therapist that will be working with the child/family on the specialized treatment need as it is most clinically appropriate for clients and their families to receive consistent and integrated therapeutic intervention that is not segmented or supplied by multiple therapists. These services must be transitioned within a thirty (30) calendar day period.

### **Can a child receive treatment for a co-occurring substance use disorder?**

Any IMPACT Plus agency that treats children with co-occurring substance use disorders is required to use an Evidence Based Practice/Program (EBP). The Evidence Based Practice must be approved by the Department and documented on the Collaborative Service Plan. The Department offers specialized training to those Sub-contractors who wish to become familiar with EBPs like Reclaiming Futures, Adolescent Substance Abuse/Co-Occurring Disorders, Cannabis Youth Treatment, etc. For additional information about these trainings, please contact Michelle Kilgore, Substance Abuse Treatment Branch, at 502-564-4456.

### ***Individual Therapy Services (Psychiatrist Rate)***

#### **What are Psychiatric services?**

Broadly, Psychiatrists do three things in practice:

1. They treat patients using medication only, therapy only, or a combination of medication and therapy;
2. They provide consultative services to other physicians, attorneys, police, schools, treatment programs or other organizations regarding a specific individual or group of people; and
3. They provide peer review.

Advanced Practice Registered Nurses are approved to provide this service as long as a Collaborative Agreement for the Advanced Practice Registered Nurse is in

place with a physician. A signed copy of this Agreement should be maintained on site at all times.

In order to provide medication and therapy services, it is understood that Psychiatrists will do an initial Psychiatric Evaluation which includes a review of the patients personal history and family history, physical health, prior treatments, current treatments, perform a mental status examination appropriate to age of the patient, meet with the family and any designated significant person in the recipients life as needed, order and/or review laboratory data, order or review of psychological testing results, order or review any other ancillary health/mental health examinations, and develop an initial plan of treatment. All of this information should be contained in the comprehensive Psychiatric Evaluation. The Psychiatric Evaluation must be billed using the Individual services (Psychiatrist rate). While the Psychiatric Evaluation is never considered a completed document, but one that changes as more is learned about the patient during the course of treatment, a maximum of one and a half (1.5) hours is reimbursable for a comprehensive Psychiatric Evaluation as defined in the *Service Limitations* section of this manual. It should be noted that Psychiatrists may not bill for review of records or the actual writing of the evaluation and treatment plan.

Psychiatrists providing medication management and therapy services must bill using the Individual services (Psychiatrist rate) and must adhere to the services limitation for this service as defined in the *Service Limitations* section of this manual. It is recognized by Kentucky Medicaid that Collateral Consulting services with family members is an appropriate and integral part of psychiatric care. This time is also billable under the Individual services (Psychiatrist rate).

Please note that Psychiatrists will not be reimbursed for going to court unless it is for the attorney for whom the Psychiatrist is providing expert testimony.

### ***Group Therapy***

A face-to-face Behavioral Health Group Therapy service must be provided in accordance with a recipient's Collaborative Service Plan, and must be provided to that recipient in a group setting. An IMPACT Plus Therapy Group must include a minimum of three (3) IMPACT Plus recipients and a maximum of eight (8) individuals. Each recipient in the group should be similar in age and must have similar behavioral issues. The group must have a deliberate focus (i.e., social skills, anger management, etc.) and must have a defined course of treatment as well as a planned curriculum. Groups that include only parents of IMPACT Plus recipients are NOT billable. However, groups with a focus on parenting skills, behavior management, etc. that include parent/child couplings are appropriate as long as a maximum of four (4) parent/child couples are involved. Only the

IMPACT Plus recipient is billable. Documentation of Group Therapy must be specific to each participant, including individual behaviors, reactions and participation.

### ***Behavioral Health Evaluation***

A Behavioral Health Evaluation is a face-to-face specialty evaluation that is provided in accordance with a recipient's Collaborative Service Plan by a Behavioral Health Professional. Please note that, in accordance with the IMPACT Plus regulation, a Behavioral Health Professional under clinical supervision may NOT perform or bill for this service. The evaluation must be requested to answer specific clinical questions that cannot be addressed in routine clinical interviews, psychosocial assessments, or behavioral assessments/checklists. The evaluation may occur over a period of time and should include testing and interviews. All contact with the recipient and other interviewed individuals MUST be documented. Time taken to process and write the resulting Behavioral Health Evaluation should also be documented and included in the child's chart. The final evaluation must result in a diagnosis code (in accordance with *45 C.F.R. 162.1000*) and specific treatment recommendations. A Behavioral Health Evaluation must adhere to service limitations as discussed in the *Service Limitations* section of this manual.

### ***Therapeutic Child Support Services (Professional and Paraprofessional)***

#### **What are Therapeutic Child Support services?**

Therapeutic Child Support services are generally rendered at either a Professional or Paraprofessional level. Therapeutic Child Support services are designed to assist the child and the child's family in understanding, identifying, or coping with the child's behavioral health diagnosis/disorder. Therapeutic Child Support services must include highly structured behavioral interventions which are supervised closely and involve active engagement by the Therapeutic Child Support worker with the child and family. In addition, Therapeutic Child Support staff should be provided with a set of prescribed interventions that serve as an extension of the recipient's Individual Therapy. These interventions should be documented and reviewed with the supervisor. This service can be seen as effective in two collaborating modalities:

1. *Child focused*: by promoting specific Collaborative Service Plan objectives to the child, which will assist the child in understanding, treating, identifying, or coping with his or her behavioral health disorder; providing therapeutic intervention and support to a child during transition

to adulthood; providing social skills training; mentoring to model appropriate behavior, fostering management of anger or other negative feelings, and developing community supports; and

2. *Family focused:* by promoting specific Collaborative Service Plan objectives with the family, which assist the family in understanding, treating, identifying, or coping with the child's behavioral health disorder, modeling appropriate adult/child interaction; providing behavior management skills training, developing appropriate coping skills, and training in therapeutic techniques.

### **What is expected of a Therapeutic Child Support worker?**

A Therapeutic Child Support worker is required to make face-to-face contact with the child and provide direct therapeutic intervention and support that assists the recipient in developing behavior management and living skills which help the child to improve autonomous functioning. Therapeutic Child Support services may be rendered in a variety of settings. These may include the home, school, and community. The venue of the service must be clinically appropriate to meet the child's needs and special accommodations should be noted in the Collaborative Service Plan. The length and duration of Therapeutic Child Support services shall be determined by the service team. Therapeutic Child Support may be provided at a maximum of four (4) hours per day as stated in the *Service Limitations* section of this manual. Therapeutic Child Support is NOT designed to be a respite or childcare service.

### **How is Therapeutic Child Support documented?**

Therapeutic Child Support services can be an integral part of a child's treatment if rendered effectively and documented thoroughly. Each child receiving Therapeutic Child Support services must receive an assessment that demonstrates either vocational aptitude or need for skills training. Transitional aged youth (age 14 and over) may benefit from a vocational or independent living skills assessment, while younger children experiencing social and behavioral problems, may benefit more from an overall skills assessment which assesses developmental and social ability. Assessment outcomes should help the Therapeutic Child Support worker and his or her supervisor to determine the child's level of ability and areas of need. Ongoing monitoring of the child's progress towards transition to adulthood, or the assistance given to the child in developing those skills and/or abilities related to the assessment outcomes should be reflected in Therapeutic Child Support documentation.

The Therapeutic Child Support worker, with the help of his or her supervisor and input from the family/parent, should develop a Behavior Management Plan that identifies problem behaviors, the setting in which these behaviors arise, Therapeutic Child Support interventions utilized to manage these behaviors, and appropriate parent/caregiver responses as modeled by the Therapeutic Child Support worker. These responses may include, but are not limited to, reward/token systems, consequences, directives, support/praise phrases and ideas. This plan should be changed and updated as the Therapeutic Child Support worker determines what is successful during his or her time with the child.

A sample Behavior Management Plan is found in *Appendix E*. Clinical documentation must reflect ongoing support and instruction provided to the family in implementing the Behavioral Management Plan, individual instruction provided to the family in recognizing, coping, and handling disruptive behavior, and training or modeling of appropriate adult intervention.

In order to provide ongoing in-home support to both the recipient and caregiver, an initial In-Home Assessment should be conducted by the Therapeutic Child Support worker that assesses the recipient's living situation, and provides consultation with the parent/caregiver. This consultation should reflect the parent/caregiver perspective on the child's problem behaviors, as well as the discipline strategies used and the effectiveness of these strategies. This information should help guide the above Behavior Management Plan. A sample In-Home Assessment can be found in *Appendix F*.

Every Therapeutic Child Support session should have a specific focus or goal for the day that relates back to the child's diagnosis or Collaborative Service Plan goals. This goal should be identified on the note. Therapeutic Child Support session notes should not only accurately summarize the day's events, including specific locations and activities, but must include documentation of the Therapeutic Child Support worker's delivery of specific therapeutic interventions, instruction, modeling, and training of the recipient and his or her parent/caregiver. The child's response to these interventions, the observed behaviors of the child, and the plan for follow up should also be included in every Therapeutic Child Support session note. Therapeutic Child Support should be intentional and purposeful. Every activity should be clinically relevant to the child and his or her Collaborative Service Plan as the specific interventions and activities the Therapeutic Child Support worker utilizes must be documented.

Therapeutic Child Support session documentation will also reflect ongoing support and training of the parent/caregiver. The Therapeutic Child Support worker should include evidence of active/ongoing monitoring and assessment of a recipient's



living situation, the training provided to the parent/caregiver on therapeutic techniques used in session, and communication between the Therapeutic Child Support worker and the parent/caregiver that promotes collaboration in implementation of the recipient's Behavior Management Plan. If the majority of Therapeutic Child Support sessions occur out of the home as defined in the Collaborative Service Plan, and are appropriate to the child's needs, it is acceptable and billable for a Therapeutic Child Support worker to meet with a caregiver after their outing with the child to meet the above requirements. In fact, this should become part of each Therapeutic Child Support session. However, it would be unacceptable for the Therapeutic Child Support worker to solely provide the service to a parent or guardian throughout the course of treatment. It is the expectation that through consultation and training with the caregiver, the Therapeutic Child Support worker can become part of the caregiver's support system and help reinforce consistency and stability for the child.

### **What are the FAQs?**

**Q: Can a Therapeutic Child Support worker take out more than one child at a time?**

**A:** No, Therapeutic Child Support must occur in a one (1) to one (1) recipient ratio. The only exception to this situation is when multiple children in the same family or home are receiving Therapeutic Child Support services. Family dynamics and related behavior problems may create a need for multi-recipient sessions. If the Therapeutic Child Support worker regularly provides this service to BOTH siblings according to their respective Collaborative Service Plans, then billing may be split for the session. If the worker regularly works with only one sibling, then they may only bill for that client.

**Q: Can Therapeutic Child Support services be rendered during school hours?**

**A:** Yes, as long as both the school and the teacher approve of the worker being present and his/her presence during school hours is not a distraction to other students or negatively impacting the client's academic performance. In addition, the Therapeutic Child Support worker must be providing therapeutic aid and benefit to the child while they are at school, and not acting as a teacher's aide or observer.

**Q: What activities are appropriate for Therapeutic Child Support workers to attend with a child?**

**A:** Unfortunately, this answer is not black and white. However, the activity must demonstrate therapeutic benefit, the Therapeutic Child Support worker must be in active participation with the client during the activity, and the activity must be indicative of the medical necessity for services. Activities like movies are rarely appropriate. These activities should be included on the client's Collaborative Service Plan.

**Q: Is it appropriate for a Therapeutic Child Support worker to attend the service team meetings?**

**A:** Yes, as someone that spends a great deal of individual time with the client it is beneficial to have insight from the Therapeutic Child Support worker at the team meetings. However, this time is voluntary as a Therapeutic Child Support worker may not bill for time spent at service team meetings.

**Q: How should a Therapeutic Child Support worker be supervised?**

**A:** Therapeutic Child Support workers **MUST** be supervised weekly by a Behavioral Health Professional or Behavioral Health Professional under clinical supervision. Supervisors should monitor the Therapeutic Child Support documentation closely and explore boundaries with families. When possible, it is beneficial for Therapeutic Child Support workers to receive supervision from the same supervisor so that frequent and regular follow-up can be made regarding cases. Please note if the documentation reflects appropriate behavior for an extended period of time, Therapeutic Child Support services should be discontinued as the goal is to empower parents and move children towards independence.

## ***Parent to Parent Support***

### **What is a Parent to Parent service?**

A Parent-to-Parent Support service must be provided face-to-face to an eligible recipient's parent or caregiver. Parents of children with severe emotional disturbance often feel alone and anxious when they encounter treatment professionals. A Parent-to-Parent worker can be seen as an ally or veteran of the system. As such, it is imperative that Parent-to-Parent Support workers partner with the recipient's parent/caregiver and serve as his or her advocate.

### **What is the Parent to Parent Support workers responsibility?**

Support workers are also expected to:

- Provide information about IMPACT Plus services including how to effectively participate in the service planning process and how to access needed services;
- Provide information regarding the nature, purpose, and anticipated benefits obtained from accessing services;
- Provide therapeutic intervention and support to the parent or caregiver when implementing the behavior management plan;
- Assist the parent or caregiver in understanding how to appropriately document implementation of the Behavior Management Plan;
- Provide information concerning the scope of responsibility of the involved child-serving agencies;
- Assist the parent in establishing and maintaining linkages with formal and informal supports; and
- Assist the parent in establishing and sustaining support groups for other parents and guardians.

In essence, a Parent-to-Parent Support worker functions as an advocate for a client's caregiver, to help them in understanding the mental health services their child receives and establishing mental health supports for themselves and other parents/guardians of children with complex treatment needs.

Often, one of the most important functions of the Parent-to-Parent Support worker is to assist the parent in the development and implementation of a plan to transition the recipient from IMPACT Plus services. Transition planning, while an essential part of treatment, can cause anxiety for parents who have become comfortable with the treatment professionals working with their child. Parent-to-Parent Support workers can offer guidance and reassurance that is both credible and meaningful.

Parent-to-Parent Support must be clearly defined in the Collaborative Service Plan and requested via the request for services submitted to appropriate Peer Review or Managed Care Organization. Each Parent-to-Parent Support service encounter must be documented fully and included in the client's chart. The goal, content, and outcome of each parent-to-parent encounter must be included in the documentation. Ongoing supervision of the Parent-to-Parent Support worker must be documented and include intervention suggestions, problems or concerns encountered by the support worker, and follow up on previous issues.

## **What are the FAQ's?**

### **Q: What is an acceptable training program to meet the credentialing requirement for a Parent-to-Parent worker?**

**A:** A training that may be helpful in meeting this requirement is the Peer Specialist/Peer Support training, as defined in 908 KAR 2:230. This training is approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities. Please note that while this comprehensive training is very helpful, the individual would also need training in IMPACT Plus documentation and on how to build relationships with caregivers. You may send a copy of any training curriculums you have to IMPACT Plus Central Office for approval.

### ***Intensive Outpatient Program***

An IMPACT Plus Intensive Outpatient Program should be designed to provide a structured behavioral health program of individual or group therapeutic activities that are provided in conjunction with a client's Collaborative Service Plan. These programs are provided in a setting that includes a recipient-to-staff ratio of four (4) children to one (1) staff member. All services must be provided under the supervision of a Behavioral Health Professional or a Behavioral Health Professional under clinical supervision and be provided three (3) times weekly for a minimum of two (2) hours per day. Therapy services may be provided by a Behavioral Health Professional, a Behavioral Health Professional under clinical supervision, a behavioral health organization, or facility licensed as a nonmedical or nonhospital based alcohol or other substance use treatment program.

Intensive Outpatient services should not be confused with traditional outpatient Individual, Collateral, or Group Therapy. Intensive Outpatient services must be specific in nature and meet a unique treatment need. For example, services may be specifically designed and provided for juvenile sex offenders, recipients with eating disorders, and/or recipients with co-occurring substance use issues. Intensive Outpatient Programs should be staffed with Behavioral Health Professionals that are uniquely qualified and trained to provide services for the target population.

### **What clinical documentation is required for Intensive Outpatient services?**

A daily attendance sheet should document the child's arrival and departure time. Documentation for the Intensive Outpatient Program should include separate session notes for each recipient and for each service provided during the duration of participation in the program including:

- Individual Therapy
- Group Therapy
- Any recreational or other scheduled activities

It should be clear that the program is organized and structured to meet the individual needs of the recipients it serves.

### ***Partial Hospitalization***

Partial Hospitalization must be provided by a hospital licensed in accordance with 902 KAR 20:009 and 902 KAR 20:016 or 902 KAR 20:170 or a Community Mental Health Center. Services must occur in a therapeutic environment that demonstrates an organized, intensive program that provides for the comprehensive assessment, diagnosis, and treatment of complex behavioral health needs. Each agency providing Partial Hospitalization services must have policies and procedures available that address program philosophy, admission and discharge criteria, staff training, and integrated case planning/case management.

#### **What clinical documentation is required for Partial Hospitalization?**

An agency providing Partial Hospitalization must document treatment in a way that provides evidence of daily oversight and management by a Psychiatrist that includes daily communication with staff delivering direct services and face-to-face contact with the client one (1) or more times per week. Documentation in the client chart must also reflect evidence of continuous nursing coverage and a multi-disciplinary treatment team.

A daily attendance sheet should document the child's arrival and departure time as well as clearly document the child's progression throughout the day from activity to activity. The documentation of individual services provided within the daily program should include:

- Separate documentation for Rehabilitative Therapy for each child;
- Separate clinical documentation of Individual Therapy for each child;
- Separate clinical documentation of Group Therapy for each child;
- Medication evaluation, education, and management;
- Behavior Management and Social Skills Training;
- Scheduled activities that promote family involvement; and

- All of the required Targeted Case Management documentation for IMPACT Plus (i.e., contact logs, progress reports, contact notes, etc.).

The Partial Hospitalization Program must maintain a minimum recipient-to-staff ratio of four (4) children to one (1) staff. All documented therapy service must be provided by a credentialed Behavioral Health Professional or Behavioral Health Professional under clinical supervision. These individuals must meet the clinical licensure qualifications as defined in *907 KAR3:030, Section (1)*. Individuals credentialed in multiple services roles may only serve in one role for each client. For example, an individual credentialed in the role of Case Manager and Behavioral Health Professional should not provide both services for the same client. Chart documentation should reflect this separation of roles. By eliminating such dual roles, children and families have increased understanding of who team members are and the services each provides.

### **How are education services delivered as part of the Partial Program?**

A child receiving Partial Hospitalization services is required by *KRS 158:100* to be provided schooling by the local education authority. These education services may not be provided as part of homebound instruction. The Sub-contractor must have a linkage agreement with the local education authority available for review that specifies the responsibility of the authority and the Sub-contractor for:

- Appropriately licensed teachers and provisions for their professional development;
- Educational supports including classroom aides and textbooks;
- Educational facilities;
- Physical education and recreational therapies;
- Transportation; and
- Transition planning.

Time spent in the classroom should be documented daily and communication with the teacher included in the chart.

### ***After School and Summer Program***

Both the After School and Summer Programs are per diem IMPACT Plus services that provide a focus on the development of appropriate behaviors and social skills, in addition to providing the individual therapy needs of each recipient. As a

structured program of rehabilitative and therapeutic activities, After School and Summer Program providers must provide each recipient with Individual Therapy, Group Therapy, behavior management and social skills training, independent living skills training (for recipients age 14 and older), and activities scheduled to promote parent or caregiver involvement.

Any Sub-contractor wishing to provide an After School or Summer Program must develop and adhere to a curriculum that specifically includes all of the required elements as well as a daily schedule which incorporates mealtimes, free time, and any other activities that will be provided by the agency. Facilities must be free of hazardous waste or dangerous materials. Policies and procedures related to client safety and risk assessment must be available for review (i.e., policies related to AWOL attempts and crisis management) and all incident reports or investigations related to clients must be maintained on site.

### **What clinical documentation is required for After School and Summer Programs?**

- A daily attendance sheet for each child that documents arrival and departure time and the child's participation in scheduled activities;
- Separate clinical documentation of Individual Therapy for each child;
- Separate clinical documentation of Group Therapy for each child;
- Staff notes for any non-clinical activity that document the child's behaviors, staff interventions, and child response; and
- Documentation of parent contact and/or parent participation in scheduled activities.

After School and Summer Programs must have daily on-site supervision by a Behavioral Health Professional or a Behavioral Health Professional under clinical supervision and have a minimum recipient-to-staff ratio of four (4) children to one (1) staff that is documented and maintained at all times. All documented therapy services must be provided by a credentialed Behavioral Health Professional or Behavioral Health Professional under clinical supervision. These individuals must meet the clinical licensure qualifications as defined in *907 KAR3:030, Section (1)*.

### ***Therapeutic Foster Care***

Children eligible for IMPACT Plus Therapeutic Foster Care must have been discharged from a hospital or Crisis Stabilization Program and have demonstrated that home based services are not immediately appropriate, available, or accessible. Therapeutic Foster Care services must be provided in a way, and the Collaborative Service Plan must demonstrate, that placement in a Therapeutic Foster Home can

reasonably be expected to improve the recipient's condition so that he or she may be discharged to an IMPACT Plus home-based services program in an anticipated three (3) month timeframe. A prospective plan for home-based services must be proposed in writing that identifies the IMPACT Plus services and service providers that will be utilized. Therapeutic Foster Care must be provided in accordance with a Collaborative Service Plan that is developed with the participation of the parent or guardian and identifies the level of family involvement in treatment that will be required to facilitate discharge to the proposed home-based service plan. The family must agree to participate as outlined.

Recipients placed in IMPACT Plus Therapeutic Foster Care homes must be provided a therapeutic environment that includes twenty-four (24) hour supervision and treatment in a family home by a Therapeutic Foster parent. It is the policy of all IMPACT Plus Therapeutic Foster Care programs that a child must be present in the Therapeutic Foster Care home overnight in order to bill for the previous day regardless of time of departure or arrival.

In addition to compliance with *907 KAR 3:030*, Therapeutic Foster Care agencies must comply with and be licensed according to *922 KAR 1:305*. Therapeutic Foster Care agencies must maintain policies and procedures and provide foster parents and other staff members with adequate training regarding medication distribution, risk assessment, and incident reporting.

### **What are the requirements for Therapeutic Foster Care Parents?**

- Therapeutic Foster Parents must be employed or contracted and supervised by a child-placing agency licensed in accordance with *922 KAR 1:305* and functioning in accordance with *922 KAR 1:310*. A copy of the Child Caring License and the Foster Home License must be kept on site and made available by request;
- Therapeutic Foster Parents must complete thirty (30) hours of pre-service training using a curriculum approved by DCBS and the Department. Documentation of pre-service training must be kept on file on-site and made available by request;
- Therapeutic Foster Parents must receive twenty-four (24) hours of on-going training annually related to the care of a child with complex treatment needs. No more than six (6) hours shall be obtained through self-instruction (i.e., online training, educational book, etc.). Documentation of on-going training completion must be kept on file on-site and made available by request; and



- Therapeutic Foster Parents must receive bi-weekly, in home, face-to-face supervision and support from a credentialed Behavioral Health Professional or Behavioral Health Professional under clinical supervision. Clinical supervision of the foster home and foster parents must occur and be documented separately from standard home visits, therapy sessions, etc. Documentation of foster parent supervision must be kept on file on-site and made available by request.

### **What clinical documentation is required for Therapeutic Foster Care Programs?**

Therapeutic Foster Care services are paid as a per diem rate. This rate includes required Targeted Case Management, required Individual and Collateral Therapies, Group Therapies, behavior management and skills training, scheduled activities that promote family involvement, independent living skills training, and services that link the recipient to community resources. Other than psychiatric and/or medication management services, no additional Medicaid paid services should be billed for a child placed in Therapeutic Foster Care. The documentation to meet these requirements includes:

- All IMPACT Plus Case Management documentation as defined in 907 KAR3:030, *Section (5.1)* (i.e., contact logs, progress reports, contact notes, etc.);
- A Behavior Management Plan (*see sample in Appendix G*) that is implemented daily by the foster parents;
- A daily foster parent note that documents the behaviors of the child, the interventions used by the foster parent, and the response of the child;
- A weekly progress summary that is completed by the foster parent;
- Separate Individual Therapy notes as referenced in the Collaborative Service Plan;
- Separate notes that document family involvement in treatment as referenced in the Collaborative Service Plan;
- Separate Group Therapy notes as referenced in the Collaborative Service Plan;
- Documented social skills training for all clients;
- Documented transition planning to home based services; and
- All documented therapy services must be provided by a credentialed Behavioral Health Professional or Behavioral Health Professional under

clinical supervision. These individuals must meet the clinical licensure qualifications as defined in *907 KAR3:030, Section (1)*.

Individuals credentialed in multiple services roles may only serve in one role for each client. For example, an individual credentialed in the role of Targeted Case Manager and Behavioral Health Professional should not provide both services for the same client. Chart documentation should reflect this separation of roles. By eliminating such dual roles, children and families have increased understanding of who team members are and the services each provides.

**Can a child placed in a Therapeutic Foster Care home ever receive any additional IMPACT Plus services?**

A child who is placed with an IMPACT Plus Therapeutic Foster Care agency is required to receive therapy services from the Therapeutic Foster Care agency with a Behavioral Health Professional or Behavioral Health Professional under clinical supervision. Should a child require specialized therapeutic intervention for a specific diagnosis that CANNOT be provided by the IMPACT Plus Therapeutic Foster Care agency, additional therapeutic services from an outside agency for up to three (3) hours per week may be requested. Additional requested therapy services may include Individual and Group services only.

***Exception Process:***

All requests for additional therapeutic services for children placed in IMPACT Plus Therapeutic Foster Care must first be sent to IMPACT Plus Central Office or the appropriate Managed Care Organization. The Therapeutic Foster Care agency will either mail or fax a written Request for Exception Form (*see Appendix D*), which details the specific need or specialized issue that would necessitate additional therapy services as well as an explanation of the Therapeutic Foster Care agency's inability to provide the service. A copy of the child's Therapeutic Foster Care Treatment Plan must be attached, and must also indicate the agency that would be providing the services.

As a general rule, a child placed with a Department for Community Based Services (DCBS) Private Child Placing agency will receive all therapy services from that agency. The DCBS Private Child Placing agency may choose to contract with an IMPACT Plus Sub-contractor to provide therapy for a child for a variety of reasons including the existence of a pre-existing therapeutic relationship. This should be the exception rather than the rule, as Private Child Placing agency therapists should be trained and qualified to provide adequate therapeutic services in house. However, if clinical services are outsourced, the Private Child Placing agency must establish a written contract with the IMPACT Plus Sub-contractor in which there

are clearly defined expectations and an established plan for communication between the Private Child Placing agency and the therapist exists. Because clinical services are built into the level of care rate, the Private Child Placing agency shall be completely responsible for payment of those services to the outside Sub-contractor. The only exception will occur when a child is receiving medication management and/or a Behavioral Health Evaluation provided by a Psychiatrist billed through IMPACT Plus.

### ***Contracting Process:***

Any IMPACT Plus Sub-contractor that wishes to contract with a Private Child Placing agency to provide therapeutic services on behalf of the Private Child Placing agency must send a signed copy of the contract to the DCBS. IMPACT Plus therapeutic services should NEVER be requested through the Peer Review or Managed Care Organization for children receiving services through a Private Child Placing agency except in cases where the Private Child Placing agency is requesting medication management and/or a Behavioral Health Evaluation from an IMPACT Plus Psychiatrist.

### ***Therapeutic Group Residential***

Therapeutic Group Residential services can only be provided to recipients discharged from a hospital or Crisis Stabilization service. This service shall be provided in a Group Residential facility that consists of an ongoing therapeutic environment with twenty-four (24) hour direct supervision of all clients. While it is understood that clients may be absent from the facility for day trips and day home passes, the child must be present in the Therapeutic Group Residential facility overnight in order to bill for the previous day. The documentation required to meet this regulatory requirement is a daily staff log that documents no less than the hourly activity of the client which notes time, client location in facility, activity, any behaviors that required management or discipline as indicated by the Behavior Management Plan, the interventions of direct care staff, and any response of the child. If a child is not in the facility, this must be documented not only in the daily staff log, but also on a day/home visit form or an overnight home visit form that is kept in the child's file.

In addition to compliance with 907 KAR 3:030, Therapeutic Group Residential facilities must comply with and be licensed according to 922 KAR 1:305. Therapeutic Group Residential facilities must maintain policies and procedures and provide staff members with adequate training regarding medication distribution, risk assessment, incident reporting, and Safe Crisis Management (if applicable).

## **What clinical documentation is required for Therapeutic Group Residential Programs?**

Group Residential services are paid as a per diem rate. This rate includes on site Targeted Case Management, Group and Individual Therapies, behavior management and skills training, scheduled activities that promote family involvement, independent living skills training, After School and Summer Programs, and services that link the individual to community resources before discharge to help assist the client in transition back into the community. Other than psychiatric and/or medication management services, no additional Medicaid paid services should be billed for a child placed in a Therapeutic Group Residential facility. The documentation required to meet these regulatory requirements of a Therapeutic Group Residential facility include:

- All IMPACT Plus Targeted Case Management documentation as defined in *907 KAR 3:030, Section (5.1)* of the IMPACT Plus regulation; (e.g., contact logs, progress reports, contact notes etc.);
- A Behavior Management Plan (See sample in *Appendix G*) that is referenced daily in the staff notes;
- A weekly progress summary compiled from the data in the daily staff notes;
- Documented weekly support staff supervision that is conducted by a Behavioral Health Professional or Behavioral Health Professional under clinical supervision and meets all regulatory requirements for supervision as found in the *Supervision* section of this manual;
- Separate Individual Therapy notes as referenced in the Collaborative Service Plan;
- Separate notes that document family involvement in treatment as referenced in the Collaborative Service Plan;
- Separate Group Therapy notes as referenced in the Collaborative Service Plan;
- Documented social skills training for all clients;
- Documented independent living skills training for clients age fourteen (14) and over;
- Documentation of a structured After School or Summer Program that meets all regulatory requirements in *907 KAR 3:030, Section (5.8)* of the IMPACT Plus regulation; and

- Documented transition planning to community based services.

Any documented therapy service must be provided by a credentialed Behavioral Health Professional or Behavioral Health Professional under clinical supervision. These individuals must meet the clinical licensure qualifications as defined in 907 KAR3:030, *Section (1)*.

Individuals credentialed in multiple services roles may only serve in one role for each client. For example, an individual credentialed in the role of Case Manager and Behavioral Health Professional should not provide both services for the same client. Chart documentation should reflect this separation of roles. By eliminating such dual roles, children and families have increased understanding of who team members are and the services each provides.

Therapeutic Group Residential services are most effective when they are time-limited and a strong focus remains on the post-discharge environment. Extensive after-care and transition planning must be documented from the date of admission. These plans should be formulated with the client and the family. All out-of-home Collaborative Service Plans should be developed with an anticipated three month discharge time-frame. Therapeutic Group Residential services should not be continued if there is no evidence of consistent progress and movement towards home and community based services.

## ***Day Treatment***

IMPACT Plus Day Treatment programs must be provided by a behavioral health organization and consist of an organized behavioral health program of treatment and rehabilitative services. Each agency providing Day Treatment services must have policies and procedures in place and available. These policies and procedures must be approved by the local education authority and address: program philosophy, admission and discharge criteria, staff training, and integrated case planning.

### **What clinical documentation is required for Day Treatment?**

A daily attendance sheet should document the child's arrival and departure time as well as clearly document the child's progression throughout the day from activity to activity. The documentation of individual services provided within the daily program should include:

- Separate clinical documentation of Individual Therapy for each child;
- Separate clinical documentation of Group Therapy for each child;

- Independent Living Skills Training for recipients fourteen (14) years of age and older;
- Behavior Management and Social Skills Training;
- Scheduled activities that promote parent or caregiver involvement and to empower the family to meet the recipient's needs; and
- 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.

The Day Treatment Program must maintain a minimum recipient to staff ratio of four (4) children to one (1) staff. All documented therapy services must be provided by a credentialed Behavioral Health Professional or Behavioral Health Professional under clinical supervision. These individuals must meet the clinical licensure qualifications as defined in *907 KAR3:030, Section (1)*.

### **How are education services to be provided within the program?**

A child receiving Day Treatment services is required by *KRS 158:100* to be provided schooling by the local education authority and may not be provided as part of homebound instruction. The Day Treatment facility must work in collaboration with the special education services or other available education services of the local education authority. In addition, all educational services must be provided in coordination with the recipient Individual Education Plan (IEP), if the recipient has an IEP. The provider shall have available a linkage agreement with the local education authority that specifies the responsibility of the authority and the provider for:

- Appropriately licensed teachers and provisions for their professional development;
- Educational supports including classroom aides and textbooks;
- Educational facilities;
- Physical education and recreational therapies;
- Transportation; and
- Transition Planning.

Time spent in the classroom should be documented daily and communication with the teacher included in the medical record. Day Treatment services may NOT be billed for time spent on educational instruction.

## ***Crisis Stabilization Services***

Crisis Stabilization services must be provided by a child caring facility licensed in accordance with 922 KAR 1:305; a hospital licensed in accordance with 902 KAR 20:009 and 902 KAR 20:016 or 902 KAR 20:170; or a Community Mental Health Center licensed in accordance with 902 KAR 20:019. Services must occur in a therapeutic environment, for a period not to exceed ten (10) consecutive days. The Crisis Stabilization Unit must demonstrate an organized, intensive program that provides for the comprehensive assessment, diagnosis, and treatment of complex behavioral health needs.

### **What clinical documentation is required for a Crisis Stabilization Unit?**

Upon admission, the recipient must receive a face-to-face Behavioral Health Assessment by a Behavioral Health Professional or a Behavioral Health Professional under clinical supervision. The assessment must clearly identify the symptoms which led to admission, the child's diagnosis, and clear treatment recommendations/needs. Following the initial assessment, the treatment team must identify the specific course of treatment that the recipient will receive and a clear plan for discharge must be established that will link the recipient with community services and supports.

The Crisis Stabilization Unit must have on staff a Behavioral Health Professional with full-time clinical responsibility for the Crisis Stabilization service. A Behavioral Health Professional or a Behavioral Health Professional under clinical supervision must be on-site or on-call at all times. This schedule or rotation must be posted and available for review at any time.

Treatment will be documented by both a daily log and individual treatment records. A daily staff log should be completed for each recipient that documents no less than the hourly activity of the client. The log should note the time, client location in facility, activity, any behaviors that required management or discipline as indicated by the Behavior Management Plan, the interventions of direct care staff, and any response of the child. The Individual Therapy, Group Therapy, and other therapeutic interventions used during treatment to stabilize the recipient must be documented separately and included in the client's chart. All documented therapy services must be provided by a credentialed Behavioral Health Professional or Behavioral Health Professional under clinical supervision. These individuals must meet the clinical licensure qualifications as defined in 907 KAR3:030, *Section (1)*.

At minimum, a Behavioral Health Professional must have daily face-to-face contact with the client. "Contact" is defined as at least one (1) face-to-face

Individual or Group Therapy session. A five (5) minute conversation with the child or a fifteen (15) minute “check in” is not an appropriate interpretation of “contact.” Despite the minimum daily requirement, the severity of recipients receiving crisis services would indicate that more intensive treatment is clinically appropriate.

The rate for Crisis Stabilization services is a per diem Medicaid rate. Once a child is admitted to a Crisis Stabilization Unit, the Crisis Stabilization provider as well as any other prior involved IMPACT Plus Sub-contractor may NOT bill for any additional services through IMPACT Plus. Multiple crisis admissions over a short time period may be indicative of a need for the child to receive a more intense array of services or to be placed in a higher level of care. It is best practice for an individual discharging from a Crisis Stabilization Unit to be provided with a clear list of aftercare recommendations and follow-up appointments to help reduce his/her risk of being re-admitted.

In addition to compliance with *907 KAR 3:030*, Crisis Stabilization Units must comply with and be licensed according to *922 KAR 1:305*. Crisis Stabilization Units must maintain policies and procedures and provide staff members with adequate training regarding medication distribution, risk assessment, incident reporting, and Safe Crisis Management (if applicable).



# *Section 5*

## *Service Limitations*

## *Service Limitations*

<b>Service</b>	<b>Service Limitations &amp; Guidelines</b>
Individual and Collateral Therapy (1 Unit = 15 minutes)	Maximum of 16 <u>combined</u> units per day Maximum 48 <u>combined</u> units per week
After School Program (1 Unit = 15 minutes)	Maximum of 16 units per day
Summer Program (1 Unit = 15 minutes)	Maximum of 24 units per day
Intensive Outpatient (1 Unit = 1 hour)	Maximum of 3 units per day Maximum of 9 units per week
Targeted Case Management (1 Unit = 1 month)	Minimum of 4 contacts per month which include: 1 face to face with client (minimum 30 minutes) 1 face to face with parent/guardian (minimum 30 minutes) 2 additional contacts (minimum 30 minutes combined)
Children's Day Treatment (1 Unit = 1 hour)	Maximum of 7 units per day
Individual Psychiatry Services (1 Unit = 15 minutes)	Maximum of 6 units per Psychiatric Evaluation Maximum of 2 units per follow up for medication management/therapy
Group Therapy (1 Unit = 15 minutes)	Maximum of 12 units per day Maximum of 36 units per week
Partial Hospitalization (1 Unit = 30 minutes)	Maximum of 10 units per day Maximum of 50 units per week
Behavioral Health Evaluation (1 Unit = 1 hour)	Maximum of 5 units per evaluation
Crisis Stabilization (1 Unit = 1 day)	Maximum of 10 consecutive units
Therapeutic Child Support (Professional, Paraprofessional, and Parent to Parent) (1 Unit = 15 minutes)	Maximum of 16 units per day

# *Section 6*

## *Supervision*

# *Supervision*

## **How should I document supervision?**

It is the expectation that supervision of IMPACT Plus employees/Sub-contractors be rendered with a sense of purpose that is focused on providing the supervisee with specific direction provided by the supervisor. Supervision records must be kept in a manner that documents progression of the supervisee and client over time. The regulation requires that you maintain a written supervision record for each employee that shall:

- Be current, readily retrievable, organized, legible and written in complete sentences;
- Be maintained in an employee's personnel file or in a separate supervision log;
- Be kept in a locked file and treated as confidential;
- Include a written description of the face-to-face supervision meeting that is dated and signed for each session;
- Describe the encounter that specifies the topics discussed and the specific action to be taken;
- Reflect updates from previous issues that were discussed which required follow-up; and
- Include a plan for additional training as identified during supervision.

## **How often must supervision occur?**

### ***Targeted Case Management***

Targeted Case Managers must receive weekly documented face-to-face supervision by a Behavioral Health Professional, a Behavioral Health Professional under clinical supervision, or a Targeted Case Management Supervisor that has at least two (2) years of Case Management experience. Please note that supervision sessions need to be purpose-driven and reflect interventions and recommendations specific to the individual's caseload.

### ***Individual, Collateral, and Group Therapies***

A Behavioral Health Professional under clinical supervision providing therapy services must receive supervision as required by his/her independent licensure

board. Please note that supervision sessions need to be purpose-driven and reflect interventions and recommendations specific to the individual's caseload.

### ***Therapeutic Child Support/Therapeutic Child Support***

A Therapeutic Child Support worker must receive weekly documented face-to-face supervision by a Behavioral Health Professional or a Behavioral Health Professional under clinical supervision. Please note that supervision sessions need to be purpose-driven and reflect interventions and recommendations specific to the individual's caseload.

### ***Parent to Parent Support Service***

A Parent to Parent Support worker must receive weekly documented face-to-face supervision by a Behavioral Health Professional or a Behavioral Health Professional under clinical supervision. Please note that supervision sessions need to be purpose-driven and reflect interventions and recommendations specific to the individual's caseload.

### ***Therapeutic Foster Care***

Therapeutic Foster Care parents must receive documented face-to-face supervision and support every other week from a Behavioral Health Professional or a Behavioral Health Professional under clinical supervision that is employed by a child-placing agency. Please note that supervision sessions need to be purpose-driven and reflect interventions and recommendations specific to the individual's caseload.

### ***Therapeutic Group Residential***

All Therapeutic Group Residential Support staff must receive weekly documented face-to-face supervision by a Behavioral Health Professional or a Behavioral Health Professional under clinical supervision. Please note that supervision sessions need to be purpose-driven and reflect interventions and recommendations specific to the individual's caseload.

# *Section 7*

## *Regulatory Requirements for Billing IMPACT Plus Services*

# *Regulatory Requirements for Billing Impact Plus Services*

All IMPACT Plus subcontracted agencies have been assigned two (2) Sub-contractor numbers. These are commonly referred to as your “DBH” (*Department of Behavioral Health*) and “DCBS” (*Department for Community Based Services*) numbers. When billing IMPACT Plus claims, your DCBS number is to be used for clients who are committed to DCBS custody. Your DBH number shall be used to bill claims for clients who are NOT in DCBS custody. It is very important that Sub-contractors bill claims using the correct Sub-contractor number, based on custody status of the client. If you have a question about which of your Sub-contractor numbers is your DCBS or DBH number, please contact the IMPACT Plus Central Office.

## **What information should be included on all clinical documentation?**

IMPACT Plus Sub-contractors are expected to maintain a written medical record that is current, readily retrievable, organized, complete, and legible. In addition, each individual encounter documented in the medical record must include the following documentation requirements:

- A written description of the billed service that specifies the Collaborative Service Plan goal to which the service is directed and documented progress made by the recipient toward the goal;
- The date the service occurred;
- The number of units of the service (please see chart below);
- The starting and ending time of the service;
- The specific place of service;
- The name and qualifications of the person who provided the service; and
- The signature and date of signature of the person who provided the service.

### *Please Note:*

Span-dating is not permitted when billing IMPACT Plus. Each individual date of service billed should reflect the date that the actual units were provided. It should also be noted the rounding up of minutes is also prohibited by IMPACT Plus regulation.

### **What is the standard unit of each service?**

<b>Service</b>	<b>Unit</b>
Targeted Case Management	1 month
Individual Therapy	15 minutes
Collateral Therapy	15 minutes
Group Therapy	15 minutes
Psychiatry Services	15 minutes
Behavioral Health Evaluation	1 hour
Therapeutic Child Support	15 minutes
Parent to Parent Support	15 minutes
After School/Summer	15 minutes
Day Treatment	1 hour
Partial Hospitalization	30 minutes
Therapeutic Foster Care	1 day
Therapeutic Group Residential	1 day
Crisis Stabilization	1 day

### **In addition to the above requirements, what documentation will a billing reviewer look for?**

#### ***Targeted Case Management***

- A monthly contact list which includes documentation of the four (4) minimum required contacts which meet the requirements listed in the *Service Limitations* of this manual. IMPACT Plus agencies providing Targeted Case Management shall require all Case Management supervisors to thoroughly review and provide a dated signature on the required monthly contact log for each Service Coordinator under his/her supervision. This signature will indicate that the supervisor has ensured that the minimum regulatory requirements for monthly contacts have been completed prior to billing that month of targeted case management;
- Monthly Summary/Progress Report; and
- Targeted Case Management Assessment.

#### ***Individual Therapy, Collateral Therapy, Group Therapy***

- A separate session note for each date billed that meets all service documentation requirements as listed above.



*Please Note:*

Required documentation is also applicable to Individual Therapy Psychiatrist Rate.

### ***Behavioral Health Evaluation***

- Documentation of each individual encounter with the recipient and other interviewed individuals which include the service documentation requirements as listed above and
- Clear documentation of time used to process and write the resulting Behavioral Health Evaluation. This documentation must also include the required elements for all clinical documentation in the chart.

### ***Therapeutic Child Support Services (Professional/ Paraprofessional)***

- Assessment that demonstrates either vocational aptitude or need for skills training;
- A Behavior Management Plan that identifies problem behaviors, the setting in which these behaviors arise, Therapeutic Child Support interventions utilized to manage these behaviors, and appropriate parent/caregiver responses as modeled by the Therapeutic Child Support worker;
- An In-Home Assessment be conducted by the Therapeutic Child Support worker that addresses the recipient's living situation and provides consultation with the parent/caregiver (if applicable); and
- Therapeutic child Support session notes.

### ***Partial Hospitalization***

- A daily attendance sheet documenting arrival and departure time and
- Separate documentation of each service provided on the day of service (i.e., Individual Therapy, Group Therapy, recreational activity, etc.).

*Please Note:*

- Time spent during transportation to and from the facility is NOT billable.
- A child MUST be present in the facility for each unit billed.
- Minutes may NOT be rounded up.

- Partial Hospitalization services may NOT be billed for time spent on educational instruction.

### ***After School and Summer Program***

- A daily attendance sheet documenting arrival and departure time and
- Separate documentation of each service provided on the day of service (i.e., Individual Therapy, Group Therapy, recreational activity, etc.).

#### ***Please Note:***

- Time spent during transportation to and from the facility is NOT billable.
- A child MUST be present in the facility for each unit billed.
- Minutes may NOT be rounded up.

### ***Day Treatment***

- A daily attendance sheet documenting arrival and departure time and
- Separate documentation of each service provided on the day of service (i.e., Individual Therapy, Group Therapy, recreational activity, etc.).

#### ***Please Note:***

- Time spent during transportation to and from the facility is NOT billable.
- A child MUST be present in the facility for each unit billed.
- Minutes may NOT be rounded up.
- Day Treatment services may NOT be billed for time spent on educational instruction.

### ***Therapeutic Foster Care***

- Daily foster parent log and
- Documentation of all respite and home visits.

#### ***Please Note:***

IMPACT Plus clients are required to be present in the Therapeutic Foster Care home overnight in order to bill for the previous day, regardless of departure or arrival time.

### ***Therapeutic Group Residential***

- A daily staff log which documents each hour that the client is present at the facility;
- Separate documentation of each service the child received on each date of service (i.e., Individual Therapy, Group Therapy, etc.); and
- Documentation of all day visits, day trips off of the unit, and any overnight visits.

#### ***Please Note:***

IMPACT Plus clients are required to be present in the Therapeutic Group Residential facility overnight in order to bill for the previous day, regardless of departure or arrival time.

### ***Crisis Stabilization Services***

- A daily staff log which documents each hour that the client is present at the facility and
- Separate documentation of each service the child received on each date of service (i.e., Individual Therapy, Group Therapy, etc.).

# *Section 8*

## *Professional Qualifications for IMPACT Plus Credentialing*

# *Professional Qualifications for Impact Plus Credentialing*

## ***Targeted Case Management***

Applicants for Service Coordinator positions must meet the following requirements, and must be credentialed by IMPACT Plus Central Office prior to providing the service as outlined in the IMPACT Plus *New Employee Credentialing Process* section of this manual:

- Applicant must hold a BA or BS degree in a behavioral science (psychology, sociology, social work, human services, or special education and nursing). Other BA or BS degrees or Master's coursework may be considered if the submitted college transcript documents at least thirty (30) hours of course work (at a 200 level or above) in a behavioral health science and is approved by IMPACT Plus Central Office;
- Please note that a BS or BA degree in any field is acceptable if the applicant has a Master's degree in a human services field; and
- Applicant must have one (1) year (1820 work hours) of post-graduate employment working directly with children AFTER the highest level completion of educational requirements. A Master's degree in a behavioral science may substitute for the one (1) year post-graduate experience.

Upon approval by IMPACT Plus Central Office Credentialing Committee, Service Coordinator's must satisfy the following condition of the IMPACT Plus regulation as a provider of Targeted Case Management services:

Complete a Case Management Training Program (SC-101) provided by the Department for Behavioral Health, Developmental, and Intellectual Disabilities within six (6) months of the date of employment. Within 2 weeks of completion, you are required to send a copy of the SC-101 certificate to IMPACT Plus Central Office at 502-564-4826 or [kymberly.yates@ky.gov](mailto:kymberly.yates@ky.gov).

For information pertaining to SC-101 training or for scheduling, contact Lisa Stidham at 502-564-4456 ext. 4538 or [lisa.stidham@ky.gov](mailto:lisa.stidham@ky.gov) .

To request a copy of an SC-101 certificate contact Stephanie Turner at 502-564-4456 ext. 4580 or [stephanie.turner@ky.gov](mailto:stephanie.turner@ky.gov).

## ***Therapy Services***

Therapy service shall be provided by a licensed Behavioral Health Professional or Behavioral Health Professional under clinical supervision.

*Behavioral Health Professional means:*

- A Psychiatrist;
- 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;
- A Psychologist licensed and practicing in accordance with *KRS 319.050*;
- A certified Psychologist with autonomous functioning or licensed Psychological Practitioner certified and practicing in accordance with *KRS 319.056*;
- A Clinical Social Worker licensed and practicing in accordance with *KRS 335.100*;
- An Advanced Registered Nurse Practitioner licensed and practicing in accordance with *KRS 314.042*;
- A Marriage and Family Therapist licensed and practicing in accordance with *KRS 335.30*;
- A Professional Clinical Counselor licensed and practicing in accordance with *KRS 335.500*;
- A Professional Art Therapist certified and practicing in accordance with *KRS 309.130*; and
- An Alcohol and Drug Counselor certified and practicing in accordance with *KRS 309.080 to 309.089*.

*Behavioral Health Professional under clinical supervision means:*

- A Psychologist certified and practicing in accordance with *KRS 319.056*;
- A Licensed Psychological Associate licensed and practicing in accordance with *KRS 319.064*;
- A Marriage and Family Therapist Associate permitted and practicing in accordance with *KRS 335.30*;
- A Social Worker certified and practicing in accordance with *KRS 335.080*; and
- A Professional Counselor Associate licensed and practicing in accordance with *KRS 335.500*.

All Clinicians must be credentialed by IMPACT Plus Central Office prior to providing the service as outlined in the IMPACT Plus *New Employee Credentialing Process* section of this manual.

### ***Psychiatry Services***

This service must be conducted by a Board Eligible or Board Certified Psychiatrist or an Advanced Registered Nurse Practitioner (ARNP). The applicant must be credentialed by IMPACT Plus Central Office prior to providing the service as outlined in the IMPACT Plus *New Employee Credentialing Process* section of this manual.

### ***Behavioral Health Evaluation***

This service must be provided by a licensed Behavioral Health Professional that has been credentialed by IMPACT Plus Central Office prior to providing the service as outlined in the IMPACT Plus *New Employee Credentialing Process* section of this manual.

*Please note:*

A Behavioral Health Professional under clinical supervision may NOT provide this service even if his/her licensure board permits.

### ***Therapeutic Child Support Paraprofessional***

Applicants for Therapeutic Child Support Paraprofessional must meet the following requirements and must be credentialed by IMPACT Plus Central Office prior to providing the service as outlined in the IMPACT Plus *New Employee Credentialing Process* section of this manual:

- One (1) year of college credit (24 credit hours) and six (6) months (910 working hours) experience with children under age twenty-one (21) in a human service program;
- OR
- One (1) year (1,820 working hours) of working with individuals who have behavioral health needs in a human service program, six (6) months of which shall be with children under age twenty-one (21).

### ***Therapeutic Child Support Professional***

Applicants for Therapeutic Child Support Professional must meet the following requirements and must be credentialed by IMPACT Plus Central Office prior to providing the service as outlined in the IMPACT Plus *New Employee Credentialing Process* section of this manual.

- One (1) year experience (1,820 working hours) working with children who have behavioral health needs in a setting specifically targeted to the population;

OR

- A master's degree from a college or university shall substitute for the one (1) year of experience.
- Sixty (60) hours of training in children's behavioral health that does not include generalized training topics (i.e., blood borne pathogens, first aid, CPR);

OR

- Three (3) college level credits from an accredited academic institution related to child development or services to children. These credit hours cannot include general or one hundred (100) level courses.

### ***Parent to Parent Support***

Applicants for Parent to Parent Support must meet the following requirements and must be credentialed by IMPACT Plus Central Office prior to providing the service as outlined in the IMPACT Plus *New Employee Credentialing Process* section of this manual.

- Applicant must be the parent of a child who has a behavioral health disorder who has received at least one (1) state-funded service for that child's disability;
- Applicant must be employed or contracted by a behavioral health organization;
- Applicant must complete ten (10) hours of initial training provided or approved by the Department;
- Applicant must annually maintain ten (10) hours of continuing annual training provided or approved by the Department; and
- Applicant may not be not related to or living with the recipient receiving the Parent to Parent Support service.



***Partial Hospitalization, After School and Summer Programs, Day Treatment, Crisis Stabilization, and Intensive Outpatient***

Any Behavioral Health Professional or Behavioral Health Professional under clinical supervision providing therapeutic services or supervision within these programs must be credentialed by IMPACT Plus Central Office prior to providing the service as outlined in the IMPACT Plus *New Employee Credentialing Process* section of this manual.

It is not required that direct-care staff in these programs be credentialed by IMPACT Plus Central Office. However, any staff who have direct contact with IMPACT Plus recipients must receive an Administrative Office of the Courts (AOC) criminal background check and a Child Abuse and Neglect (CAN) background check prior to employment. These checks must be completed annually and kept on file for review by Central Office.

***Therapeutic Foster Care and Therapeutic Group Residential***

Any Behavioral Health Professional or Behavioral Health Professional under clinical supervision providing therapeutic services or supervision within these programs must be credentialed by IMPACT Plus Central Office prior to providing the service as outlined in the IMPACT Plus *New Employee Credentialing Process* section of this manual.

Service Coordinators providing Targeted Case Management services to children in Therapeutic Foster Care or Therapeutic Group Residential must be credentialed by IMPACT Plus Central Office prior to providing the service as outlined in the IMPACT Plus *New Employee Credentialing Process* section of this manual.

It is not required that direct-care staff in Therapeutic Group Residential facilities be credentialed by IMPACT Plus Central Office. However, any staff who have direct contact with IMPACT Plus recipients must receive an Administrative Office of the Courts (AOC) criminal background check and a Child Abuse and Neglect (CAN) background check prior to employment. These checks must be completed annually and kept on file for review by Central Office.

# *Section 9*

## *IMPACT Plus Credentialing Policies and Procedures*

# *Impact Plus Credentialing Policies and Procedures*

## *Sub-contractor Credentialing Procedure*

### *Purpose*

Before any individual practitioner or qualified behavioral health organization may provide or bill for IMPACT Plus services, approval must be granted by the Department of Behavioral Health, Developmental and Intellectual Disabilities. IMPACT Plus Sub-contractors are screened to ensure that the applicant meets all of the qualifications and requirements of 907 KAR 3:030 and the Department. This screening process ensures that IMPACT Plus Central Office has the necessary information to make credentialing decisions for approval of individual practitioners and qualified entities as IMPACT Plus Sub-contractors.

### *Organizational Structure*

The Credentialing Committee is comprised of IMPACT Plus Central Office staff as well as upper management as needed. A Committee Chair is appointed by the IMPACT Plus Program Administrator. This individual must be a licensed Behavioral Health Professional as deemed appropriate by the Program Administrator. The Committee Chair serves as the lead reviewer of all submitted credentialing applications. In addition to the Committee Chair, the Credentialing Committee is comprised of at least one additional licensed Behavioral Health Professional and a Provider Enrollment Specialist. These individuals review all submitted information and make credentialing determinations. Any discrepancies or conflicts are sent to the Program Administrator for final approval. Should the Program Administrator have any concerns or determine additional review is necessary, the Children's Branch Manager, Division Director, and Clinical Director will be available for consultation. The Program Assistant is responsible for entering all credentialing determinations into the Sub-contractor database, generating and mailing determination correspondence to the Sub-contractor, and filing Sub-contractor information. This structure and its duties are subject to modification based on personnel and programmatic changes.

### *Criteria for Credentialing*

An individual practitioner or qualified behavioral health organization wishing to be considered for enrollment or re-enrollment as an approved IMPACT Plus Sub-

contractor must meet all criteria as set for the by *907 KAR 3:030* and the Department.

Individual practitioners wishing to enroll or re-enroll must meet at minimum the following criteria:

- Individual practitioner must be a licensed Behavioral Health Professional or Behavioral Health Professional under clinical supervision as set forth in *907 KAR 3:030*.
- Individual practitioner must submit the following information to credentialing committee for review:
  - ♦ A completed enrollment or re-enrollment application;
  - ♦ A completed position screening form;
  - ♦ A completed Kentucky Administrative Office of the Courts criminal background Check (AOC check);
  - ♦ A completed Kentucky Child Abuse and Neglect background check (Department for Community Based Services CAN check);
  - ♦ Proof of current Kentucky clinical licensure status as well as documentation of any history of loss of license, loss or limitation privileges, and any disciplinary actions;
  - ♦ Proof of Kentucky board approved clinical supervision (as applicable);
  - ♦ Proof of current professional liability, malpractice insurance (if applicable), and other insurance(s) as well as documentation of any claims that resulted in judgment or settlement;
  - ♦ A completed Statement of Disclosure;
  - ♦ A complete resume/vita that documents work history;
  - ♦ Educational transcripts;
  - ♦ Proof of board certification (if applicable);
  - ♦ Proof of American Medical Association Residency (if applicable);
  - ♦ A valid Drug Enforcement Agency or Controlled Dangerous Substances certificate (if applicable);

- ♦ A business plan, including a projected operating budget for the initial six (6) months post-credentialing;
- ♦ A financial statement showing that the individual has the capacity to cover six months of expenses based on its budget;
- ♦ A copy of the policies and procedures by which the individual will conduct business; and
- ♦ Documentation of any sanction information (if applicable) including but not limited to State imposed Medicaid sanctions; State licensure board imposed disciplinary action or sanctions, suspension or revocation of a professional license; State agency imposed disciplinary action or sanctions; suspension or revocation of a State contract or license.

Behavioral health organizations wishing to enroll or re-enroll must meet at minimum the following criteria:

- A behavioral health organization must meet one of the following criteria as set forth in *907 KAR 3:030*:
  - ♦ A hospital licensed and operation in accordance with: *902 KAR 20:009*, *902 KAR 20:012*, and *902 KAR 20:016* or *902 KAR 20:017* and *902 KAR 20:018*;
  - ♦ A Community Mental Health Center;
  - ♦ A child-caring facility licensed in accordance *with 922 KAR 1:305* and operating in accordance with *922 KAR 1:300*, *902 KAR 1:380* and *902 KAR 1:390*;
  - ♦ A child-placing facility licensed in accordance *with 922 KAR 1:305* and operating in accordance with *922 1:310*;
  - ♦ An organization accredited by the Joint Commission on Accreditation of Healthcare Organization, the Commission on Accreditation of Rehabilitative Facilities or the Council on Accreditation for Children and Family Services; or
  - ♦ A facility, agency, institution, organization, or business that is approved by the Department for Behavioral Health, Developmental

and Intellectual Disabilities to provide a service covered by this administrative regulation.

- Behavioral health organization must submit the following information to credentialing committee for review:
  - ♦ A completed enrollment or re-enrollment application;
  - ♦ Proof of facility licensing information (if applicable);
  - ♦ Credentialing information for all employees/contractors that will provide impact plus approved services;
  - ♦ A business plan, including a projected budget for the initial six (6) months post-credentialing;
  - ♦ A financial statement showing that the agency has the capacity to cover six (6) months of expenses based on its budget;
  - ♦ A copy of the agency's policies and procedures manual;
  - ♦ A table of organization, articles of incorporation and bylaws, or articles of organization and operating agreement; and
  - ♦ Documentation of any sanction information (if applicable) including but not limited to State imposed Medicaid sanctions; State licensure board imposed disciplinary action or sanctions, suspension or revocation of a professional license; State agency imposed disciplinary action or sanctions; suspension or revocation of a State contract or license.

The Department reserves the right, as the provider of the IMPACT Plus program, to determine the network capacity, regardless of applicants' qualifications. No use of the contract is guaranteed.

***Operating Credentialing Practice:***

- IMPACT Plus Sub-contractors may only be credentialed following a formal enrollment or re-enrollment period. Enrollment and re-enrollment periods are established at the discretion of the Department. At a minimum, enrollment and re-enrollment periods will be posted for public viewing on the IMPACT Plus website.

- ♦ *Enrollment* - IMPACT Plus Central Office will accept applications from qualified providers wishing to obtain a contract and provide only those IMPACT Plus services identified by the Department and/or provide service in regions identified by the Department based upon identified service or geographic needs across the state.
- ♦ *Re-enrollment* - IMPACT Plus Central Office will accept application only from currently contracted qualified providers who wish to continue as a Sub-contractor for IMPACT Plus services.
- IMPACT Plus Sub-contractor application forms are developed by the Department and are available preceding an established enrollment or re-enrollment period. Application forms may be requested from IMPACT Plus Central Office or may be obtained on the IMPACT Plus website when an enrollment or re-enrollment period is announced.
- A New Sub-contractor Orientation will be scheduled and held by the Department during the enrollment period. Attendance is required for all new providers. Orientation material will outline enrollment criteria, program requirements, and Department expectations.
- Following an enrollment or re-enrollment period, the credentialing committee will convene during pre-scheduled meeting times to review applications and make credentialing decisions. Only complete applications with all supporting documentation will be reviewed for approval or denial.
- If the initial review is approved by the Central Office Credentialing Committee, applicant's information will be reviewed for sanctions using both [epls.gov](http://epls.gov) and [oig.hhs.gov](http://oig.hhs.gov) and any other tool available to the Department. Any verified sanctions may be considered a disqualifying event for credentialing.
- If submitted documentation varies substantially from the information already housed at IMPACT Plus Central Office or in its database, or from the information obtained from the sanctions review, the applicant's review will be placed on hold, pending further investigation. The Committee Chair will contact the applicant via electronic-mail (e-mail) or by phone within three (3) business days and request written documentation or clarification that explains or resolves the discrepancy.

- If the applicant meets all criteria and is approved as a Sub-contractor under the Department, the Credentialing Committee will also review the applicant's requested services and regions for service delivery. All decisions are made at the Department's discretion and based on a variety of factors including access standards, geographic and service needs, Sub-contractor ability to provide the service, etc.
- If a mutual decision cannot be reached by the Committee, the application must go to the Program Administrator for final review and determination.
- If the Program Administrator determines that additional review of the application is needed, the Program Administrator will schedule a meeting for consultation with, at minimum, the Children's Branch Manager, Division Director, and the Clinical Director prior to issuing a decision.
- Final credentialing determinations are provided to the Program Assistant, or other designated staff, for entry into the Sub-contractor database. If approved, a credentialing determination letter and contract is mailed electronically or through standard mail directly to the Sub-contractor within sixty (60) calendar days of the committee's decision. The Sub-contractor will be provided with an effective date following submission of the signed contract and notification from Department of Medicaid Services.
- IMPACT Plus Central Office will notify the Department for Medicaid Services and the Managed Care Organizations of any newly enrolled Sub-contractors. The Department of Medicaid Services will issue and notify the Sub-contractor of these assigned numbers.
- If denied, a credentialing determination letter is mailed electronically or through standard mail directly to the applicant within sixty (60) calendar days of the committee's decision.
- All credentialing files and submitted documentation will be housed on site and kept appropriately locked. All information obtained in the credentialing process will be kept confidential, except as otherwise provided by law. Credentialing information is kept for at least six (6) years.



## ***Reconsideration Process***

If a denial for credentialing is issued, the applicant is notified in the determination letter that he or she will have thirty (30) calendar days to submit any additional documentation for review and reconsideration of approval. If a request for reconsideration and any additional supporting documentation related to this request is not received within thirty (30) calendar days, the application will no longer be eligible for reconsideration and will be shredded. If the applicant wishes to apply again, he or she will have to wait until a new enrollment period.

If, upon submission of additional information, the denial is upheld and the Sub-contractor or applicant disagrees with the findings of the Credentialing Committee, the applicant may submit a formal written grievance as defined in the *Grievance Procedure* section of this manual.

- Upon receipt of the written dispute, the Program Administrator will bring the formal dispute before the Committee Chair, the Children's Branch Manager, the Division Director, and the Clinical Director to the Department. A formal response to the dispute will be submitted to the applicant within thirty (30) calendar days.

## ***Re-credentialing Process***

- All credentialed IMPACT Plus Sub-contractors will be required to be re-credentialed every thirty-six (36) months from the date of original credentialing. The Sub-contractor will be responsible for submission of all re-credentialing applications no later than fourteen (14) business days prior to expiration of their credentialed status.
- Upon receipt, the credentialing committee will review the submitted information according to the Operating Credentialing Practice of this policy.

## ***Discrimination and Confidentiality***

- IMPACT Plus Central Office will comply with all Kentucky Administrative Regulations (KAR) and all Federal statutes relating to nondiscrimination. These include but are not limited to:
  - ♦ Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin;

- ♦ Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex;
  - ♦ Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; and
  - ♦ The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age.
- IMPACT Plus Central Office abides by the “HIPAA Privacy Rule” 45 CFR parts 160 and 164 established under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (42 U.S.C. 1320d) to protect the security, confidentiality, and integrity of health information.

### ***Individual Employee Credentialing Procedure***

#### ***Purpose:***

Prior to provision of IMPACT Plus services, all employees or contractors of approved IMPACT Plus Sub-contractors are screened to ensure that professional qualifications and requirements of 907 KAR 3:030 and the Department are met. This screening process ensures that IMPACT Plus Central Office has the necessary information to make credentialing decisions to approve individuals for service delivery.

#### ***Organizational Structure:***

The Credentialing Committee is comprised of IMPACT Plus Central Office staff. A Committee Chair is appointed by the IMPACT Plus Program Administrator. This individual must be a licensed Behavioral Health Professional as deemed appropriate by the Program Administrator. The Committee Chair serves as the lead reviewer of all submitted credentialing applications. In addition to the Committee Chair, the Credentialing Committee is comprised of at least one additional licensed Behavioral Health Professional. These individuals review all submitted information and make credentialing determinations. Any discrepancies or conflicts are sent to the Program Administrator for final determination. The Program Assistant is responsible for entering all credentialing determinations into the Sub-contractor database, generating and mailing determination correspondence to the Sub-contractor, and filing Sub-contractor information. This structure and its duties are subject to modification based on personnel and programmatic changes.

### ***Operating Practice:***

- The Credentialing Committee will meet on a weekly basis unless members of the committee are unable to meet. If the committee is unable to meet, Sub-contractors will be notified by IMPACT Plus Central Office staff and alternative arrangements will be made.
- Position specific screening forms are developed and made available to IMPACT Plus Sub-contractors to sign and return to IMPACT Plus Central Office. These forms may be obtained via IMPACT Plus Central Office or the IMPACT Plus website.
- The Credentialing Committee will review and make credentialing determinations for the following positions: Targeted Case Manager, Behavioral Health Professional, Behavioral Health Professional under clinical supervision, Targeted Case Management Supervisor, Behavioral Health Professional Program Supervisor, Therapeutic Child Support Professional, Therapeutic Child Support Paraprofessional, and Therapeutic Child Support Parent to Parent. These positions may be modified at any time if deemed necessary by IMPACT Plus Central Office.
- The following information is required for credentialing:
  - ♦ A completed position screening form;
  - ♦ A completed Kentucky Administrative Office of the Courts criminal background check (AOC check);
  - ♦ A completed Kentucky Child Abuse and Neglect background check (Department for Community Based Services CAN check);
  - ♦ Proof of current Kentucky clinical licensure status (as applicable);
  - ♦ Proof of Kentucky board approved clinical supervision (as applicable);
  - ♦ Proof of a Collaborative Agreement for the Advanced Practice Registered Nurse (as applicable);
  - ♦ Proof of current professional liability and other insurance(s) (as applicable);
  - ♦ A completed Statement of Disclosure (as described below);

- ♦ Resumes, educational transcripts, and other supporting documentation when necessary; and
  - ♦ Documentation of any sanction information (if applicable) including but not limited to State imposed Medicaid sanctions; State licensure board imposed disciplinary action or sanctions, suspension or revocation of a professional license; State agency imposed disciplinary action or sanctions; suspension or revocation of a State contract or license.
- Administrative Office of the Courts criminal background check results may not exceed ninety (90) calendar days for new IMPACT Plus credentialed employees or annually for current IMPACT Plus employees already credentialed in an IMPACT Plus position. Administrative Office of the Courts checks must be completed in both the applicant's maiden and married names when appropriate. Department for Community Based Services Child Abuse and Neglect background check results may not exceed ninety (90) calendar days for new IMPACT Plus credentialed employees or annually for current IMPACT Plus employees credentialed in an IMPACT Plus position. The Department for Community Based Services Child Abuse and Neglect background check must be date stamped and initialed.
  - In addition to the aforementioned documentation, applicants are required to sign a Statement of Disclosure (SOD). The purpose of the Statement of Disclosure is to acknowledge that there are no known pending legal actions against the applicant that violate the terms of *907 KAR 3:030*. The Statement of Disclosure also acknowledges the individual has not been found guilty of malpractice, fraud, sanctions by the Department of Medicaid Services or disciplinary actions by state licensure boards.
  - The Statement of Disclosure may not exceed ninety (90) calendar days for new employees or annually for current IMPACT Plus employees already credentialed in an IMPACT Plus position.
  - Sub-contractors must submit all credentialing by the close of business on Mondays for review during that business week. Credentialing packets may be mailed, emailed, or faxed to IMPACT Plus Central Office.

- If the information provided to IMPACT Plus Central Office in the credentialing packet varies substantially from the information already housed at IMPACT Plus Central Office or in its database, the Sub-contracting agency will be directly contacted via electronic-mail (e-mail) or by phone. The Credentialing Committee may contact the individual directly in some select circumstances.
- When the Credentialing Committee convenes, all complete applications for employment are reviewed. Each application must be reviewed by at least two committee members, one of whom must be a licensed Behavioral Health Professional.
- If a mutual decision cannot be reached by the Committee, the application must go to the Program Administrator for final review and determination.
- If the Program Administrator determines that additional review of the application is needed, the Program Administrator will schedule a meeting for consultation with, at minimum, the Children's Branch Manager, Division Director, and the Clinical Director prior to issuing a decision.
- Final credentialing determinations are provided to the Program Assistant, or other designated staff, for entry into the Sub-contractor database. A credentialing determination letter is mailed electronically or through standard mail directly to the Sub-contractor who requested the review by the close of business on Friday on the week in which it is reviewed.
- Credentialing information and packets will be kept and housed at IMPACT Plus Central Office until the individual(s) is terminated by a Sub-Contractor or at least six (6) years which ever time is longer.

*Please Note:*

An approved Behavioral Health Professional under clinical supervision who has achieved an independent license will need to be re-credentialed as a Behavioral Health Professional. A new credentialing packet should be submitted with all necessary documentation.

Any person credentialed to provide IMPACT Plus services may only be employed by or contracted under each position with ONE (1) Sub-contractor/Agency.

Behavioral Health Professionals and Behavioral Health Professionals under clinical supervision MUST maintain an active, current license in order to provide IMPACT Plus therapy services. In the event that a credentialed Behavioral Health Professional's or Behavioral Health Professional under clinical supervision's clinical license lapses or expires and falls outside the board approved grace period, the Sub-contractor must notify Central Office immediately. All direct client services provided by that individual must cease immediately until resolution is reached with the credentialed employee's board of licensure.

***Reconsideration Process:***

If a denial for credentialing is issued, the Sub-contractor is notified by letter that he or she will have thirty (30) calendar days to submit any additional documentation for review and reconsideration of approval. If a request for reconsideration and any additional supporting documentation related to this request is not received within thirty (30) calendar days, the application will no longer be eligible for reconsideration and will be shredded. If the applicant wishes to apply again, a new credentialing application with all credentialing documents must be submitted to Central Office for review.

If, upon submission of additional information, the denial is upheld and the Sub-contractor or applicant disagrees with the findings of the Credentialing Committee, the applicant may submit a formal written grievance as defined in the *Grievance Procedure* section of this manual.

***Discrimination and Confidentiality:***

- IMPACT Plus Central Office will comply with all Kentucky Administrative Regulations (KAR) and all Federal statutes relating to nondiscrimination. These include but are not limited to:
  - ♦ Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin;
  - ♦ Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex;

- ♦ Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; and
- ♦ The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age.
- IMPACT Plus Central Office abides by the “HIPAA Privacy Rule” 45 CFR parts 160 and 164 established under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (42 U.S.C. 1320d) to protect the security, confidentiality, and integrity of health information.

### **What do I do if there is a change in my agency or with an employee??**

It is very important that IMPACT Plus Central Office maintain an accurate database of employee information as well as agency contact information. Please remember that all agency updates should flow through the IMPACT Plus Central Office. Please do NOT contact Medicaid or the Managed Care Organization directly! You are required to complete and submit the Sub-contractor Update Form (*Appendix H*) within two (2) business days any time your agency experiences a change in location, contact information, or staff. Changes in regard to staff may include: name, termination of employment with agency, the ending of the provision of a specific service, change in licensure, or a Licensure Board approved supervisor. You must send in a copy of the new Licensure Board approved letter to Central Office within thirty (30) days of receipt.

Please note that the Sub-contractor Update Form should be used for routine information updates only. If you have a tax ID change or a change in ownership or ownership structure, we may require additional information and you should contact our office directly at (502) 564-4797.

# *Section 10*

## *IMPACT Plus Required Policies and Procedures*



# *IMPACT Plus Required Policies and Procedures*

Based on the contractual agreement between each Sub-contractor and the Department for Behavioral Health, Developmental and Intellectual Disabilities, each agency is expected to have established the following policies and procedures, and make them available to the Department:

- A description of the organizational structure specifying the responsibility, function, and interrelations of each organizational unit, and the lines of administrative and clinical authority;
- Client grievance policies and procedures;
- Confidentiality practices and use of client records in accordance with federal, state, and local statutes and regulations and HIPAA Privacy Notice;
- Personnel policies and procedures;
- Policies and procedures related to the Sub-contractor's determination of staff qualifications, staff supervision, and staff training;
- Policies and procedures related to a Quality Improvement Program to measure and report an outcome of the provision of a service, to improve the quality of a service, and to monitor the utilization of a service;
- Policies and procedures related to referral of clients to the Sub-contractor;
- Policies and procedures related to Freedom of Choice;
- Policies and procedures related to permission for treatment;
- Policies and procedures related to informed consent;
- Policies and procedures related to intake;
- Policies and procedures related to release of information;
- Policies and procedures related to Targeted Case Manager Assessment, if applicable;
- Policies and procedures related to psychosocial for guiding treatment;
- Policies and procedures related to Collaborative Service Plan, including treatment team meetings with Behavioral Health Professional guidance;

- Policies and procedures related to documentation for each service provided;
- Policies and procedures related to transition and discharge planning;
- Policies and procedures related to documentation error and correction;
- Policies and procedures related to billing and billing correction;
- Policies and procedures related to sentinel event reporting;
- Policies and procedures related to Outcomes Information System, if applicable;
- Policies and procedures related to Risk Management, including reporting to IMPACT Plus Central Office staff, a request for records by any government agency; investigations; complaints; suspension or exclusion of services under a federal health care program including, but not limited to Medicaid; felony or misdemeanor investigations; suspected fraud or abuse; lawsuits or complaints of professional malpractice; Department for Community Based Services (DCBS) investigations, prevention plans, or final rulings related to misdemeanor, abuse, neglect, or exploitation of any child or adult; and license or certification suspension or disciplinary action;
- Credentialing policies and procedures;
- Policies and procedures related to general and professional liability insurance including having a minimum amount of one million dollars per occurrence and have an annual aggregate of no less than three million dollars; tail or prior acts coverage; statutory worker's compensation (if required); comprehensive business liability for operations; transport for hire or automobile liability insurance for vehicles used to transport clients; required reporting to the Department within ten(10) business days of cancellation, non-renewal, lapse, or adverse material modification of coverage; and upon request of the Department furnishing evidence of liability insurance within three (3) business days;
- Policies and procedures related to the disparagement of any applicable Managed Care Organization;
- Policies and procedures related to the provision of services without discrimination on account of race, sex, sexual orientation, age, color, religion, national origin, place of residence, health status, type of payor, source of payment, physical or mental disability or veteran status;

- Policies and procedures related to nondiscrimination of employees and applicants for employment;
- Policies and procedures related to the availability of the nondiscrimination clause to employees and applicants for employment and the posting of this clause in conspicuous places; and
- Policies and procedures related to the participation in an established system to share records.

Each Sub-contractor is also required to be in compliance with and have policies and procedures regarding the following laws and regulations:

- Accessibility of the facilities as required by the Americans With Disabilities Act of 1991;
- Title VI of the Civil Rights Act of 1964 (Public Law 88-352);
- United States Department of Labor in accordance with 41 C.F.R. Parts 60-741;
- United States Department of Labor recited in 20 C.F.R. Part 741;
- Section 504 of the Federal Rehabilitation Act of 1973 (Public Law 93-112);
- 42 C.F.R. 438; and
- Executive Order 11246 of Sept. 24, 1965.

# *Section 11*

## *Scheduled On-site Reviews of Sub-contractors / Sub-contracting Agencies*

# *Scheduled On-Site Reviews of Sub-contractors/Sub-contracting Agencies*

## ***Purpose:***

Scheduled On-Site Reviews of all active Impact Plus Sub-contractors will occur in order to:

- Ensure compliance with the Sub-contractor Agreement, the IMPACT Plus Regulation, and Department policies and procedures, as referenced in the IMPACT Plus User's Manual;
- Monitor the appropriate and accurate billing of Medicaid funding;
- Monitor the accuracy and quality of clinical documentation and services;
- Provide training and technical assistance to improve services provided by Sub-contractors; and
- Maintain departmental compliance with its Medicaid contract.

## ***Scheduled On-Site Review Procedures:***

### ***Prior to Scheduled On-Site Review:***

- Thirty (30) business days prior to an on-site visit by IMPACT Plus Central Office staff, Sub-contractors will be notified, in writing, of the scheduled review date.
- The notice will inform the Sub-contractors of any additional requirements including:
  - ♦ Location of the review. If review team members conduct on-site medical records review, Sub-contractors will need to provide a private room with at least two (2) chairs, a table, at least three (3) electrical outlets, and access to a copier;
  - ♦ Notice that all specified billing and clinical record documentation must be available at the identified location prior to the reviewers' arrival; and
  - ♦ Notice of additional documentation needed prior to the on-site portion of the review (i.e., policies and procedures, employee/personnel information, facility licensing information, etc.).

- All site review tools, which include the criteria used by the reviewers, can be accessed at any time on the IMPACT Plus website. Sub-contractors can obtain the criteria prior to their review.
- Sub-contractors will be given seven (7) business days to fax, mail, or email hard copies of all requested documentation.
- Sub-contractors will be given seven (7) business days to reply in writing to request a date change based on a hardship or previously scheduled obligations that would interfere with the scheduled review. These requests will be honored whenever possible but at the discretion of the IMPACT Plus Central Office.
- An administrative desk review of the Sub-contractor's program policies and procedures and compliance with the Sub-contractor Agreement will be conducted prior to the scheduled on-site review.
- Prior to a scheduled review, the Central Office Billing Reviewer will obtain, at minimum, the previous twelve (12) months of the Sub-contractor's paid claims data from which a representative random sample of billing instances will be reviewed. This sample will remain valid for a six (6) week time period after the scheduled review. If a site review must be rescheduled more than six (6) weeks from the originally scheduled date, a new billing sample will be required.

***During Scheduled On-Site Review:***

- Central Office staff will provide the Sub-contractor a complete list of the randomly selected charts pulled for clinical programmatic review no later than two (2) business days prior to the scheduled review date. Notification may occur via phone, fax, or email, as requested by the Sub-contractor.
- Sub-contractor should be aware that reviewers may request additional charts at any time during the review. Sub-contractors may not be allowed to locate or provide missing documentation late or after the initial request as the expectation is that all requested documentation be available at the time of review.
- To allow the Sub-contractor free use of their facility and to expedite the process by working later than office hours allow, reviewers may take the requested charts and documentation off-site to be reviewed. A chain of custody form will be signed at the time the charts are removed and again when the charts are returned and checked in on the last day of the scheduled review. Sub-contractors will be given the opportunity to

photo-copy any needed information from the charts prior to their removal from the premises.

- An exit interview will be conducted with each Sub-contractor following the review in order to review strengths, any immediate concerns, answer questions, and provide technical assistance as requested.

***Outcomes:***

- The administrative desk review of the Sub-contractor's policies and procedures will result in a determination of complete or incomplete. Incomplete administrative documentation will require correction and submission for approval from the Department via a Corrective Action Plan.
- Documentation of clinical services as well as billing accuracy and compliance are reviewed based on the identified criteria as defined in 907 KAR 3:030, the IMPACT Plus User's Manual, and the Sub-contractor Agreement. Deficiencies will require correction and submission for approval by the Department via a Corrective Action Plan upon initiation of the corrective action process.
- Sub-contractors will also be reviewed on the quality of their clinical documentation and service delivery. A list of recommendations and quality improvement suggestions will be provided and additional technical assistance/training provided as requested.
- Inappropriate billing, a patterned violation of the applicable regulation as well as IMPACT Plus policies and procedures contained in the IMPACT Plus User's Manual, continued failure to correct deficiencies or a violation of the Sub-contractor's IMPACT Plus Agreement, may result in a suspension of the corrective action process while further action is taken. The Sub-contractor will be notified in writing of suspension of the corrective action process within sixty (60) calendar days from the first date of review. Further action includes but is not limited to suspension or termination of the Sub-contractor Agreement, notification to the Department for Medicaid Services, notification to the Office of Inspector General, notification to other applicable state agencies or appropriate licensure boards, and any other action available to the Department under the law.
  - ♦ *Suspension of Sub-contractor Agreement* means a moratorium is placed on intake of new referrals for a specified period of time as determined by the Department.

- ♦ *Termination of Sub-contractor Agreement* means the Sub-contractor is provided with written notice of termination via certified mail. The Sub-contractor is required to aid in transition of all clients and provide medical records with appropriate written release. The Sub-contractor is also required to provide copied or original records to the Department upon request
- Any findings report resulting from the review will be provided to the agency within sixty (60) calendar days from the first date of review.
- If a recoupable amount is identified, the Sub-contractor may be requested to refund the Department, and a period for restitution will be provided to the Sub-contractor.

***Corrective Action Process:***

- If no deficiencies are noted, a letter will be sent to the Sub-contractor indicating this fact and concluding the review process.
- If deficiencies are noted, they will be finalized by the lead clinical reviewer and mailed to the Sub-contractor via certified mail, within sixty (60) calendar days from the start date of the review.
- The Sub-contractor will have thirty (30) calendar days from the date of notice to provide a written Corrective Action Plan. If necessary, an extension of up to fifteen (15) business days may be granted upon written request of the Sub-contractor.
- If the Corrective Action Plan is approved by the Department, a letter will be mailed to the Sub-contractor to initiate implementation and ongoing compliance with the identified corrections. Compliance with the Corrective Action Plan will be monitored on subsequent reviews. Non-compliance may require additional action and may result in further action being taken by the Department.
- If the submitted Corrective Action Plan is deemed incomplete or unsatisfactory, the Sub-contracting agency will be allowed fifteen (15) additional calendar days to make corrections and submit to Department for final approval.
- Continued occurrence of insufficient or inadequate correction may result in on-site technical assistance to address minor unresolved deficiencies or further action by the Department including, but not limited to suspension or termination of the Sub-contractor Agreement, notification to the Department for Medicaid Services, notification to the Office of Inspector General, and notification to other applicable state agencies or appropriate



licensure boards, and any other action available to the Department under the law.

### ***Unannounced Site Visits, Complaint/Grievance Follow-Up, and Investigation***

The Department for Behavioral Health, Developmental and Intellectual Disabilities is responsible for conducting several additional types of site visits. These may include, but not be limited to:

- Investigation of formal written grievances received by recipients or their families;
- Investigation of verbal or written complaints received by Sub-contractors, employees, or the general public;
- Investigation of suspected or reported wrongdoing that is referred by other State agencies or governing bodies, and is under the purview of the Department; and
- Unannounced or unscheduled follow-up visits to monitor for previously identified deficiencies documented during a scheduled review.

If an on-site visit is required for these purposes, the visit may be unannounced and no criteria may be provided to Sub-contractor prior to the visit. The Department also maintains the right, as defined in 907 KAR 3:030, to interview recipients, parents, guardians, primary caregivers, current or previous Sub-contractors, or Sub-contractor staff.

No time limitations shall be placed on the investigation or issuance of written correspondence related to the unannounced site visit, complaint or grievance follow-up, or investigation by the Department. If deficiencies are noted, the corrective action process may be instituted or suspended, with further action taken, as outlined above.

### ***Involuntary Termination Process***

#### ***Prior to Termination of Sub-contractor Agreement***

- A Sub-contractor may be terminated with thirty days' notice if the Department determines that such termination is in the best interests of the Department.
- A Sub-contractor may also be terminated immediately for cause. Causes for termination may include, but are not limited to:
  - ♦ Imminent health, safety, and welfare concerns;
  - ♦ Contractual violations;
  - ♦ Policy violations; and

- ♦ Pervasive, chronic, or severe regulatory noncompliance.
- The IMPACT Plus Program Administrator will present a timeline of critical findings and recommendation for action to the Children's Branch Manager.
- If termination is recommended for consideration, a meeting is convened by the Program Administrator to review and discuss the recommendation for termination and the timeline. The meeting should include at minimum:
  - ♦ IMPACT Plus review staff;
  - ♦ IMPACT Plus Program Administrator;
  - ♦ Children's Branch Manager; and
  - ♦ A representative of the Division Director's Office.
- If termination is recommended for consideration by the committee, a meeting is convened by the Program Administrator to discuss the recommendation for termination and the timeline. The meeting should include at minimum:
  - ♦ IMPACT Plus review staff;
  - ♦ IMPACT Plus Program Administrator;
  - ♦ Children's Branch Manager;
  - ♦ A representative of the Division Director's Office; and
  - ♦ A representative of the Commissioner's Office.
- If a final determination for termination is approved by the Commissioner's Office, the IMPACT Plus Program Administrator instructs the Program Assistant to draft a letter to all guardians of recipients affected by the agency termination informing them of the agency closure and providing instructions for selecting a new provider.
- The IMPACT Plus Program Administrator notifies the following agencies of the pending action:
  - ♦ The Department of Medicaid Services;
  - ♦ All appropriate Managed Care Organizations;
  - ♦ Department for Community Based Services (if the agency provides services to any IMPACT Plus recipients funded by DCBS);
  - ♦ The Cabinet's Office of Legal Services; and
  - ♦ Other State agencies, as appropriate.

### *Commencement of Termination of the Sub-contractor Agreement:*

- A letter will be sent by IMPACT Plus Central Office via certified mail, informing the Sub-contractor of the termination and informing them that they may file a written grievance within ten (10) calendar days should they dispute the action taken. The letter will include the following information:
  - ♦ The effective date of termination;
  - ♦ The extent of the agency's responsibility for facilitating the effective transition of the recipients to the agencies of their choice prior to the date of termination;
  - ♦ The expectation of written plans of transition for each recipient prior to the date of termination;
  - ♦ The extent of the agency's responsibility to provide treatment records (with appropriate release) to recipient's and their agency of transition; and
  - ♦ The extent of the agency's responsibility to provide access to and transport of treatment records to IMPACT Plus Central Office post transition.
- A letter may be sent by IMPACT Plus Central Office via certified mail, before, during, or after a grievance, initiating the transition process and informing the parent/guardian of all recipients of the agency closure and providing instructions for selecting a new Sub-contractor. The letter will include the following information:
  - ♦ Process for selecting a new Sub-contractor;
  - ♦ A list of the Sub-contractors in the region of the agency being closed;
  - ♦ A link to the online Provider Directory; and
  - ♦ Any other service options available to the recipient.

### *The Recipient Transition Process:*

- IMPACT Plus Central Office staff maintain communication with the agency owner daily to ensure the transition process is on track and to address any issues noted during monitoring.
- For recipients who have Targeted Case Managers that are not employed by the agency, IMPACT Plus Central Office staff will make contact with the Targeted Case Managers to inform them of the agency closure and

offer assistance in the transition process. Staff will remind Case Managers of their responsibilities in the transition process.

- IMPACT Plus Central Office staff will begin contacting guardians to:
  - ♦ Ensure guardians understand the contents of the letter;
  - ♦ Ensure guardians understand the process for selecting a new Sub-contractor;
  - ♦ Encourage guardians to work with their child's Targeted Case Manager to obtain any information needed to make an informed decision; and
  - ♦ Will provide assistance as needed throughout the transition process.
- IMPACT Plus Central Office will maintain on file, a written plan of transition, submitted by the closing agency.
- After the date of termination, IMPACT Plus Central Office staff will follow up with guardians and the recipient's Targeted Case Manager to ensure successful transition has occurred.

# *Section 12*

## *Grievance Procedures*

## *Grievance Procedure*

The grievance process may be utilized for dispute of a credentialing finding or termination of a Sub-contractor Agreement.

- The Sub-contractor will have thirty (30) calendar days to submit a formal written dispute of the finding of a credentialing determination to the Program Administrator. Any documentation relevant to the dispute should be submitted for review.
- The Sub-contractor will have ten (10) calendar days to submit a formal written dispute of the finding of a termination for cause of the Sub-contractor Agreement to the Program Administrator. Any documentation relevant to the dispute should be submitted for review. Upon receipt of the written dispute, a meeting is convened within ten (10) business days by the Program Administrator to review and discuss the formal grievance. The meeting should include at minimum:
  - ♦ IMPACT Plus Program Administrator;
  - ♦ Children's Branch Manager; and
  - ♦ A representative of the Division Director's Office.

A formal response to the dispute will be submitted to the Sub-contractor within fifteen (15) calendar days from the date of the meeting.

- If the Sub-contractor is dissatisfied with the outcome, he or she may submit a request for a formal meeting with the Commissioner's Office to discuss their dispute. The meeting should include at minimum:
  - ♦ The Commissioner or Deputy Commissioner of the Department;  
and
  - ♦ Clinical Director of the Department to discuss their dispute.

The Commissioner's office will submit a final formal written response to the dispute within fifteen (15) calendar days from the date of the meeting. The Commissioner's decision is final and not subject to KRS 13B or 907 KAR 1:670.

# *Appendix A*

## *Freedom of Choice*

## Freedom of Choice Form

Please complete the sections above the dotted line. Then complete a separate section under the dotted line for each additional service on your child's care plan.

As the parent/guardian of \_\_\_\_\_, I understand that the choice of providers is my responsibility and right as the parent/guardian. I further understand that I have the right to contact the providers prior to selection so that I may determine the best provider for my child. I also understand that I may at any time choose another provider for this service by notifying my current provider.

I have reviewed the list of providers of **Targeted Case Management** and choose the following provider:

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

My child's team and I have determined that the following service is needed for my child:

- ☐ Collateral Therapy ☐ Individual Therapy ☐ Group Therapy ☐ Therapeutic Child Support  
☐ Parent to Parent ☐ Therapeutic Foster Care ☐ Therapeutic Group Residential  
☐ Other: \_\_\_\_\_

I have reviewed the list of providers for the service(s) and choose the following provider(s):

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

My child's team and I have determined that the following service is needed for my child:

- ☐ Collateral Therapy ☐ Individual Therapy ☐ Group Therapy ☐ Therapeutic Child Support  
☐ Parent to Parent ☐ Therapeutic Foster Care ☐ Therapeutic Group Residential  
☐ Other: \_\_\_\_\_

I have reviewed the list of providers for the service(s) and choose the following provider(s):

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

My child's team and I have determined that the following service is needed for my child:

- ☐ Collateral Therapy ☐ Individual Therapy ☐ Group Therapy ☐ Therapeutic Child Support  
☐ Parent to Parent ☐ Therapeutic Foster Care ☐ Therapeutic Group Residential  
☐ Other: \_\_\_\_\_

I have reviewed the list of providers for the service(s) and choose the following provider(s):

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

My child's team and I have determined that the following service is needed for my child:

- ☐ Collateral Therapy ☐ Individual Therapy ☐ Group Therapy ☐ Therapeutic Child Support  
☐ Parent to Parent ☐ Therapeutic Foster Care ☐ Therapeutic Group Residential  
☐ Other: \_\_\_\_\_

I have reviewed the list of providers for the service(s) and choose the following provider(s):

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# *Appendix B*

## *IMPACT Plus Grievance Procedures for Families and Recipients*

# **IMPACT Plus**

## **Grievance Procedures for Families and Recipients**

**What do I do if I am unhappy with the quality of services my child is receiving, feel my child or family has been treated unfairly by the IMPACT Plus agency I have chosen, or if I am concerned about an IMPACT Plus employees behavior, action, or statement to my child or family?**

The IMPACT Plus Program is based upon a freedom of choice model. You have the right to transfer your business to another approved Sub-contractor at any time. If you wish to pursue a grievance, please follow the steps below:

1. Ask the agency for a copy of their Client Grievance Policy. This is a required document for all IMPACT Plus Sub-contractors and should be located in the on-site Policies and Procedures manual. All internal agency policies and procedures for grievance related issues should be followed first.
2. If you are not satisfied with the agency's resolution of the issue, you have the right to notify IMPACT Plus Central Office of your grievance.

IMPACT Plus Central Office  
Department for Behavioral Health  
100 Fair Oaks Lane, 4E-D  
Frankfort, KY 40621

You are not required to file a grievance on the standard form. You can use the following outline if you choose: Please include:

- Type of Grievance;
- Brief description of the situation that led to the grievance, including dates and people involved if possible;
- Signature of the person filing the grievance;
- Contact Information;
- Relationship to the child; and
- Date of the grievance.

Within two (2) weeks of receiving your grievance, an employee of IMPACT Plus Central Office will be appointed to investigate your grievance. This person may contact you and speak with others who may be involved as well as review any available documentation. Following the investigation, you will receive written notice of the decision.

Your child's voice and your voice as the parent or guardian of a child receiving IMPACT Plus services are important. If you have any further questions about this process please feel free to contact IMPACT Plus Central Office at 502-564-4797.

# *Appendix C*

## *IMPACT Plus Grievance Form for Families and Recipients*

# **The Department of Behavioral Health, Developmental, and Intellectual Disabilities**

## **Impact Plus Grievance Form for Families and Recipients**

Please use this form to provide the Impact Plus Central Office with concerns you have about Impact Plus service that an Impact Plus recipient received.

Information of Person Filing the Complaint:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Impact Plus Recipient: \_\_\_\_\_

Impact Plus Sub-contracting Agency: \_\_\_\_\_

Below please state your grievance in detail. Provide as many details, dates and names as possible. If more space is needed, feel free to attach a separate piece of paper.

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\_\_\_\_\_  
Signature of person filing the complaint

\_\_\_\_\_  
Date

Your Relationship to the Child: \_\_\_\_\_

# *Appendix D*

## *Exception Request for Duplicative IMPACT Plus Therapy Services*

# Exception Request for Duplicative IMPACT Plus Therapy Services

Agency Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Child's Name: \_\_\_\_\_

MAID Number: \_\_\_\_\_

Specialized Need to Be Addressed:

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Agency Expected to Provide the Duplicative Service:

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Name/Credentials/Training of Therapist:

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Plan for Treatment (duration, services to be provided, goals of therapy, etc.):

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## For Office Use Only

Approved:

Not Approved:

# *Appendix E*

## *Therapeutic Child Support Behavior Management Plan*

# Therapeutic Child Support

## Behavior Management Plan

### **Behavior #1:**

Symptoms in Community:

Symptoms in School:

Symptoms in Home:

### **TCS Worker Responses/Interventions:**

- 1.
- 2.
- 3.
- 4.
- 5.

### **Parent or Caregiver Response/Interventions:**

- 1.
- 2.
- 3.
- 4.
- 5.



**Behavior #2:**

Symptoms in Community:

Symptoms in School:

Symptoms in Home:

**TCS Worker Responses/Interventions:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Parent or Caregiver Response/Interventions:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Behavior #3:**

Symptoms in Community:

Symptoms in School:

Symptoms in Home:

**TCS Worker Responses/Interventions:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Parent or Caregiver Response/Interventions:**

- 1.
- 2.
- 3.
- 4.
- 5.

# *Appendix F*

## *Therapeutic Child Support in Home Assessment*

# Therapeutic Child Support

## In Home Assessment

Who currently lives in the home?

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How do you feel about your neighborhood and local community?

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Are there any issues at home that you feel contribute to your child's negative behaviors?

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---

What behaviors do you see as the most disruptive? Where does this behavior most often occur?

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

❖ Place an \* by the 3 behaviors you would like to see change first

What do you do when this behavior occurs?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

❖ Place an \* by the techniques you feel are effective and a X by those you don't feel work

# *Appendix G*

## *Therapeutic Group Residential and Therapeutic Foster Care IMPACT Plus Behavior Management Plan*

# Therapeutic Group Residential and Therapeutic Foster Care

## IMPACT PLUS Behavior Management Plan

Client's name: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Sources/People that result in the child becoming escalated:

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Client's behaviors during escalation period:

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Interventions attempted with client prior to and during escalation period:

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Client's response to interventions:

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De-escalation plan for client:

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Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# *Appendix H*

## *Sub-Contractor Update Form*

# Sub-contractor Update Form

**\*\*Section A: Sub-contractor Information Updates – Please complete this section to notify us of any changes in agency contact information**

IMPACT Plus Agency Name: \_\_\_\_\_

IMPACT Plus Program

Contact Person: \_\_\_\_\_

Address for IMPACT Plus \_\_\_\_\_

Central Office Correspondence: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address #1: \_\_\_\_\_

E-mail address #2: \_\_\_\_\_

IMPACT Plus Billing Contact

Person: (if different from above) \_\_\_\_\_

Address for IMPACT Plus Payments, \_\_\_\_\_

Remits, or any MCO Correspondence: \_\_\_\_\_

(if different from above) \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address #1: \_\_\_\_\_

E-mail address #2: \_\_\_\_\_

**\*\*Section B: Employee Updates – Please complete this section to notify us of updates in employee status**

Agency Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position(s): ☐ BHP ☐ BHPUS ☐ BHP Supv. ☐ TCM ☐ TCM Supv. ☐ Program Supv.

(Check all that apply) ☐ TCS Para-Professional ☐ TCS Professional ☐ TCS Parent to Parent

Updates that apply to this employee are:

☐ Employee no longer works for this agency

Date of termination: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Name change: \_\_\_\_\_

Date effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Change in Board approved supervisor

Name of new supervisor: \_\_\_\_\_

Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*must also send in new Board approved letter\**

☐ Employee obtained new licensure: \_\_\_\_\_

License #: \_\_\_\_\_ Date effective: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# *Appendix I*

## *IMPACT Plus Rates Schedule*

**IMPACT Plus Rates Schedule**  
**Effective for recipients determined eligible after May 22, 2002**

<b>Service Description</b>	<b>Modifier</b>	<b>Service Code</b>	<b>Unit Value</b>	<b>Rate per Unit</b>	<b>Comments</b>
Individual Therapy	None	90804	15 minutes	\$19.60	Max. 16 <b>combined</b> units per day of Individual & Collateral therapy Max. 48 <b>combined</b> units per week of Individual & Collateral therapy
Individual Therapy – Psychiatrist Only	U1	90804	15 minutes	\$36.75	Max 6 units per psychiatric evaluation Max 2 units per follow-up for medication management/therapy
Behavioral Health Evaluation	None	T1023	1 hour	\$78.40	Max 5 units per evaluation
Collateral Service	None	90887	15 minutes	\$19.60	Max. 16 <b>combined</b> units per day of Individual & Collateral therapy Max. 48 <b>combined</b> units per week of Individual & Collateral therapy
Group Therapy	None	90853	15 minutes	\$7.35	Max 12 units per day Max 36 units per week
Targeted Case Management	None	T2023	1 month	\$300.00	Minimum 4 contacts per month which include: 1 face to face with client – minimum of 30 minutes 1 face to face with parent/guardian – minimum of 30 minutes 2 additional contacts – minimum of 30 minutes combined
Children’s Day Treatment	None	T2012	1 hour	\$19.60	Max 7 units per day
Partial Hospitalization	None	90816	30 minutes	\$19.41	Maximum 5 hrs per day unless otherwise approved
Intensive Outpatient	None	90899	1 hour	\$19.42	Max 3 units per day Max 9 units per week
Therapeutic Summer Program	None	H2019	15 minutes	\$4.29	Max 24 units per day
Therapeutic After School	UG	H2019	15 minutes	\$4.29	Max 16 units per day
Crisis Stabilization	None	S9485	1 day	\$246.25	Max 10 consecutive units
Therapeutic Child Support Parent to Parent	HS	H2021	15 minutes	\$6.46	Max 16 units per day
Therapeutic Child Support Paraprofessional	HM	H2021	15 minutes	\$5.39	Max 16 units per day
Therapeutic Child Support Professional	HN	H2021	15 minutes	\$7.49	Max 16 units per day
Therapeutic Foster Care	None	S5145	1 day	\$90.14	
Therapeutic Group Residential	HQ	S5145	1 day	\$171.91	

**\*Rates subject to change with 30 day notice**

Updated July 1, 2012