

# DBHDID Data Implementation Guide

## Summary of Changes

From: SFY2025 To: SFY2026

### Client Data Set

Updated field 54 description.

#### **54. Women with Dependent Children**

Data field name – *Women\_with\_Dep\_Children*

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
<u>1</u>	<u>#</u>	<u>219</u>	<u>219</u>	<u>No</u>

*Description:* A **female** client with a **Substance Abuse diagnosis** who answers yes to the question "Do you have one or more **minors that may or may not be in your direct care or responsibility?**"

*Valid Codes:*

0	No
1	Yes
6	Not Applicable (used when client is Male or is Female and does not have an SA diagnosis)
7	Unknown
8	Not Collected

*Special Instructions:*

- Code 1 is eligible for payment against the substance abuse block grant set aside for women with dependent children.
- Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix G.
- If not applicable, use Code = 6.

	<b><u>Error Condition</u></b>	<b><u>Error Action</u></b>
<b><u>General Error</u></b>	1. <u>Invalid code</u>	<u>Error reported</u>
<b><u>Possible Error</u></b>	<u>Code = 1 and Field 5 – Sex at Birth = 1 (Male)</u> <u>Code = 1 and no Substance Abuse Diagnosis present</u>	<u>Field set to 8 in database</u> <u>No change to database</u>
<b><u>Completeness Error</u></b>	<u>Code = 6/7/8 in database and Substance Abuse diagnosis present and Field 5 – Sex at Birth = 2 (female)</u>	<u>Counted against General Error Standard</u>

*Update Frequency:* At the time of Intake and after delivery or change in legal household status. Must be reviewed annually or whenever there is an indication that the status has changed.

Added field 93.

### **93. Problem Gambling/Problem Sports Wagering/Gambling Disorder**

**Description:** Problem gambling” is often used in clinical practice and public health discussions to describe gambling behavior that is harmful or risky but may not meet the full criteria for Gambling Disorder. Individuals not meeting the full diagnostic criteria may still exhibit behaviors that cause distress or problems and may benefit from intervention.

Gambling Disorder, as a recognized behavioral addiction, is categorized under “Substance-Related and Addictive Disorders.” The diagnostic criteria for Gambling Disorder focus on persistent and problematic gambling behavior that leads to clinically significant impairment or distress.

Early intervention can prevent the progression of Gambling Disorder and reduce the potential for more severe harm.

Problem gambling” is generally understood to describe gambling behaviors that:

- Cause harm or distress to the individual or others (e.g., financial losses, relationship strain).
- May not meet the DSM-5 threshold for Gambling Disorder (less than four criteria), but still lead to negative consequences.
- Involves gambling more frequently or with higher amounts of money than is intended, without the severe impairments associated with Gambling Disorder.

Signs of Problem Gambling (Subclinical Indicators):

- Gambling more money or more frequently than intended.
- Feeling a need to “chase losses” to recover money.
- Lying about the extent of gambling.
- Experiencing guilt or regret after gambling.
- Gambling to relieve stress or escape problems.
- Minor disruptions to finances, relationships, or daily life that do not meet the full criteria for disorder.

*Valid Codes:*

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not Collected

**Special Instructions:** Screen every applicant.

**Update Frequency:** At the time of intake. Must be reviewed annually or whenever there is an indication the status has changed. Individuals who have previously been diagnosed or are later diagnosed with a Gambling Disorder should have the Gambling Disorder diagnosis included in one of the 14 diagnosis code fields within the client data set, as applicable.

### **Event Data Set**

No changes for SFY2026

### **Human Resources Data Set**

No changes for SFY2026

### **TEDS SA Discharge Record**

Updated data set name.

~~TEDS SA Discharge Record~~ Treatment Episode Data Set (TEDS)

### **Appendix A1: Provider Site Update Form**

Updated pdf form to Microsoft Form.

### **Appendix B: County Codes List**

No changes for SFY2026

### **Appendix C: Listing of Drug Codes**

Updated appendix name.

~~Listing of Drug Codes~~ Listing of National Drug Codes

### **Appendix E - Service Codes**

Replaced service code 240 Interim Housing for Individuals with SUD who are receiving SUD outpatient or aftercare services with new service code 240-Recovery Residence.

**Recovery Residence** ~~Interim Housing for individuals with Substance Use Disorder who are receiving SUD outpatient or aftercare services~~

**SV101(2):** When DBHDID is payer source, apply "Case #1" on page AE-1.

**NTE02: 240**

**Unit of service: Per Diem**

**Definition:**

Recovery Residence is a supportive, substance-free living environment for individuals recovering from substance use disorders. These residences offer supportive services that promote long-term recovery by fostering accountability and community integration with the ultimate goal of achieving stable, independent living. Key services include Peer Support, Recovery-Oriented Activities, Access to Resources, Safe and Recovery focused Environment, Flexibility and focused on Continuum of Care, and Referrals to Appropriate Medical and Clinical Services.

In Kentucky, recovery residences are required to be certified in accordance with KRS 222.500.

This includes adherence to National Alliance of Recovery Residences (NARR) standards, which includes four levels of recovery housing that offer differing levels of support for residences. Rather than serving as a linear, step-down continuum of services, the models meet the varying needs of

people in recovery. People may move in and out of the different levels depending on their individual circumstances.

Recovery residences are not licensed or otherwise approved by the cabinet or any other agency of state government to provide any medical, clinical, behavioral health, or substance use treatment service for which a license or other approval is required under state law.

~~Interim housing for individuals receiving outpatient or aftercare services for substance use disorder refers to a supportive, temporary housing accommodation provided for individuals receiving outpatient SUD or aftercare services who have experienced homelessness. The services support the individuals need for stable housing while receiving treatment or aftercare services with a goal of transitioning the individual to permanent housing by offering structure, supervision, and recovery support.~~

~~Individuals receiving these services must be receiving SUD treatment or aftercare services and must have a treatment plan that addresses their interim housing needs and goals.~~

Updated service code 085-Supported Employment.

**Supported Employment (Mental Health, Co-occurring Mental Health/Substance Use Disorder, & Intellectual Disabilities)**

**SV101(2): H2023 (Mental Health, & Co-occurring Mental Health/Substance Use Disorder)  
Supported Employment (includes Person-Centered Job Selection-Discovery,  
Job Development and Analysis and Job Acquisition with Support)  
H2025 (Mental Health, & Co-occurring Mental Health/Substance Use Disorder)  
Ongoing Support to Maintain Employment  
T2019 (Intellectual Disabilities) (includes Long Term Support and Follow-Up having  
the following modifiers:  
U4 PCJS Discovery,  
U5 Job Development and Analysis,  
U6 Job Acquisition with Support);**

**NTE02: 085**

**Unit of Service: 15 Minutes**

**Definition:**

Competitively paid work in a variety of integrated settings. Support and assistance are provided in accessing and maintaining employment. Includes individual assessment, development of a vocational profile, job development, job placement, on-site job coaching or training in work and work-related skills, on-going supervision and monitoring of work performance, support to assure job retention, support and training in developing interpersonal skills, use of community supports and generic services essential to obtaining and retaining employment. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Providers operating a distinct “supported employment program” should use this code. The Center for Mental Health Services defines this as “supportive services that include assisting individuals in finding work; assessing individuals’ skills, attitudes, behaviors, and interest relevant to work; providing vocational rehabilitation and/or other training; and providing work opportunities. Includes transitional and supported employment services.”

For Mental Health (MH):

Supported Employment (SE) is an evidence-based service to promote rehabilitation and retainment or return to productive employment for persons with serious mental illnesses. The Individual Placement and Support (IPS) model of Supported Employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice for individuals with serious mental

illness. IPS SE programs should focus on each person's strengths, work towards promoting recovery and wellness, work in collaboration with vocational rehabilitation counselors, use a multidisciplinary approach, work to individualize services that last if the person needs and wants them, and work to change the way mental health services are delivered.

**For Co-Occurring Mental Health & Substance Use Disorder (MH/SUD):**

Supported employment (SE) is an evidence-based service to promote rehabilitation and retainment or return to productive employment for persons with serious mental illnesses, **as well as those with co-occurring mental health & substance use disorders**. The Individual Placement and Support (IPS) model of Supported Employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment programs exist, IPS refers to the evidence-based practice for individuals with SMI **and those with co-occurring mental health & substance use disorders**. IPS SE programs should focus on each person's strengths, work towards promoting recovery and wellness, work in collaboration with vocational rehabilitation counselors, use a multidisciplinary approach, work to individualize services that last if the person needs and wants them, and work to change the way **behavioral** health services are delivered."

**PRINCIPLES OF IPS SUPPORTED EMPLOYMENT**

- Focus on Competitive Employment: Agencies providing IPS services are committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment. Mainstream education and specialized training may enhance career paths.
- Based on Individual Choice: People are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
- Integration of Rehabilitation and Mental Health Services: IPS programs are closely integrated with mental health treatment teams.
- Attention to Worker Preferences: Services are based on each person's preferences and choices, rather than providers' judgments.
- Personalized Benefits Counseling: Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.
- Rapid Job Search: IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling. If further education is part of their plan, IPS specialists assist in these activities as needed.
- Systematic Job Development: Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.
- Time-Unlimited and Individualized Support: Job supports are individualized and continue for as long as each worker wants and needs the support.

**SUPPORTED EMPLOYMENT IS NOT:**

- Prevocational training
- Sheltered work
- Employment in enclaves (that is in settings, where only people with disabilities are employed)
- [If an employment specialist is part of an ACT team, this should be reported under ACT and not separately as supported employment.]

For Intellectual Disabilities (ID) program:

Support and assistance provided in accessing and maintaining employment in an integrated community setting and includes Person-centered job selection, job development and analysis, job

acquisition with support and stabilization, and Long-term Employment Services. Long Term Employment Services are covered for any participant for whom a Long-Term Employment Support Plan has been developed and the plan has been incorporated into the participant's plan of care. All other employment services are covered for participants who have exhausted services funded through the Rehabilitation Act of 1973 unless there has been an additional disability, or the progression of the individual's disability has far exceeded the original expectation. In which case, additional funding through Rehabilitation Act may be available and shall be pursued. Supported Employment services shall be documented using established Long Term Employment Support Plan (LTESP) and Person-Centered Employment Plan (PCEP).

For ID program: Supported Employment shall also:

- a. Be provided by certified provider that is a vendor of supported employment services for the Office of Vocational Rehabilitation;
- b. Be delivered on a one (1) to one (1) basis with a participant or indirectly on behalf of a participant; and
- c. Exclude work performed directly for the supported employment provider or in a group setting where the program participant is secluded from the population of coworkers not identified as program participants.

Updated service codes 149-Youth Peer Support (Individual), & 150-Youth Peer Support (Group).

### **Youth Peer Support (Behavioral Health)**

**SV101(2):** H0038 Individual (Behavioral Health) no modifier  
H0038 Group (Behavioral Health) Medicaid billing requires HQ modifier

**NTE02:**

**149 (Individual)**

**150 (Group)**

**Unit of Service: 15 Minutes**

#### **Definition:**

**Youth Peer Support** is emotional support that is provided by **persons between the age of 18-35 years old, who experienced** having a mental health, substance use, or co-occurring mental health and substance use disorder **prior to the age of 21 to other young people up to age 25 who are experiencing** a similar mental health, substance use, or co- occurring mental health and substance use disorder **that was identified prior to age 21** in order to bring about a desired social or personal change. It is an evidence-based practice. Peer Support Services are structured and scheduled non-clinical but therapeutic activities with individuals or groups provided by a self-identified consumer of mental health, substance use, or co-occurring mental health and substance use disorder services who has been trained and certified in accordance with state regulations. Services should promote socialization, recovery, self-advocacy, preservation, and enhancement of community living skills for the client. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations 908 KAR 2:240 (Youth Peer Support).

### **Appendix F: ICD 10 & ICD 9 Code Listings**

Updated appendix.

~~ICD 10 & 9 Code Listings~~ List of ICD10 Codes

### **Appendix G: ICD 9 Codes – Behavioral Health & Intellectual Disability**

Updated appendix.

~~ICD9 Codes Behavioral Health & Intellectual Disability~~ ICD10 Codes – Behavioral Health & Intellectual Disability

**Appendix H: ICD 10 & ICD 9 Codes – Behavioral Health & Intellectual Disability**  
Removed.

**HCPCS Codes Listing**

No changes for SFY2026.

**Data Dictionary**

No changes for SFY2026.

**State Uniform Data Definitions**

No changes for SFY2026.