DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, MD 21244-1850

State Demonstrations Group

December 08, 2025

Lisa Lee
Commissioner, Department for Medicaid Services
Cabinet for Health and Family Services
275 East Main Street
Frankfort, KY 40601

Dear Commissioner Lee:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Serious Mental Illness (SMI) Implementation Plan, inclusive of the SMI Health Information Technology (Health IT) Plan, for Kentucky's section 1115(a) demonstration entitled "TEAMKY" (Project Numbers 11-W-00306/4 and 21-W-00067/4). We have determined the SMI Implementation Plan, inclusive of the SMI Health IT Plan, is consistent with the requirements outlined in the demonstration special terms and conditions (STCs) and are therefore approving it. With this approval, the state may begin receiving federal financial participation as of the date of this letter, for the provision of Medicaid state plan services furnished to otherwise eligible individuals who are primarily receiving treatment for a SMI who are short-term residents in facilities that meet the definition of an institution for mental diseases. A copy of the approved SMI Implementation Plan is enclosed and will be incorporated into the STCs as Attachment C.

We look forward to our continued partnership on the TEAMKY section 1115(a) demonstration. If you have any questions, please contact your project officer, Valisha Andrus, at Valisha.Andrus@cms.hhs.gov.

Sincerely,

Andrea J Casart

Andrea J. Casart
Director
Division of Eligibility and Coverage
Demonstrations

Enclosure

cc: Christine Davidson, State Monitoring Lead, Medicaid and CHIP Operations Group

Section 1115 Serious Mental Illness (SMI) Demonstration Implementation Plan

Overview: The Implementation Plan documents the State's approach to implementing SMI/SED demonstrations. It also helps establish what information the State will report in its quarterly and annual monitoring reports. The Implementation Plan does not usurp or replace standard Centers for Medicare & Medicaid Services (CMS) approval processes, such as advance planning documents, verification plans, or state plan amendments (SPAs).

This template only covers SMI/SED demonstrations. The template has three sections: Section 1 is the uniform title page, Section 2 contains implementation questions that states should answer.

The questions are organized around six SMI/SED reporting topics:

1. Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings.
2. Milestone 2: Improving Care Coordination and Transitioning to Community-Based Care.
3. Milestone 3: Increasing Access to Continuum of Care, Including Crisis Stabilization Services.
4. Milestone 4: Earlier Identification and Engagement in Treatment, Including Through Increased Integration.
5. Financing Plan.
6. Health IT Plan.

State may submit additional supporting documents in Section 3.

Implementation Plan Instructions: This implementation plan should contain information detailing State strategies for meeting the specific expectations for each of the milestones included in the State Medicaid Director Letter (SMDL) on "Opportunities to Design Innovative Service Delivery Systems for Adults with [SMI] or Children with [SED]" over the course of the demonstration. Specifically, this implementation plan should:

1. Include summaries of how the State already meets any expectation/specific activities related to each milestone and any actions needed to be completed by the State to meet all the expectations for each milestone, including the persons or entities responsible for completing these actions.
2. Describe the timelines and activities the State will undertake to achieve the milestones.

The tables below are intended to help states organize the information needed to demonstrate they are addressing the milestones described in the SMDL. States are encouraged to consider the evidence-based models of care and best practice activities described in the first part of the SMDL in developing their demonstrations.

The State may not claim federal financial participation for services provided to Medicaid beneficiaries residing in institutions for mental diseases (IMDs), including residential treatment

facilities, until CMS has approved a State's Implementation Plan.

Memorandum of Understanding (MOU): The state Medicaid agency should enter into an MOU or another formal agreement with its State Mental Health Authority, if one does not already exist, to delineate how these agencies will work with together to design, deliver, and monitor services for beneficiaries with SMI or SED. This MOU should be included as an attachment to this Implementation Plan.

State Point of Contact: Please provide the contact information for the State's point of contact for the Implementation Plan.

Name and Title: Jodi Allen, Behavioral Health Supervisor
Telephone Number: 502-229-7339
Email Address: jodi.allen@ky.gov

1. Title page for the state's SMI demonstration or SMI components of the broader demonstration

The state should complete this transmittal title page as a cover page when submitting its implementation plan.

State	*Kentucky*
Demonstration name	*TEAMY KY*
Approval date	*December 12, 2024*
Approval period	*January 1, 2025-December 31, 2029*
Implementation date	*January 15, 2026*

2. Required implementation information, by SMI/SED milestone

Answer the following questions about implementation of the state's SMI/SED demonstration. States should respond to each prompt listed in the tables. Note any actions that involve coordination or input from other organizations (government or non-government entities). Place "NA" in the summary cell if a prompt does not pertain to the state's demonstration. Answers are meant to provide details beyond the information provided in the state's special terms and conditions. Answers should be concise but provide enough information to fully answer the question. This template only includes SMI/SED policies.

Prompts	Summary
SMI/SED. Topic_1. Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings	
To ensure that beneficiaries receive high quality care in hospitals and residential settings, it is important to establish and maintain appropriate standards for these treatment settings through licensure and accreditation, monitoring and oversight processes, and program integrity requirements and processes. Individuals with SMI often have co-morbid physical health conditions and substance use disorders (SUDs) and should be screened and receive treatment for commonly co-occurring conditions particularly while residing in a treatment setting. Commonly co-occurring conditions can be very serious, including hypertension, diabetes, and substance use disorders, and can also interfere with effective treatment for their mental health condition. They should also be screened for suicidal risk. *To meet this milestone, state Medicaid programs should take the following actions to ensure good quality of care in psychiatric hospitals and residential treatment settings.*	
Ensuring Quality of Care in Psychiatric Hospitals and Residential Treatment Settings	
1.a Assurance that participating hospitals and residential settings are licensed or otherwise authorized by the state primarily to provide mental health treatment; and that residential treatment facilities are accredited by a nationally recognized accreditation entity prior to participating in Medicaid.	*Current Status:* Kentucky has established a comprehensive regulatory framework to ensure the quality of care in psychiatric hospitals through licensure, accreditation, and oversight processes. These policies are designed to maintain high standards of care, patient safety, and regulatory compliance while ensuring facilities provide appropriate mental health treatment to individuals with SMI. Kentucky does not currently license residential treatment facilities for adults with SMI. **Licensure Requirements for Psychiatric Hospitals.** All Kentucky hospitals, including psychiatric hospitals, in Kentucky are required to obtain and maintain licensure from the Office of the Inspector General (OIG) within the Cabinet for Health and Family Services (CHFS), as mandated by 902 Kentucky Administrative Regulations (KAR) 20:016. This regulation establishes minimum licensure requirements to ensure the safe, adequate, and efficient operation of hospitals. Specific to psychiatric hospitals, 902 KAR 20:180 further outlines operational and service standards to regulate the provision of psychiatric care in Kentucky. These regulations require psychiatric hospitals to: • Conduct comprehensive patient assessments upon admission (Section 4, 902 KAR 20:180). • Develop individualized treatment plans for each patient.

Prompts	Summary
	• Implement special treatment procedures, as needed. • Comply with the staffing requirements in 902 KAR 20:180. • Adhere to specific discharge planning and transfer procedures to ensure continuity of care. • Maintain detailed administrative records and policies to ensure compliance with state and federal requirements. Additionally, Kentucky Revised Statutes Chapter 202A and 202B establish statutory provisions governing the care and treatment of individuals with SMI in psychiatric hospitals, including admission, treatment standards, and discharge protocols. **Certificate of Need (CON) and Application Process for Licensure.** To establish a new psychiatric hospital in Kentucky, providers must first obtain a CON from CHFS, which assesses whether there is a demonstrated need for additional psychiatric services in a specific area. Once a CON is granted, the provider must apply for licensure to the OIG, demonstrating compliance with all state licensing standards and operational requirements. **Accreditation Requirements for Psychiatric Hospitals.** While Kentucky state licensure is mandatory, psychiatric hospitals are also encouraged to seek national accreditation from recognized accrediting organizations such as: • The Joint Commission (TJC). • The Commission on Accreditation of Rehabilitation Facilities (CARF). • The Council on Accreditation (COA). Accreditation from these organizations serves as an additional assurance that facilities adhere to the highest clinical and operational standards for psychiatric care. Many Medicaid reimbursement requirements incentivize or mandate accreditation as a condition of participation.
	Future Status: Continued operation of current requirements.
	Summary of Actions Needed: • N/A - Milestone requirements already met.

Prompts	Summary

1.b Oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	*Current Status:* Kentucky ensures the quality of care in psychiatric hospitals and any future residential treatment settings through licensure, accreditation, and oversight processes. These mechanisms are designed to ensure facilities meet regulatory requirements and adhere to state and federal standards for Medicaid participation.
	
	Licensure Process for Psychiatric Inpatient Facilities. All psychiatric hospitals in Kentucky must obtain licensure through the OIG under CHFS, as mandated by 902 KAR 20:180 and 902 KAR 20:016. The licensing process includes:
	
	• **Application Submission.** Facilities must apply for a hospital license through OIG, demonstrating compliance with state health and safety regulations.
	• **CON Approval.** New psychiatric hospitals must secure a CON to verify that additional psychiatric services are needed in the region.
	• **Initial Inspection and Compliance Review.** Before issuing a license, OIG conducts on-site inspections to ensure compliance with:
	  o Physical facility standards.
	  o Clinical and administrative policies.
	  o Staffing and credentialing requirements.
	  o Patient rights and safety protocols.
	• **Issuance of License.** Once compliance is verified, OIG grants a license to operate as a psychiatric hospital in Kentucky.
	• **License Renewal.** To maintain licensure, psychiatric hospitals must renew their license annually and undergo periodic compliance inspections conducted by OIG. These inspections verify continued adherence to state licensing requirements and address any deficiencies found during prior audits.
	
	Accreditation Process for Psychiatric Hospitals. Many psychiatric hospitals in Kentucky voluntarily seek national accreditation from TJC, CARF, or COA. Accreditation ensures facilities meet higher standards of patient care, safety, and clinical quality.
	
	Enrollment and Compliance Policy for Medicaid Participation. To enroll in Kentucky Medicaid, psychiatric hospitals must:

Prompts	Summary

	• **Submit a Medicaid Provider Enrollment Application.** Facilities must provide documentation of:
	  o OIG licensure.
	  o Accreditation status (if applicable).
	  o Staffing and operational policies.
	• **Meet Medicaid Conditions of Participation.** Facilities must comply with federal Medicaid regulations regarding patient care standards, billing integrity, and program oversight.
	• **Renew Medicaid Enrollment Every Five Years.** Medicaid enrollment requires revalidation every five years, with compliance audits and on-site inspections conducted periodically.
	
	Oversight and Unannounced Compliance Reviews. Kentucky conducts routine and unannounced inspections to ensure psychiatric hospitals maintain licensure and accreditation standards. Key oversight mechanisms include:
	• **Annual License Renewal Inspections.** OIG conducts scheduled site visits to verify that hospitals comply with state regulations under 902 KAR 20:180.
	• **Unannounced Site Inspections.** When applicable, OIG conducts random, unannounced visits to:
	  o Investigate complaints or compliance violations.
	  o Assess patient safety and treatment conditions.
	  o Ensure hospitals adhere to state and federal quality-of-care standards.
	• **Medicaid Program Integrity Audits.** Medicaid auditors review billing practices, patient records, and treatment documentation to detect fraud, waste, or abuse.

	Future Status: Continued operation of current requirements.
	Summary of Actions Needed: N/A - Milestone requirements already met.
1.c Utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	*Current Status:* Kentucky has established a utilization review (UR) process to ensure that Medicaid beneficiaries with SMI receive appropriate levels and types of care while maintaining oversight on lengths of stay (LOS) in psychiatric hospitals. The UR process is designed to ensure all psychiatric care is medically necessary, appropriate, and cost-effective. **Utilization Review (UR) Committee Requirement.** In accordance with 902 KAR 20:016 Section 3, all licensed hospitals, including psychiatric hospitals, must establish a UR Committee. The UR Committee is

Prompts	Summary
	responsible for: • Reviewing the necessity and appropriateness of inpatient psychiatric care. • Evaluating patient treatment plans and progress. • Ensuring that LOS are clinically justified based on medical necessity criteria. • Assessing whether patients should continue inpatient care or transition to lower levels of care (e.g., outpatient or community-based services). The UR Committee's oversight helps prevent unnecessary hospitalizations while ensuring patients receive the level of care (LOC) that best meets their treatment needs. **Prior Authorization (PA) and LOC Determination.** To ensure Medicaid coverage for psychiatric inpatient treatment, PA is required for both fee-for-service (FFS) Medicaid and managed care organization (MCO) beneficiaries. The PA process determines: • Whether the admission meets medical necessity criteria for psychiatric hospitalization. • The appropriate LOC based on clinical guidelines. • The initial authorized length of stay, with continued stay reviews conducted periodically. • The criteria used to determine LOC and continued authorization include: • InterQual Behavioral Health Criteria used by Medicaid FFS to determine medical necessity. • MCO-specific criteria. Each Kentucky MCO follows its own Medicaid-approved UR process. • American Society of Addiction Medicine (ASAM) criteria used for SUD treatment to assess LOC appropriateness. PA requirements ensure that psychiatric hospitalizations are reserved for patients who require intensive inpatient care, while those who can safely transition to less restrictive environments are provided with community-based alternatives. **Oversight of LOS in Psychiatric Hospitals.** The OIG, in collaboration with DMS and the Kentucky MCOs, monitors LOS in psychiatric hospitals to ensure appropriate utilization of services. Oversight responsibilities include: • A designated hospital oversight contact exists to ensure that psychiatric hospitals adhere to state licensing standards regarding LOS.

Prompts	Summary
	• Medicaid FFS and MCO UR teams conduct continued stay reviews to assess whether a patient still meets criteria for inpatient psychiatric care. • Hospitals must provide clinical documentation justifying extended stays beyond the initial authorization period. If a patient no longer meets inpatient criteria, discharge planning and referral to outpatient or step-down services are initiated to ensure continuity of care while managing costs and preventing unnecessary hospitalizations.
	Future Status: Continued operation of current requirements. Currently, Kentucky does not license residential treatment facilities for adults with SMI. However, DMS may consider residential treatment expansion, and if so, UR processes will be established to ensure appropriate oversight.
	Summary of Actions Needed: Kentucky currently meets milestone requirements.

1.d Compliance with program integrity requirements and state compliance assurance process	*Current Status:* Kentucky ensures compliance with program integrity requirements and state compliance assurance processes to protect Medicaid funds, prevent fraud and abuse, and maintain high-quality care in psychiatric hospitals. Program integrity efforts are enforced through provider enrollment requirements, MCO contracts, and routine compliance audits.
	
	Provider Enrollment Process for Psychiatric Hospitals. All psychiatric hospitals that wish to participate in Kentucky Medicaid must complete a comprehensive provider enrollment process to ensure they meet state and federal participation requirements. The provider enrollment process includes:
	• **Submission of an Enrollment Application.** Psychiatric hospitals must submit a formal application to Kentucky Medicaid, providing:
	  o Proof of licensure by the OIG under 902 KAR 20:016 and 902 KAR 20:180.
	  o Accreditation documentation from TJC, CARF, or COA, if applicable.
	  o Certification of compliance with federal and state Medicaid conditions of participation.
	• **Review of Provider Eligibility.** The Medicaid Program Integrity Division conducts a background check and risk assessment, ensuring the hospital has:
	  o No history of Medicaid fraud, waste, or abuse.
	  o No exclusions or terminations from Medicare or other Medicaid programs.

Prompts	Summary

	• **Site Inspection and Enrollment Approval.** Before approval, the OIG and Medicaid Enrollment Team may conduct an on-site inspection to verify compliance with state licensure and program integrity requirements.
	• **Revalidation and Recertification.** Psychiatric hospitals must renew Medicaid enrollment every five years and undergo routine compliance audits to maintain eligibility.
	
	This provider enrollment process ensures only qualified, high-performing facilities participate in Kentucky's Medicaid program, protecting patient safety and fiscal integrity.
	
	MCO Contractual Program Integrity Requirements. Kentucky MCOs are required to follow strict program integrity requirements outlined in their state contracts. Per the MCO contract, MCOs must:
	• Conduct pre- and post-payment audits to prevent improper billing and fraud.
	• Monitor psychiatric hospital claims to detect billing inconsistencies, duplicate payments, and excessive LOS.
	• Require provider credentialing and re-credentialing every three years to verify qualifications and compliance.
	• Implement fraud detection analytics to flag suspicious claims and report anomalies to Kentucky's Medicaid Fraud & Abuse Prevention Unit.
	
	Compliance Monitoring and Audits. Kentucky ensures compliance with Medicaid program integrity requirements through ongoing monitoring, audits, and investigations. Key mechanisms include:
	• **Medicaid Fraud and Abuse Prevention Audits.** The Kentucky Medicaid Fraud Control Unit and the OIG Program Integrity Division conduct randomized and targeted audits of psychiatric hospital billing practices.
	• **Annual Kentucky Compliance Reviews.** The OIG and Medicaid Program Integrity Division review:
	  o Provider licensure compliance with 902 KAR 20:016 and 902 KAR 20:180.
	  o Medical records and billing documentation to ensure alignment with state and federal requirements.
	• **Sanctions for Non-Compliance.** Psychiatric hospitals that fail to meet program integrity requirements may face:
	  o Recoupment of improper payments.
	  o Suspension or termination from Medicaid participation.

Prompts	Summary
	○ Civil monetary penalties or referrals for criminal investigation in cases of fraud. **Medicaid Compliance Hotline.** Patients, families, and providers will be able to report suspected fraud or program violations anonymously through an established 800 hotline.
	Future Status: Continued operation of current requirements.
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements.
1.e State requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	*Current Status:* Kentucky's psychiatric hospitals are required to assess patients upon admission and throughout their treatment to identify co-morbid physical health conditions, substance use disorders (SUDs), and psychiatric conditions. While 902 KAR 20:180 Section 4 outlines general patient assessment requirements, it does not explicitly mandate screenings for SUDs or SI, though these assessments may be integrated into broader psychiatric and medical evaluations. **Patient Assessment and Management in Psychiatric Hospitals.** Under 902 KAR 20:180 Section 4, psychiatric hospitals must conduct comprehensive assessments of each patient upon admission and throughout their stay. These assessments include: • A psychiatric evaluation to determine the individual's mental health diagnosis and treatment needs. • A physical health assessment to identify any co-morbid medical conditions that may impact mental health treatment. • A treatment plan that includes referrals to additional services as needed, such as specialty medical care, substance use treatment, or crisis intervention for suicidal patients. **Screening for Co-Morbid Physical Health Conditions.** Kentucky recognizes that individuals with SMI frequently experience co-occurring physical health conditions such as: • Hypertension. • Diabetes. • Cardiovascular disease. • Obesity and metabolic disorders. To ensure proper identification and management of these conditions, psychiatric hospitals:

Prompts	Summary
	• Conduct basic medical screenings upon admission to identify any immediate physical health concerns. • Consult with family medicine doctors to provide care for patients in psychiatric hospitals who have physical health concerns that need attention during their stay. • Refer patients to primary care providers (PCPs) or specialists if medical conditions require further management. • Coordinate with Medicaid MCOs to facilitate access to appropriate physical health treatments. **Screening for Substance Use Disorders (SUDs).** Many individuals with SMI also experience co-occurring SUDs, which can significantly impact their psychiatric treatment and recovery. Specifically, co-occurring SMI and SUD increases the likelihood of relapse for both conditions and creates medication treatment complexity. While 902 KAR 20:180 does not explicitly require SUD screenings, psychiatric hospitals generally assess for substance use history, severity of any diagnosed SUD, withdrawal symptoms, and the need for detoxification services. If a patient is identified as having a co-occurring SUD, they may be: • Provided with medication-assisted treatment (MAT), if appropriate. • Provided with tapering protocols to treat benzodiazepine use disorder and manage withdrawal symptoms. • Referred to specialized addiction treatment programs. • Connected with outpatient or residential SUD services upon discharge. **Screening for Suicidal Ideation (SI) and Crisis Intervention.** SI is a critical concern for individuals admitted to psychiatric hospitals as they may be at high risk for self-harm or suicide attempts. While Kentucky regulations may not explicitly mandate SI screenings, psychiatric hospitals typically follow best practices in suicide risk assessment. Many Kentucky hospitals use validated screening tools such as: • The Columbia-Suicide Severity Rating Scale. • The Beck Scale for Suicidal Ideation. • The Suicide Crisis Inventory. • The Patient Health Questionnaire (PHQ-9). • Other standardized risk assessment tools. If a patient is found to be at high risk for suicide, hospitals are required to:

Prompts	Summary
	• Implement suicide precautions (e.g., close observation, removal of harmful objects). • Regularly monitor the patient's safety risk through standardized screening tools and clinical judgement. • Develop a crisis intervention plan. • Refer the patient to ongoing outpatient treatment services upon discharge. **Facilitating Access to Treatment for Co-Occurring Conditions.** Psychiatric hospitals must ensure patients with co-occurring medical, substance use, or suicidal risks receive appropriate treatment as well as referrals. This is done through: • Referrals to MCOs which coordinate physical health care, SUD treatment, and follow-up psychiatric services for patients' post-discharge. • Directly providing outpatient behavioral health services and/or collaborating with Community Behavioral Health providers to deliver ongoing outpatient care, case management, and crisis intervention. **Integration of Behavioral and Physical Health Services.** Some hospitals have co-located primary care providers (PCPs) or partnerships with medical specialists to address physical health conditions during psychiatric hospitalization.
	Future Status: Continued operation of current requirements.
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements.

Prompts	Summary
1.f Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings.	*Current Status:* See sections above.
	Future Status: Continued operation of compliance activities.
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements.
SMI/SED. Topic_2. Milestone 2: Improving Care Coordination and Transitioning to Community-Based Care	

Prompts	Summary
Understanding the services needed to transition to and be successful in community-based mental health care requires partnerships between hospitals, residential providers, and community-based care providers. To meet this milestone, state Medicaid programs, must focus on improving care coordination and transitions to community-based care by taking the following actions.	
Improving Care Coordination and Transitions to Community-based Care	
2.a Actions to ensure psychiatric hospitals and residential settings carry out intensive pre-discharge planning and include community-based providers in care transitions.	*Current Status:* Kentucky has established care coordination benefits and requirements to ensure individuals transitioning from psychiatric hospitals to community-based care receive adequate support, follow-up services, and care continuity. Pre-discharge planning, post-discharge follow-ups, and information-sharing mechanisms are essential components of these efforts. The following outlines Kentucky's current care coordination and pre-discharge planning in Kentucky's psychiatric hospitals. **Pre-Discharge Planning Requirements in Psychiatric Hospitals.** Kentucky mandates a formal discharge planning process for psychiatric hospitals to ensure the beneficiary transitions smoothly to community-based care. **Hospital Regulations and Discharge Planning (§ 42 Code of Federal Regulations [CFR] 482.43) (Section 6).** Psychiatric hospitals are required to develop a written discharge plan that includes: • Coordination with community-based providers before the patient is discharged. • Assessment of medical, behavioral health, and social needs to determine ongoing service requirements. • Scheduling of follow-up appointments with outpatient behavioral health providers, PCPs, or specialty providers. • Patient and caregiver education on medication adherence, crisis response planning, and warning signs of relapse. **MCO Contract Language on Continuity of Care (§ 42 CFR 438 [Section 33.10]).** Kentucky's MCO contracts require continuity of care provisions that mandate: • Timely communication between psychiatric hospitals and MCO care management teams. • Engagement of MCO case managers in discharge planning to ensure follow-through on referrals to community-based services. • Assistance with benefit coordination for Medicaid beneficiaries who require additional services upon discharge.

Prompts	Summary
	DBHDID Oversight of CMHCs. DBHDID oversees CMHCs, which provide community-based behavioral health services. CMHCs collaborate with psychiatric hospitals to: • Accept referrals for outpatient therapy, psychiatric medication management, and crisis intervention. • Facilitate warm hand-offs by ensuring community providers participate in discharge planning discussions before the patient leaves inpatient care. • DBHDID conducts annual assessments of the availability and capacity of CMHCs as part of the Substance Abuse and Mental Health Services Administration (SAMHSA) block grant reporting requirements. **Post-Discharge Follow-Up and Care Coordination.** Kentucky requires psychiatric hospitals to facilitate post-discharge follow-up services to ensure continued engagement in care. **Healthcare Effectiveness Data and Information Set (HEDIS) Measures.** Post-discharge follow-up rates are monitored using HEDIS quality measures to assess: • Percentage of individuals receiving outpatient visits within 7-30 days post-hospitalization. • Timeliness and effectiveness of community-based interventions after inpatient stays. • These metrics are used to evaluate MCO performance in maintaining continuity of care. **Current Information-Sharing Mechanisms.** Kentucky DMS and contracted MCOs use electronic health record (EHR) systems and the Kentucky health information exchange (KHIE) to facilitate data-sharing between inpatient and outpatient providers. See Milestone 6 – Health IT for details. **Kentucky's 1915(i) State Plan Amendment, (Recovery, Independence, Support, and Engagement) RISE Initiative for SMI with Co-Occurring SUD** was approved by CMS on March 27, 2025. During the implementation phase Kentucky will work towards the offering of a comprehensive collection of home and community-based services (HCBS). The program services provide individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals.
	Future Status: **Kentucky's 1915(i) State Plan Option, RISE Initiative for SMI with Co-Occurring SUD** was approved by CMS on March 27, 2025. During the implementation phase, Kentucky will work towards the

Prompts	Summary
	offering of a comprehensive collection of home and community-based services (HCBS). The program services provide individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals.
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements.
2.b Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers when needed and available.	*Current Status:* The following outlines Kentucky's current housing assessment and coordination efforts capabilities for Medicaid beneficiaries. **Housing Needs Assessments Conducted by Psychiatric Hospitals.** Kentucky psychiatric hospitals conduct social assessments that include housing status evaluations as part of pre-discharge planning. Prior to discharge, a comprehensive physical and behavioral health assessment is conducted to support the successful transition to community-based housing within 14 days of the transition. Some hospitals coordinate with community-based housing providers, but the extent of these partnerships varies by region. **MCO Involvement in Housing Coordination.** MCOs in Kentucky play a key role in assessing housing needs and coordinating housing services for Medicaid beneficiaries through: • **Population Health Management and Complex Care Management (CCM) Programs.** MCOs utilize Health Risk Assessments (HRA) to identify housing instability risks among beneficiaries. Individuals with complex needs (including those with SMI) are referred to care coordinators who assess social determinants of health (SDOH) and assist with housing referrals. • **Partnerships with Housing Providers.** Several Kentucky MCOs collaborate with local housing organizations to provide rental assistance, rapid rehousing, and supportive housing services. MCO case managers work to connect eligible beneficiaries to housing programs, but these efforts are not standardized across all plans. **Kentucky's 1915(i) State Plan Option, RISE Initiative for SMI with Co-Occurring SUD** was approved by CMS on March 27, 2025. During the implementation phase, Kentucky will work towards the offering of a comprehensive collection of home and community-based services (HCBS). The program services provide

Prompts	Summary
	individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals. **DBHDID and Housing Screening Efforts.** DBHDID oversees CMHCs, which provide housing supports for individuals with SMI. **Kentucky Continuum of Care (CoC):** The Kentucky Housing Corporation (KHC), Lexington-Fayette County CoC, and Louisville Metro CoC; bring together federal and state agencies, behavioral health providers, and housing organizations to coordinate supportive housing solutions for individuals with complex health needs. This collaborative has been instrumental in: • Promoting the integration of Medicaid-funded services with housing programs. • Expanding supportive housing options for individuals with SMI and other high-risk populations. • Improving cross-agency coordination between behavioral health, Medicaid, and housing agencies.
	Future Status: Continued operation of compliance activities. **Kentucky's 1915(i) State Plan Option, RISE Initiative for SMI with Co-Occurring SUD** was approved by CMS on March 27, 2025. During the implementation phase, Kentucky will work towards the offering of a comprehensive collection of home and community-based services (HCBS). The program services provide individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals.
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements.

Prompts	Summary
2.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers through most effective means possible, e.g., email, text, or phone call within 72 hours post discharge.	*Current State:* Kentucky has existing policies and contractual requirements that establish post-discharge follow-up expectations, including communications between psychiatric hospitals and community-based providers. These policies ensure beneficiaries receive timely follow-up care necessary for reducing hospital readmissions, improving treatment adherence, and maintaining long-term mental health stability. Specifically, contracted MCOs are required, through provider contract provisions, that for all enrollees receiving inpatient behavioral health services are scheduled for outpatient follow-up and/or continuing treatment prior to discharge. The outpatient treatment must occur within seven days from the date of discharge.
	Future State: DMS will continue collaboration with state agencies to establish appropriate MCO requirements for 72-hour post-discharge contact to improve care transitions from psychiatric hospitals and residential treatment settings to community-based providers, Kentucky will implement a comprehensive, standardized approach to post-discharge follow-up. This approach will ensure all individuals discharged from inpatient behavioral health settings receive timely contact and engagement within 72 hours, minimizing the risk of treatment disruptions, emergency department (ED) visits, or hospital readmissions. Kentucky will enhance existing policies and adopt best practices from other states, ensuring that MCOs, psychiatric hospitals, and community-based providers are held accountable for effective post-discharge outreach and engagement strategies. The following outlines the specific details: **Establishing a Uniform, Statewide 72-Hour Post-Discharge Follow-Up Requirement.** Kentucky will explore requirements regarding psychiatric hospitals and MCOs conducting follow-up contact within 72 hours post-discharge, using the most effective method for each beneficiary (e.g., phone call, text message, email, or in-person follow-up). Planned enhancements may include: • **Expanding MCO Contractual Obligations to Strengthen Enforcement of 72-Hour Follow-Ups.** MCOs will be required to: o Ensure direct patient outreach within 72 hours to assess stability and engagement with outpatient care. o Confirm that a follow-up appointment has occurred or is scheduled within seven days of discharge. o Conduct additional outreach attempts if the patient is unresponsive, using multiple contact methods. o If an outpatient follow-up appointment is missed, the MCO will be responsible for ensuring that:

Prompts	Summary
	▪ A behavioral health provider or case manager contacts the patient within three business days. ▪ A second appointment is scheduled promptly. • **Requiring Psychiatric Hospitals and Residential Treatment Providers to Conduct Direct Patient Follow-Ups.** All inpatient psychiatric and residential treatment facilities will: o Conduct a wellness check within 72 hours to assess post-discharge stability. o Confirm that the individual has access to medication, housing, and transportation to follow-up care. o Communicate discharge details to community-based behavioral health providers to ensure seamless care coordination. • **Exploring use of a Statewide, Standardized Follow-Up Tracking System.** Kentucky will examine the implementation of a Medicaid Follow-Up Tracking System that: o Monitors 72-hour follow-up completion rates. o Tracks missed appointments and re-engagement efforts. o Requires quarterly performance reporting from FFS network, MCOs, and inpatient providers.
	Summary of Actions Needed: **Action 1: Establish Kentucky's Uniform 72-Hour Post-Discharge Follow-Up Requirements** • **Description:** DMS seeks to establish uniform, 72-hour post-discharge follow-up requirements across Kentucky. • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q3, CY 2026.
2.d Strategies to prevent or decrease lengths of stay in EDs among beneficiaries with SMI or SED prior to admission	*Current Status:* In Kentucky, various initiatives are in place to identify high utilizers of ED services, reduce unnecessary spending, reduce ED visits, connect individuals to community-based care, and implement crisis intervention strategies. **Identification of Frequent ED Users and Referral to Complex Case Management (CCM) Programs.** Kentucky's MCOs play a significant role in identifying high utilizers of ED services and linking them to appropriate community-based interventions. Current strategies to capture high utilizers of ED services: • **MCOs Use Data Analytics to Identify Frequent ED Users.** MCOs track ED utilization patterns to flag beneficiaries who frequently visit EDs for psychiatric reasons. These beneficiaries are referred to

Prompts	Summary
	CCM programs to reduce repeat visits and ensure better access to behavioral health services. • **Referral to Intensive Care Coordination Programs.** High utilizers are often referred to CCM programs within their MCO. CCM teams assess barriers to care, ensure follow-up with outpatient providers, and coordinate social services such as housing, transportation, and medication access. • **ED Diversion Initiatives in CMHCs.** CMHCs offer crisis response services to stabilize individuals before they require ED visits. Some CMHCs have mobile crisis teams (MCTs) that coordinate with EDs to divert patients to crisis stabilization units (CSUs) when appropriate. **ED-Based Crisis Intervention and Psychiatric Assessment.** To prevent prolonged ED stays, Kentucky hospitals implement crisis intervention and rapid psychiatric evaluation protocols. Current strategies for psychiatric assessment and ED include: • **Emergency Psychiatric Assessment, Treatment and Healing (EmPATH)** is designed to stabilize patients in a therapeutic environment before connecting them to outpatient services. Services include peer support services, medication management, therapy, education, and use of coping strategies. EmPath Psychiatric Unit • **Behavioral Health Triage in EDs.** Many Kentucky hospitals have psychiatric assessment teams or behavioral health specialists embedded in the ED. These teams conduct immediate psychiatric evaluations to determine the LOC required (inpatient admission versus outpatient follow-up). • **Use of Telepsychiatry for Psychiatric Evaluations.** Some hospitals use telepsychiatry to provide real-time psychiatric consultations, reducing delays in care. This allows Kentucky's EDs, especially in rural areas, to access psychiatrists more quickly to determine the best treatment course. **Kentucky's 1915(i) State Plan Option, RISE Initiative for SMI with Co-Occurring SUD** was approved by CMS on March 27, 2025. During the implementation phase, Kentucky will work towards the offering of a comprehensive collection of home and community-based services (HCBS). The program services provide individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals.
	Future Status: Continued operation of compliance activities. However, Kentucky is currently developing the following initiatives to prevent or decrease LOS in EDs among beneficiaries with SMI or SED prior to admission:

Prompts	Summary

	Kentucky Rapid Response and Stabilization Services (KRRSS) initiatives to provide immediate support to youth and families experiencing behavioral health crises. Services may include therapy, safety planning, skills training, and medication management. Kentucky will strengthen coordination between its MCTs, inpatient facilities, and outpatient behavioral health providers to improve continuity of care post-crisis.
	
	Kentucky's 1915(i) State Plan Option, RISE Initiative for SMI with Co-Occurring SUD was approved by CMS on March 27, 2025. During the implementation phase, Kentucky will work towards the offering of a comprehensive collection of home and community-based services (HCBS). The program services provide individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals.
	
	Initiatives under consideration. In addition, Kentucky is exploring additional strategies to prevent or decrease LOS in EDs among beneficiaries with SMI or SED prior to admission. These strategies include the following:
	
	Medicaid Strategies to Improve Crisis and ED Diversion Initiatives. Kentucky will leverage existing Medicaid programs and federal waivers to enhance community-based behavioral health care and reduce ED LOS. Planned enhancements:
	
	• Kentucky will use its Section 1115 waiver to enhance access to inpatient services for Medicaid beneficiaries. This expansion will:
	  o Allow for additional days for inpatient mental health treatment, as needed.
	  o Reduce ED utilization and hospital readmission rates.
	
	Strengthen Crisis Stabilization Infrastructure to Reduce ED Utilization. Kentucky will explore opportunities to expand crisis response capacity, providing alternatives to EDs for individuals in psychiatric distress, including:
	
	• Expansion of existing 24/7 Crisis Stabilization Units (CSUs) by increasing the number of CSUs statewide to provide short-term stabilization and treatment options. CSUs my offer up to 24-72 hours of crisis care and serve as an alternative to ED visits.
	• Enhancing the 988 suicide and crisis lifeline response system by ensuring statewide integration of the 988 crisis line with MCOs, hospitals, and CMHCs. As a result, 988 operators will have real-time access

Prompts	Summary
	to crisis stabilization resources, allowing direct referrals to appropriate care settings instead of defaulting to EDs. • Advancing and expanding MCTs to be deployed to divert individuals from EDs by providing immediate on-site intervention. May include MCOs and CMHCs to develop partnerships with mobile crisis providers to coordinate real-time crisis response.
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements. The following are additional initiatives in development for implementation. **Action 1: Kentucky Rapid Response and Stabilization Services (KRRSS)** • **Description:** See above. • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q3, CY 2026 **Action 2: Kentucky's 1915(i) State Plan Option, RISE Initiative** • **Description:** CMS Approved 3/27/2025- See Above • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q3, CY 2025
2.e Other State requirements/policies to improve care coordination and connections to community-based care	*Current Status:* The following are current Kentucky requirements and policies used to improve care coordination and connections to community-based care: **Kynect.com.** Kentucky's online portal for residents to connect with Kentucky programs, services, and community supports. Kynect and KHIE have integrated and provides users a broad data set of SDoH information to support closed-looped referrals to community supports. The integration of the two systems allows sharing of assessment results and timely updates to patient information. The integration provides a direct link to kynect resources from within the ePartnerViewer, where users can create referrals for patients to community organizations and services. Community organizations and programs that have been onboarded to the program can manage referral activity and work together with residents to address needs. **CCBHC.** Kentucky is participating in the CCBHC Demonstration Program, which is designed to integrate behavioral health and physical health services while improving access to comprehensive mental health care. The CCBHC model provides enhanced Medicaid funding to clinics that offer a full spectrum of services, including: • 24/7 crisis intervention services; integrated primary and behavioral health care; care coordination with

Prompts	Summary
	hospitals, PCPs, and social services; and screening, assessment, and early intervention for SMI/SED. • By incorporating CCBHCs across the Commonwealth, DMS is ensuring that individuals with behavioral health needs can receive care in settings that also address their physical health, helping to reduce fragmentation of services. **Targeted Case Management (TCM).** Kentucky Medicaid reimburses for TCM services aimed to help individuals with complex needs access essential medical, social, educational, and other support services through a collaborative process of assessment, planning, and coordination of community-based care. TCM is available for individuals with SED and SMI who meet service criteria according to 907 KAR 15:050 or 907 KAR 15:060. TCM is also provided through Title V services for children younger than 21 in the custody/supervision of Department of Community Based Services (DCBS) or at risk of being in DCBS custody, and Medicaid-eligible adults 21 and older who meet the DCBS definition of adult in need of protective services. **MCOs Coordinate Care.** In Kentucky, MCOs coordinate care between hospitals and community-based mental health services by utilizing contracts with each provider type, employing care coordinators to manage patient transitions, utilizing EHRs for data sharing, and leveraging the network of CMHCs to provide a CoC across different settings — all while adhering to state regulations and quality standards set by CHFS to ensure seamless patient care. **Discharge Planning Requirements for Psychiatric Hospitals.** Currently, Kentucky has administrative regulations that require psychiatric hospitals to have written procedures for patient transfers and discharge planning. These procedures ensure that patients can access outpatient care, case management, and social services. See 902 KAR 20:180. **Multisystemic Therapy (MST) Services.** An evidence-based program for youth aged 12-17 years old and their families. MST is designed to uncover and address the functional origins of adolescent behavioral problems, with goals to: (1) eliminate or significantly reduce the frequency and severity of the youth's referral behavior(s); (2) empower parents with the skills and resources needed to independently address the behavior issues; and (3) empower youth to cope with family, peer, school, and neighborhood problems in a healthy manner. **High-Fidelity Wraparound (HFW) Services for Youth with Complex Needs.** Kentucky's wraparound

Prompts	Summary
	services model assists young people with SED in accessing a full continuum of care (CoC) through: • Care coordination across multiple service providers. • Access to evidence-based treatments. • Peer and family support services. • Integration with child welfare and juvenile justice systems. **Kentucky's Section 5121 Consolidated Appropriations Act (CAA), 2023.** The integration of the mandatory service provisions of section 5121 of the 2023 CAA offers promising avenues for supporting justice-involved youth, particularly concerning their behavioral health needs.
	Future Status: Continued operation of compliance activities. However, Kentucky is currently developing the following initiatives to improve care coordination and connections to community-based care: **Kentucky's 1115 Reentry Demonstration** offers promising avenues for supporting justice-involved youth, particularly concerning their behavioral health needs. The emphasis on pre-release behavioral health screenings and diagnostic services helps identify mental health and SUDs prior to release allows for more effective planning and continuity of care. This proactive approach connects youth with appropriate resources and treatment immediately upon reentry, increasing their chances of success and reducing the likelihood of recidivism. Services include screenings, case management connecting with community-based providers, scheduling appointments, and ensuring access to medications and other necessary support services. By addressing behavioral health needs proactively and comprehensively, these initiatives aim to set justice-involved youth on a path towards healthier and more productive lives. **Enhanced Care Coordination Through CCBHCs.** Building on the success of its CCBHC Demonstration, Kentucky plans to expand CCBHCs statewide, increasing access to integrated physical and behavioral health services in primary care clinics, CMHCs, and federally qualified health centers (FQHCs). These clinics will: • Provide 24/7 crisis intervention services to reduce ED visits. • Enhance care coordination between behavioral health, medical, and social service providers to ensure comprehensive treatment. • Expand telehealth services for mental health consultations in primary care and rural areas. • HFW services: HFW is currently grant funded and provided by CMHCs. Kentucky will be adding HFW to the Medicaid State Plan to expand access to and improve outcomes for children/youth and families. High Fidelity Wraparound

Prompts	Summary
	Summary of Actions Needed: **Action 1: Kentucky's 1115 Reentry Demonstration** • **Description:** See above. • **Persons/Entities Responsible:** CHFS • **Timeframe:** October 1, 2025 **Action 2: CCBHC Expansion** • **Description:** Kentucky currently has four providers in the CCBHC Demonstration which lasts at least through December 2027. Kentucky is currently going through the process to expand the CCBHC Demonstration up to 10 providers may be eligible to join. Kentucky is currently developing outreach, planning trainings, and will start collecting applications for the demonstration. • **Persons/Entities Responsible:** CHFS • **Timeframe:** October 1, 2025

Prompts	Summary
SMI/SED. Topic_3. Milestone 3: Increasing Access to Continuum of Care, Including Crisis Stabilization Services	
Adults with SMI and children with SED need access to a continuum of care as these conditions are often episodic and the severity of symptoms can vary over time. Increased availability of crisis stabilization programs can help to divert Medicaid beneficiaries from unnecessary visits to EDs and admissions to inpatient facilities as well as criminal justice involvement. On-going treatment in outpatient settings can help address less acute symptoms and help beneficiaries with SMI or SED thrive in their communities. Strategies are also needed to help connect individuals who need inpatient or residential treatment with that level of care as soon as possible. To meet this milestone, state Medicaid programs should focus on improving access to a continuum of care by taking the following actions.	
Access to Continuum of Care Including Crisis Stabilization	
3.a The state's strategy to conduct annual assessments of the availability of mental health providers including psychiatrists, other practitioners, outpatient, community mental health centers, intensive	*Current Status:* Kentucky's current strategy for conducting annual assessments of mental health provider availability and the continuum of care ensures access to a full continuum of mental health services is critical to supporting individuals with SMI and SED. In Kentucky, annual assessments of provider availability, service capacity, and system gaps are conducted through various mechanisms, including federal reporting requirements, State-led initiatives, and Medicaid monitoring efforts. These assessments track the availability of psychiatrists, other mental health professionals, outpatient and intensive services, inpatient treatment facilities, crisis stabilization services, and FQHCs offering behavioral health care. The following presents details regarding availability assessments in Kentucky.

Prompts	Summary
outpatient/partial hospitalization, residential, inpatient, crisis stabilization services, and FQHCs offering mental health services across the state, updating the initial assessment of the availability of mental health services submitted with the state's demonstration application. The content of annual assessments should be reported in the state's annual demonstration monitoring reports.	**Medicaid Section 1115 SMI/SED Demonstrations Initial Availability Assessment –** Prior to KY's Demonstration approval, the Commonwealth completed the required initial assessment to assess availability of mental health services throughout the state. KY will complete the assessment annually, providing updates on steps taken to increase availability of mental health services; updates to be included in KY's annual monitoring reports. **SAMHSA Block Grant Annual Assessments for CMHCs.** Kentucky DBHDID conducts annual assessments of the availability and capacity of CMHCs as part of the SAMHSA block grant reporting requirements. These assessments evaluate workforce capacity, including numbers of licensed behavioral health professionals (psychiatrists, psychologists, social workers, and counselors); access to outpatient behavioral health services, including therapy, medication management, and case management; and the availability of specialized programs for individuals with SMI and SED, including Assertive Community Treatment (ACT) and first-episode psychosis (FEP) programs. **CCBHC Demonstration Assessments.** Kentucky's participation in the CCBHC Demonstration Program requires evaluation of provider capacity and service availability across participating behavioral health providers. CCBHC Demonstration requires the following: CCBHCs submit identifiable Medicaid claims or encounter data to the evaluators of the Section 223 Demonstration program annually for assessment purposes. At a minimum, Medicaid claims and encounter data is provided by Kentucky to the national evaluation team, and to CMS through the Transformed Medicaid Statistical Information System (T-MSIS), should include a unique identifier for each person receiving services, unique clinic identifier, date of service, CCBHC-covered service provided, units of service provided, and diagnosis. CCBHCs must meet specific service availability criteria informed through the community needs assessment. **FQHCs** offer integrated primary and behavioral health services, including mental health counseling, substance use treatment, and psychiatric care. Kentucky tracks FQHC participation in behavioral health care through state Medicaid data and federal reporting requirements. Some FQHCs have expanded crisis services, but access remains uneven across the Commonwealth, particularly in rural and underserved areas. **Tracking Psychiatric Bed Availability and Crisis Stabilization Services** currently includes psychiatric hospitals self-report capacity, but there is no centralized system to track open beds in real time.

Prompts	Summary
	Crisis Stabilization Service Capacity assessments address the following: • Crisis Stabilization Units (CSUs) are available in some areas, but statewide capacity is limited. • Mobile crisis team (MCTs) provide some ED diversion and community-based crisis response, but coverage varies across regions. • The 988 Suicide and Crisis Lifeline serves as a primary crisis call center, but coordination between 988 operators and MCTs remains an area for improvement. • FindHelpNow. The online treatment locator includes resources for individuals with SUDs and mental health disorders, as well as their family members, friends, and others. The site also directs people in crisis to call 988. **Use of Patient Assessment Tools to Inform Care Placement.** Kentucky DMS requires the use of standardized patient assessment tools to evaluate clinical needs and determine appropriate levels of care. • **LOC Determination.** MCOs and providers use clinical criteria to assess whether an individual requires inpatient or intensive outpatient treatment. • **Standardized Psychiatric Evaluations.** Some hospitals use psychiatric triage assessments to determine whether inpatient admission is necessary or if community-based care is an appropriate LOC.
	Future Status: Continued operation of compliance activities.
	Summary of Actions Needed: Complete the annual Medicaid Section 1115 SMI/SED Demonstration Availability Assessment of mental health services. **Action 1: Assessment of the Availability of Mental Health Services** • **Description:** See above. • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q3, Annual CY

Prompts	Summary
3.b Financing plan	*Current Status:* Please refer to Section 5-Financial Plan for additional information.
	Future Status:

Prompts	Summary
	Please refer to Section 5-Financial Plan for additional information.
	Summary of Actions Needed: Please refer to Section 5-Financial Plan for additional information.
3.c Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	*Current Status:* The following outlines Kentucky's current strategies to improve their system of tracking the inpatient and crisis stabilization bed availability. • **Self-Reporting by Hospitals and Crisis Providers.** Psychiatric hospitals and CSUs report bed availability manually, often through internal hospital dashboards or periodic updates to referral partners. This approach lacks real-time data and often results in delays in placing individuals in appropriate treatment settings. • **Medicaid and MCO Oversight.** MCOs track utilization and availability of psychiatric inpatient beds for Medicaid beneficiaries, but this information is not centralized or available for real-time crisis coordination. MCOs also have contracts with crisis stabilization providers, but coordination between MCOs, hospitals, and community providers remains inconsistent. • **CMHC Coordination with Crisis Services.** CMHCs work with hospitals, mobile crisis teams and law enforcement to identify available crisis stabilization placements. However, without an integrated tracking system, placement decisions are often delayed, leading to unnecessary inpatient admissions or prolonged ED stays. • **FindHelpNow.** The online treatment locator includes resources for individuals with SUDs and mental health disorders, as well as their family members, friends, and others. The site also directs people in crisis to call 988.
	Future Status: Continued operation of compliance activities. However, in Kentucky, the current system for tracking inpatient and crisis stabilization bed availability is fragmented and often relies on manual reporting methods, which create challenges with ensuring accurate, up-to-date information on service capacity. At present, Kentucky does not have a fully operational statewide psychiatric bed tracking system that provides real-time updates on inpatient and crisis stabilization bed availability. As a result, DMS is currently exploring opportunities to implement improved tracking of inpatient and crisis stabilization beds.
	Summary of Actions Needed: Kentucky will assess the current limited functionality and evaluate strategies to establish a uniform real-time hospital bed management system to support statewide tracking of inpatient and crisis stabilization bed availability across the Commonwealth using the state's health data exchange systems. **Action 1: Real-time Hospital Bed Management and Tracking System**

Prompts	Summary
	• **Description:** See above. • **Persons/Entities Responsible:** CHFS • **Timeframe:** During CY 2026
3.d State requirement that providers use a widely recognized, publicly available patient assessment tool to determine appropriate level of care and length of stay	*Current State:* Ensuring that mental health providers in Kentucky utilize a standardized, widely recognized, and publicly available patient assessment tool is critical for determining the appropriate LOC and LOS for individuals with SMI and SED. Currently, Kentucky's use of patient assessment tools varies across provider types, funding mechanisms, and care settings. While some standardized tools are in place, there is no single, uniform requirement mandating their use statewide across all levels of care. **Use of Standardized Patient Assessment Tools.** Several recognized patient assessment tools are used in Kentucky's behavioral health system, but utilization is not yet standardized across all providers: • **Level of Care Utilization System (LOCUS).** Assesses enrollees' harm risk level, functional status, immediate service needs, and quantifies the assessment of services need to determine appropriate LOC and LOS. • **Child and Adolescent Needs and Strengths (CANS) Assessment** is an assessment tool developed for children's services to support person-centered decision-making, including LOC determination, service planning, and to allow for the monitoring of outcomes of services. Used by CMHCs. • **MCO Review and Utilization Criteria.** MCOs oversee authorization for inpatient stays and crisis stabilization admissions. There is variation among MCOs regarding which clinical criteria and patient assessment tools are used to determine LOS. • **DMS and MCO Coordination.** Kentucky MCOs track utilization and authorization of inpatient psychiatric services but rely on individual provider assessments and clinical documentation to determine continued stay. • **The Role of Patient Assessment Tools in Tracking and Placement Decisions.** Kentucky currently utilizes multiple patient assessment tools to determine the appropriate LOC, but these tools are not uniformly applied across crisis response settings. The following are Kentucky's current use of patient assessment tools: o Psychiatric hospitals and CSUs use clinical screening tools to determine eligibility for inpatient or stabilization services. o MCOs and case managers conduct LOC assessments to guide treatment planning and service referrals. o EDs use behavioral health triage tools, but these assessments are not always standardized

Prompts	Summary
	across hospitals. o InterQual Behavioral Health Criteria and MCG (Milliman) are used by Medicaid to determine medical necessity.
	Future Status: Continued operation of compliance activities. Since Kentucky's current use of patient assessment tools varies across provider types, funding mechanisms, and care settings, and there is no single, uniform requirement across the Commonwealth. Kentucky will evaluate the effectiveness of assessment tools, while monitoring and evaluating the utilization of the assessment tools within the CCBHC demonstration as well as 1915(i) SPA demonstration. Based on outcomes and findings, KY will identify standard assessments and develop a timeline and communication plan for statewide implementation.
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements.

Prompts	Summary
3.e Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	*Current State:* Kentucky has made significant strides in expanding access to a comprehensive continuum of care for individuals with SMI and SED. This includes efforts to strengthen crisis stabilization services, improve response times for individuals in crisis, and enhance coordination among inpatient, residential, and community-based care providers. **Expansion of Mobile Crisis Services.** A key component of Kentucky's crisis response strategy has been the implementation and expansion of mobile crisis services. • Kentucky Medicaid covers Mobile Crisis Response under its behavioral health benefit, allowing for rapid, community-based intervention for individuals experiencing a behavioral health crisis. • Mobile Crisis Teams (MCTs) are available through CMHCs and CCBHCs to provide on-site crisis de-escalation, assessment, and care coordination. • Teams operate 24/7 in designated regions, but coverage gaps exist, particularly in rural and underserved areas. **Integration with 988 Suicide and Crisis Lifeline.** Kentucky has established a strong framework for integrating its crisis response system with the 988 Suicide and Crisis Lifeline, which launched in 2022 as an

Prompts	Summary
	alternative to 911 for behavioral health emergencies. • CMHCs with 988 serves as the Kentucky's primary crisis call centers, connecting individuals with mental health professionals who provide assessment, support, and referrals. • Kentucky's 988 system is staffed by trained crisis counselors who can triage callers and refer them to appropriate crisis services, including MCTs, CSUs, and inpatient care. • Efforts are underway to integrate 988 with emergency responders, law enforcement, and community-based services to create a comprehensive crisis care model. **Crisis Stabilization Units (CSUs) and Residential Services.** Kentucky has made progress in expanding CSUs to provide short-term psychiatric stabilization for individuals experiencing acute mental health crises. • CSUs serve as an alternative to inpatient hospitalization, offering brief stays and intensive crisis interventions. • Kentucky Medicaid covers crisis stabilization services, but access varies by region, and some areas lack sufficient CSU capacity. • Some CMHCs operate residential crisis stabilization programs, but availability is limited, and many CSUs face workforce shortages that limit operational capacity. **Kentucky's 1915(i) State Plan Option, RISE Initiative for SMI with Co-Occurring SUD** was approved by CMS on March 27, 2025. During the implementation phase, Kentucky will work towards the offering of a comprehensive collection of home and community-based services (HCBS). The program services provide individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals.
	Future State: Kentucky is committed to identify areas of expansion to ensure a comprehensive, community-based behavioral health continuum of care that ensures individuals with SMI and SED receive appropriate, timely, and coordinated care. To achieve this, Kentucky will implement key policy reforms, infrastructure enhancements, and financial strategies to strengthen crisis stabilization, inpatient and residential services, and community-based care supports. By leveraging Medicaid financing, enhancing real-time data tracking, and improving workforce capacity, Kentucky aims to reduce avoidable hospitalizations, increase access to crisis stabilization services, and ensure smoother transitions across all levels of care. **Strengthening Medicaid Financing and Sustainability Strategies.** Kentucky Medicaid will review and

Prompts	Summary
	explore financing options to support the long-term sustainability of crisis services, inpatient psychiatric care, and community-based treatment which include review of the following: • **Kentucky Rapid Response and Stabilization Services (KRRSS)** are community-based programs that provide immediate support to families experiencing behavioral health crises. Services may include therapy, safety planning, skills training, and medication management. Kentucky will integrate to support mobile crisis response and 988 Services, as well as expanding the availability of KRRSS and MCI teams trained in youth-specific crisis intervention. • **Kentucky's 1915(i) State Plan Option, RISE Initiative for SMI with Co-Occurring SUD** was approved by CMS on March 27, 2025. During the implementation phase, Kentucky will work towards the offering of a comprehensive collection of home and community-based services (HCBS). The program services provide individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals. **Explore the Expansion of Mobile Crisis Services.** A key component of Kentucky's crisis response strategy has been the implementation and expansion of mobile crisis services. • Kentucky Medicaid covers mobile crisis response under its behavioral health benefit, allowing for rapid, community-based intervention for individuals experiencing a behavioral health crisis. • Mobile Crisis Teams (MCTs) are available through CMHCs to provide on-site crisis de-escalation, assessment, and care coordination. • Teams operate 24/7 in designated regions, but coverage gaps exist, particularly in rural and underserved areas. • Kentucky is working to enhance Medicaid reimbursement for mobile crisis response to ensure long-term sustainability.
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements. The following are additional initiatives in development for implementation: **Action 1: Kentucky Rapid Response and Stabilization Services (KRRSS)** • **Description:** See above. • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q3, CY 2026

Prompts	Summary
	Action 2: Kentucky's 1915(i) State Plan Option, RISE Initiative • **Description:** CMS Approved 3/27/2025 -See above • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q3, CY 2025 **Action 3: MCO Contract Changes** • **Description:** See above. • **Persons/Entities Responsible:** CHFS, MCOs • **Timeframe:** Q4, CY 2025
SMI/SED. Topic_4. Milestone 4: Earlier Identification and Engagement in Treatment, Including Through Increased Integration	
Critical strategies for improving care for individuals with SMI or SED include earlier identification of serious mental health conditions and focused efforts to engage individuals with these conditions in treatment sooner. To meet this milestone, state Medicaid programs must focus on improving mental health care by taking the following actions.	
Earlier Identification and Engagement in Treatment	
4.a Strategies for identifying and engaging beneficiaries with or at risk of SMI or SED in treatment sooner, e.g., with supported employment and supported programs	*Current State:* In Kentucky, early identification and engagement in treatment for individuals with SMI and SED is supported through a combination of state programs, Medicaid-funded services, and community-based initiatives. These efforts aim to identify at-risk individuals early and connect them to appropriate mental health services, employment support, and community-based resources to improve long-term outcomes. **Screening and Early Identification Efforts.** Kentucky's behavioral health system includes multiple screening and referral mechanisms to identify individuals at risk for SMI/SED before symptoms become severe. Key initiatives include: • **CMHCs.** Kentucky has 14 regional CMHCs that provide early mental health screening, outreach, and assessment to at-risk populations, including children and adults. For example, the iHope Program is an initiative focused on identifying and supporting students with behavioral health challenges, ensuring they receive early intervention and linkages to care. • **Primary Care and School-Based Mental Health Programs.** Many pediatricians, family physicians, and school health providers conduct initial mental health screenings using tools like the Patient Health Questionnaire (PHQ-9) for depression as well as utilization of the CANS assessment.

Prompts	Summary
	• **Behavioral Health Integration with MCOs.** MCOs uses predictive analytics and claims data to identify high-risk individuals who may need early mental health intervention. • **Health Access Nurturing Development Services (HANDS) Program.** A voluntary home visitation program that supports families through pregnancy and the first two years of life. • **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT):** EPSDT is a Medicaid-funded program in Kentucky that provides comprehensive and preventative health care services for children from birth to age 21. This includes dental, mental health, and specialty services. • **Infant and Early Childhood Mental Health Consultation (IECMHC).** IEMCHC is a prevention-based approach that pairs a licensed mental health consultant with adults/caregivers who work with infants and young children in the different settings and equips caregivers to facilitate the healthy social and emotional development of children provided through CMHCs. • **Kentucky's Common Kindergarten Entry Screener, the BRIGANCE Early Childhood Kindergarten Screen III** provides an assessment of a child's development in five areas: academic/cognitive, language, development, physical development, and self-help and social-emotional development. Common Kindergarten Entry Screener. **Strategies for Engaging At-Risk Individuals in Treatment.** To ensure individuals at risk of SMI/SED engage in treatment earlier, Kentucky employs targeted outreach and engagement strategies, including: • **Peer Support and Community-Based Engagement** o Kentucky Medicaid reimburses for peer support services, where individuals with lived experience provide peer-to-peer engagement and navigation support for individuals reluctant to enter care. o ACT teams provide intensive, community-based care to high-risk individuals, reducing hospitalizations and increasing engagement. • **Crisis Intervention and Outreach Programs** o Kentucky has MCTs that respond to individuals in crisis and provide immediate linkages to mental health treatment, reducing unnecessary ED visits. o The 988 Suicide and Crisis Lifeline connects callers with trained crisis counselors, providing support and referrals to behavioral health treatment providers. • **Supported Employment Programs for Individuals with SMI/SED**

Prompts	Summary
	○ Kentucky participates in the Individual Placement and Support program, which helps individuals with mental illness obtain and maintain employment, a key factor in long-term recovery. ○ Vocational rehabilitation programs, in collaboration with Medicaid behavioral health providers, offer job coaching, skills training, and supported employment services. • **High-Fidelity Wraparound (HFW) Services for Youth with Complex Needs.** HFW services are currently grant funded and are Kentucky's wraparound services model assists young people with SED in accessing a full continuum of care through: ○ Care coordination across multiple service providers. ○ Access to evidence-based treatments. ○ Peer and family support services. ○ Integration with child welfare and juvenile justice systems.
	Future Status: Kentucky is committed to enhancing early identification and engagement efforts for individuals at risk of SMI or SED. Kentucky is currently exploring opportunities to build upon existing programs by integrating behavioral health into non-specialty settings, expanding employment and support services, and increasing access to specialized programs for youth and adults with emerging mental health conditions. These opportunities may include, but are not limited to the following: **Expansion of Screening and Early Identification Initiatives.** To improve early identification of SMI/SED, Kentucky will implement the following strategies: • **Increased Mental Health Screening in Schools.** SHINE KY will enhance access to and delivery of school-based services for Medicaid and Children's Health Insurance Program (CHIP)-eligible and enrolled students. Expansion of school-based behavioral health screenings in coordination with local school districts and Medicaid-funded behavioral health providers to identify students in need of early intervention. • **Expand Medicaid Coverage for Intensive Home-Based Behavioral Health Services.** Kentucky will continue working toward ensuring intensive in-home therapy and wraparound services are widely available for young people with emerging mental health needs. • **High Fidelity Wraparound (HFW) Services.** HFW is a holistic, evidence-based model, family-driven way of responding when youth experience serious mental health or behavioral challenges. Wraparound puts the child and family at the center, with support from a team of professionals and natural supports.

Prompts	Summary
	HFW is currently grant funded and provided by CMHCs. Kentucky has plans to add HFW to the Medicaid State Plan to expand access to and improve outcomes for children/youth and families. High Fidelity Wraparound • **Enhance Crisis Response for Youth.** Kentucky will identify opportunities to integrate youth-specific Mobile Crisis Response Teams that provide immediate, on-site behavioral health services in school and community settings into KY's crisis continuum. Kentucky Rapid Response and Stabilization Services (KRRSS) are community-based programs that provide immediate support to families experiencing behavioral health crises. Services may include therapy, safety planning, skills training, and medication management. **Infant and Early Childhood Mental Health Consultation (IECMHC).** Kentucky will work to develop policy to include IEMCHC in the Medicaid state plan.
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements.
4.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	*Current Status:* Kentucky has made significant strides in integrating behavioral health care into non-specialty settings to facilitate earlier identification, engagement, and treatment for individuals with SMI and SED. Kentucky continues to focus on expanding access to behavioral health services within primary care, schools, and maternal health programs, ensuring that individuals at risk for SMI/SED are connected to appropriate care as early as possible, including the following: **CCBHC Demonstration.** Kentucky is participating in the CCBHC Demonstration Program, which is designed to integrate behavioral health and physical health services while improving access to comprehensive mental health care. The CCBHC model provides enhanced Medicaid funding to clinics that offer a full spectrum of services, including: • 24/7 crisis intervention services. • Integrated primary and behavioral health care. • Care coordination with hospitals, PCPs, and social services. • Screening, assessment, and early intervention for SMI/SED. **Enhancement of School-Based Behavioral Health Services.** Kentucky recognizes the importance of schools in identifying and treating children and adolescents with emerging behavioral health conditions. Kentucky has expanded school-based mental health programs, including:

Prompts	Summary
	• School-based health clinics that provide on-site behavioral health counseling. • Medicaid reimbursement for school-based behavioral health services, allowing schools to bill Medicaid for mental health screenings, therapy, and case management. • The iHope Program, a school-based initiative focused on identifying and supporting students with behavioral health challenges, ensuring they receive early intervention and linkages to care. **Medicaid Support for Integrated Behavioral Health in Primary Care.** Kentucky's Medicaid program supports the integration of behavioral health into primary care settings, recognizing the importance of early detection and treatment. Strategies include: • Expansion of Medicaid reimbursement for behavioral health services provided in primary care clinics. • Encouraging FQHCs to integrate behavioral health consultants within their teams, promoting a whole-person approach to care. • Supporting collaborative care models, where PCPs work alongside behavioral health professionals to screen, diagnose, and treat individuals with SMI/SED.

	Future Status: Continued operation of compliance activities. However, Kentucky is currently planning the following activities:
	• **Expand CCBHCs** throughout the Commonwealth, increasing access to integrated physical and behavioral health services in primary care clinics, CMHCs, and FQHCs.
	• **KRRSS** is our crisis intervention model, which emphasizes the need to respond with urgency to the immediate needs of children, youth, young adults, and their caregivers. The model offers rapid response and intervention to help stabilize families with youth experiencing behavioral health challenges and prevent further escalation or harm.
	• **Enhancement of School-Based Behavioral Health Services** by increasing access to behavioral health services within school settings, ensuring early detection and intervention for children and adolescents with SED. Future efforts include:
	  ○ Encouraging universal mental health screenings in schools, integrating them into existing health assessments.
	  ○ Enhancing Medicaid reimbursement for school-based behavioral health services, allowing schools to bill Medicaid for a wider range of behavioral health interventions.
	  ○ Strengthening partnerships between schools and CMHCs, ensuring a seamless referral process for students needing specialized mental health care.

Prompts	Summary
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements.

Prompts	Summary
4.c Establishment of specialized settings and services, including crisis stabilization, for young people experiencing SED/SMI	*Current State:* While Kentucky has made significant strides in expanding specialized settings and services to support young people experiencing SED and SMI, the following current initiatives aim to provide crisis stabilization, intensive treatment, and long-term support services tailored to the needs of children and adolescents. **Psychiatric Residential Treatment Facilities (PRTFs).** To address the growing need for intensive residential services, Kentucky has invested in PRTFs: • PRTF 1 and PRTF II provide long-term, structured residential care for young individuals requiring highly intensive treatment. • PRTFs aim to close service gaps and ensure that youth with severe psychiatric conditions receive the appropriate LOC. **Assertive Community Treatment (ACT)** Kentucky has implemented ACT teams specializing in adults with complex mental health needs. ACT teams provide: • Multi-disciplinary support, including psychiatric care, therapy, case management, and peer support. • Wraparound services that ensure continuity of care post-crisis stabilization. Family-centered treatment approaches to engage caregivers in the recovery process. **Residential Crisis Stabilization Units (RCSUs).** RCSUs serve as short-term, intensive stabilization programs designed to prevent unnecessary hospitalization and expedite community reintegration. **Medicaid and MCO Support for Youth Mental Health Services.** Kentucky MCOs and Medicaid policies play a key role in ensuring that youth with SED/SMI have access to early intervention, crisis stabilization, and specialized inpatient treatment. MCOs are required to: • Cover crisis response services, intensive outpatient treatment, and inpatient psychiatric care for youth. • Implement care coordination models to ensure continuity of care post-crisis. • Monitor utilization and referral patterns to identify service gaps. • **Aetna Supporting Kentucky Youth (SKY)** was developed to provide trauma-focused interventions for children in foster care and those involved in juvenile justice programs. A care coordination team is assigned to each SKY beneficiary who ensures access to primary care, behavioral health services, dental care, specialty care, wraparound services, and social support services, with LOC management tailored to meet individual needs.

Prompts	Summary
	Kentucky has established a robust framework for early crisis intervention and intensive community-based supports for young people with SED/SMI. These services, supported by mobile crisis response, crisis stabilization units, PRTFs, ACT teams, and Medicaid-funded programs, ensure that youth receive timely, specialized care to improve long-term mental health outcomes.
	Future State: Kentucky will continue to identify areas for expanding crisis stabilization services and specialized treatment settings for young individuals with SED and SMI. Recognizing the importance of early intervention, access to high-intensity services, and community-based supports, DMS aims to develop a comprehensive continuum of care that ensures youth receive immediate crisis stabilization, intensive treatment when necessary, and long-term support to sustain recovery. **Strengthening Integration Between Crisis Response and Other Youth Services** will include: • Exploring opportunities to establishing to provide immediate support to families experiencing behavioral health crises. Services may include therapy, safety planning, skills training, and medication management. • Strengthening coordination between Kentucky MCTs, inpatient facilities, and outpatient behavioral health providers to improve continuity of care post-crisis. • Identifying opportunities to leverage Medicaid funding to enhance crisis intervention reimbursement rates, ensuring that providers are incentivized to expand crisis response services. • Exploring enhancements to RCSU to provide short-term stabilization in a supportive environment before transitioning youth to community-based services. **Exploration of funding opportunities for 23-Hour Crisis Stabilization and Mobile Crisis Services.** Kentucky will explore the following: • Opportunities to develop 23-hour crisis stabilization facilities to provide immediate, short-term crisis intervention for youth experiencing psychiatric distress. • Expansion of mobile crisis statewide, ensuring MCTs are available 24/7 to provide on-site de-escalation, assessment, and linkage to care. • Integration of Kentucky's 988 Suicide and Crisis Lifeline into mobile crisis response, allowing real-time dispatch of crisis intervention teams when needed. **Strengthening School-Based Mental Health Interventions** • Kentucky will identify opportunities to enhance the other school-based mental health initiatives, including crisis response services are integrated into school settings.

Prompts	Summary
	• Schools will have access to behavioral health providers who will work directly with MCTs when a student is in distress. • Kentucky will explore enhancements to Medicaid reimbursement for school-based crisis intervention services to support sustainability.
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements; however, Kentucky is currently exploring new opportunities to improve service delivery to further meet the milestone requirements. Kentucky continues to explore areas for enhancements to its continuum of care for youth experiencing SED and SMI by exploring expansion of crisis stabilization services, specialized treatment facilities, and community-based interventions. To achieve these goals, the key actions noted below must be taken to meet the Milestone 4.c criteria. By implementing these strategic actions, Kentucky aims to expand crisis stabilization services, enhance residential treatment options, improve system coordination, and integrate early intervention strategies for youth with SED/SMI. These efforts will create a more comprehensive and responsive behavioral health system, ensuring young individuals receive timely, effective, and accessible care to support long-term recovery and well-being. The following are timelines for implementation: **Action 1: Kentucky Rapid Response and Stabilization Services (KRRSS)** • **Description:** See above. • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q2, CY 2026 **Action 2: Exploration of funding opportunities of 23-Hour Crisis Stabilization and Mobile Crisis Services** • **Description:** See above. • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q2, CY 2026 **Action 3: Strengthening School-Based Mental Health Interventions** • **Description:** See above. • **Persons/Entities Responsible:** CHFS, MCOs • **Timeframe:** Q2, CY 2027
4.d Other state strategies to increase earlier	*Current Status:* Kentucky is actively implementing various strategies to improve early identification and engagement in treatment for youth with SED and SMI. These strategies focus on early screening, integration

Prompts	Summary
identification/engagement, integration, and specialized programs for young people	of behavioral health in primary care and schools, and specialized programs designed to address the needs of young people at risk of or experiencing behavioral health challenges. **Expansion of School-Based Mental Health Services.** Kentucky has expanded school-based behavioral health services as a strategy to increase early identification and intervention for children and adolescents with SED. Many CMHCs and private behavioral health providers have embedded mental health clinicians in school settings to conduct early screenings, provide counseling, and offer referrals to more intensive services when needed. This effort aligns with Kentucky's Medicaid reimbursement model, allowing providers to bill for school-based services under Medicaid. **First Episode Psychosis (FEP) Programs.** Kentucky has implemented FEP programs aimed at young people experiencing early symptoms of psychosis. These programs, funded through SAMHSA block grants, follow CSC models, which emphasize: • Early detection and intervention for psychosis. • Comprehensive, team-based treatment, including medication management, psychotherapy, family education, and peer support. • Supported employment and education assistance. Early Interventions for First Episode Psychosis. **Behavioral Health Integration in Pediatric Primary Care.** To enhance early detection and engagement, Kentucky has expanded behavioral health integration into pediatric primary care settings. Many FQHCs and primary care practices have integrated behavioral health consultants or licensed mental health professionals into their teams to: • Conduct routine mental health screenings during well-child visits. • Provide brief interventions for common mental health concerns. • Refer patients to specialized behavioral health services as needed. **Mobile Crisis Response and 988 Suicide Prevention Services.** Kentucky has implemented 988, the national suicide and crisis lifeline, which connects individuals to trained crisis counselors who can provide immediate assistance and, if necessary, coordinate MCT responses. MCTs are trained in de-escalation, risk assessment, and linkage to ongoing treatment and serve as an essential early intervention tool for individuals in mental health distress. Crisis Prevention and Response System 988 Suicide & Crisis Lifeline

Prompts	Summary
	Early Childhood Mental Health Consultation (ECMHC) – The ECMHC program through Kentucky's CMHCs aims to improve emotional well-being in young children by providing mental health consultation services to early childhood education providers, families, and caregivers. Through ECMHC, trained consultants: • Work with childcare centers and preschools to identify and address early signs of emotional and behavioral issues. • Offer training and guidance to teachers and caregivers on mental health promotion strategies. • Provide support to families in navigating behavioral health services for young children. Early Childhood Mental Health Program **System of Care (SOC) Approach to Care.** Kentucky's SOC framework incorporates mental health promotion, prevention, early identification, and early intervention in addition to treatment to address the needs of all children, youth, and young adults. System of Care Approach **High-Fidelity Wraparound (HFW) Services for Youth with Complex Needs.** These services are granted funded and ensure youth with complex mental health needs receive coordinated, family-driven, and youth-guided care. Kentucky's wraparound services model assists young people with SED in accessing a full continuum of care through: • Access to evidence-based treatments. • Peer and family support services. • Integration with child welfare and juvenile justice systems. **Trauma-Informed Care and Screening Initiatives.** Kentucky has emphasized trauma-informed care approaches across child-serving systems, ensuring that health care providers, educators, and child welfare professionals are trained in recognizing and responding to adverse childhood experiences. Trauma screenings are now widely used in pediatric settings, mental health clinics, and social service agencies to identify children who may be at risk for developing SED. Kentucky has made significant progress in increasing early identification, engagement, and integration of behavioral health services for youth with SED/SMI. Through school-based mental health programs, early psychosis interventions, behavioral health integration in pediatric primary care, mobile crisis response, early childhood mental health initiatives, and trauma-informed care strategies, Kentucky is working to connect young people to the right services at the right time.

Prompts	Summary
	1. **The Health Access Nurturing Development Services (HANDS**) program is a voluntary home visitation program that supports families through pregnancy and the first two years of life. HANDS supports families as they build healthy, safe environments for the optimal growth and development of children. 2. **Supporting Kentucky Youth (SKY)** was developed to provide trauma-focused interventions for children in foster care and those involved in juvenile justice programs. A care coordination team is assigned to each SKY beneficiary who ensures access to primary care, behavioral health services, dental care, specialty care, wraparound services, and social support services, with LOC management tailored to meet individual needs. 3. **Multisystemic Therapy (MST) Pilot** currently provides in-home family to families when a child is at risk of being placed out of the home, typically due to behaviors involving the legal system or truancy at school. 4. **Transition Age Youth Launching Realized Dreams (TAYLRD)** was developed to address the unique needs of transition-age youth, Kentucky will explore the creation of specialized behavioral health centers focused on young adults ages 16-25. These centers will provide age-appropriate mental health care, substance use treatment, and peer support services. Offer education and employment assistance, life skills training, and housing support for youth transitioning to adulthood. Serve as centralized hubs for connecting young people with long-term, community-based services. This initiative is based on successful models from other states that have demonstrated positive outcomes in reducing crisis episodes and improving treatment engagement among young adults. 5. **The Workforce Innovation and Development (WID) Collaborative.** Kentucky recognizes that expanding access to early intervention and behavioral health integration requires a strong workforce. Kentucky plans to invest in: • Workforce training programs to recruit and retain mental health professionals, particularly in rural and underserved areas. • Training programs focused on evidence-based interventions for youth, including trauma-informed care and family-centered therapy. • Evaluate the performance and satisfaction of the behavioral health, developmental, and intellectual disabilities workforce.
	Future Status: Kentucky continues to explore opportunities to expand early identification and engagement strategies, enhancing integration of behavioral health services in non-specialty settings, and developing additional specialized programs for young people experiencing SED and SMI. Kentucky aims to strengthen these efforts through policy enhancements, expanded access to services, and increased coordination between child-serving systems. The following outlines Kentucky's planned initiatives to satisfy the milestone

Prompts	Summary
	requirements: **Families First** is a comprehensive, multi-year initiative aimed at enhancing the existing SOC for all Kentucky children and youth. The initiative seeks to create a unified, integrated, and child-centered care framework that addresses the diverse needs of Kentucky's young population. By enhancing coordination across health, education, social services, and other key sectors, Families First aims to ensure that every child and youth receives the necessary support to achieve their full potential. Kentucky will continue to explore opportunities for Families First to provide an array of initiatives to support youth and families. Additional initiatives include: • Increased coordination between child welfare, juvenile justice, and behavioral health systems. To enhance early identification and engagement for youth involved in the child welfare and juvenile justice systems, Kentucky will: o Comply with Section 5121 CAA, 2023. The integration of the mandatory service provisions of section 5121 of the 2023 CAA offers promising avenues for supporting justice-involved youth, particularly concerning their behavioral health needs. o Develop cross-agency data-sharing agreements to improve identification of at-risk youth. o Expand MST to continue in-home family to families when a child is at risk of being placed out of the home, typically due to behaviors involving the legal system or truancy at school. o Increase access to community-based alternatives to detention for youth with behavioral health needs. **Integration of Behavioral Health Services in Primary Care and Pediatric Settings.** Kentucky will explore the expansion of integrating behavioral health services in primary care and pediatric settings through: • Implementation of standardized mental health screenings during pediatric well-child visits. • Embedding behavioral health clinicians in FQHCs and pediatric offices to provide early intervention services. • Encouraging VBP models that incentivize PCPs to engage in mental health prevention, screening, and treatment efforts. **Enhance Mobile Crisis Response and 988 Services.** Kentucky is committed to exploring the enhancement crisis response services for youth and identify opportunities to: • Establish KRRSS to support mobile crisis response and 988 services.

Prompts	Summary
	• Expand the availability of mobile crisis teams trained in youth-specific crisis intervention. • Enhance coordination between the 988-crisis hotline and community-based crisis services to ensure rapid response for young people in mental health distress. •
	Summary of Actions Needed: N/A - Kentucky currently meets milestone requirements. The following are additional initiatives in development for implementation. **Action 1: Kentucky Rapid Response and Stabilization Services (KRRSS)** • **Description:** See above. • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q2, CY 2026 **Action 2: Kentucky's Family First** • **Description: See above.** • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q2, CY 2026

Prompts	Summary
SMI/SED.Topic_5. Financing Plan	
State Medicaid programs should detail plans to support improved availability of non-hospital, non-residential mental health services including crisis stabilization and on-going community-based care. The financing plan should describe state efforts to increase access to community-based mental health providers for Medicaid beneficiaries throughout the state, including through changes to reimbursement and financing policies that address gaps in access to community-based providers identified in the state's assessment of current availability of mental health services included in the state's application.	
F.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, observation/assessment centers, with a coordinated community crisis response that	*Current Status* Kentucky Medicaid has secured state general funds to support anticipated 1115 SMI Demonstration expenditures through state fiscal year (SFY) 2026. In addition, KY provides the following non-hospital, non-residential crisis stabilization services: **Expansion of Mobile Crisis Services.** A key component of Kentucky's crisis response strategy has been the implementation and expansion of mobile crisis services. • Kentucky Medicaid covers Mobile Crisis Response under its behavioral health benefit, allowing for rapid, community-based intervention for individuals experiencing a behavioral health crisis.

Prompts	Summary
involves collaboration with trained law enforcement and other first responders.	• Mobile Crisis Teams (MCTs) are available through CMHCs and CCBHCs to provide on-site crisis de-escalation, assessment, and care coordination. • Teams operate 24/7 in designated regions, but coverage gaps exist, particularly in rural and underserved areas. **Integration with 988 Suicide and Crisis Lifeline.** Kentucky has established a strong framework for integrating its crisis response system with the 988 Suicide and Crisis Lifeline, which launched in 2022 as an alternative to 911 for behavioral health emergencies. • CMHCs with 988 serves as the Kentucky's primary crisis call centers, connecting individuals with mental health professionals who provide assessment, support, and referrals. • Kentucky's 988 system is staffed by trained crisis counselors who can triage callers and refer them to appropriate crisis services, including MCTs, CSUs, and inpatient care. • Efforts are underway to integrate 988 with emergency responders, law enforcement, and community-based services to create a comprehensive crisis care model. **Kentucky's Community Crisis Co-Response (CCCR) Grant Program** embeds behavioral health professionals or paraprofessionals as co-responders within the municipality team of law enforcements and first responders. Kentucky has awarded seven local-government organizations grants to support forming partnerships between behavioral-health professionals, law enforcement or other first responders and local governments in order to lower the distress of individuals in crisis and avoid unnecessary hospitalizations and incarcerations while extending crisis services to communities. **Kentucky's 1915(i) State Plan Option, RISE Initiative for SMI with Co-Occurring SUD** was approved by CMS on March 27, 2025. During the implementation phase, Kentucky will work towards the offering of a comprehensive collection of home and community-based services (HCBS). The program services provide individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals.
	Future Status: Kentucky currently meets milestone requirements and will continue to request funding to support ongoing implementation. **Exploration of funding opportunities for 23-Hour Crisis Stabilization and Mobile Crisis Services.** Kentucky will explore the following:

Prompts	Summary
	• Opportunities to develop 23-hour crisis stabilization facilities to provide immediate, short-term crisis intervention for youth experiencing psychiatric distress. • Expansion of mobile crisis statewide, ensuring MCTs are available 24/7 to provide on-site de-escalation, assessment, and linkage to care. • Integration of Kentucky's 988 Suicide and Crisis Lifeline into mobile crisis response, allowing real-time dispatch of crisis intervention teams when needed **Enhance Mobile Crisis Response and 988 Services.** Kentucky is committed to exploring the enhancement crisis response services for youth and identify opportunities to: • Establish KRRSS to support mobile crisis response and 988 services. • Expand the availability of mobile crisis teams trained in youth-specific crisis intervention. • Enhance coordination between the 988-crisis hotline and community-based crisis services to ensure rapid response for young people in mental health distress.
	Summary of Actions Needed: Kentucky Medicaid will continue to monitor actual service experience and budgetary needs to better inform future budget requests. Additionally, Kentucky Medicaid plans to utilize their 1915(i) SPA waiver to support the identification of gaps across non- hospital and non-residential crisis stabilization services, Braided and blended funding, such as block grant dollars via sister agencies to support services which are not typically reimbursable by Medicaid will continue to be utilized. **Action 1: Monitoring and Budget Requests** • **Description: See above.** • **Persons/Entities Responsible:** CHFS **Action 2: Kentucky's 1915(i) State Plan Option, RISE Initiative** • **Description:** CMS Approved 3/27/2025 -See above • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q3, CY 2025 **Action 3: Kentucky Rapid Response and Stabilization Services (KRRSS)** • **Description:** See above. • **Persons/Entities Responsible:** CHFS

Prompts	Summary
	• **Timeframe:** Q2, CY 2026 **Action 4 : Exploration of funding opportunities of 23-Hour Crisis Stabilization and Mobile Crisis Services** • **Description:** See above. • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q2, CY 2026 **Timeframe: Ongoing**
F.b Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model.	*Current Status:* **CCBHC Demonstration.** Kentucky is participating in the CCBHC Demonstration Program, which is designed to integrate behavioral health and physical health services while improving access to comprehensive mental health care. The CCBHC model provides enhanced Medicaid funding to clinics that offer a full spectrum of services, including: • 24/7 crisis intervention services. • Integrated primary and behavioral health care. • Care coordination with hospitals, PCPs, and social services. • Screening, assessment, and early intervention for SMI/SED. Kentucky currently has four providers in the CCBHC Demonstration which lasts at least through December 2027. **Kentucky's 1915(i) State Plan Option, RISE Initiative for SMI with Co-Occurring SUD** was approved by CMS on March 27, 2025. During the implementation phase, Kentucky will work towards the offering of a comprehensive collection of home and community-based services (HCBS). The program services provide individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals.
	Future Status: . **Expand CCBHCs** throughout the Commonwealth, increasing access to integrated physical and behavioral health services in primary care clinics, CMHCs, and FQHCs. The Commonwealth plans to expand the CCBHC Demonstration; Kentucky is currently developing outreach, planning trainings, and will start collecting

Prompts	Summary
	applications for the demonstration expansion. **Kentucky Rapid Response and Stabilization Services (KRRSS)** are community-based programs that provide immediate support to families experiencing behavioral health crises. Services may include therapy, safety planning, skills training, and medication management. Kentucky will integrate to support mobile crisis response and 988 Services, as well as expanding the availability of KRRSS and MCI teams trained in youth-specific crisis intervention. **Kentucky's 1915(i) State Plan Option, RISE Initiative for SMI with Co-Occurring SUD** was approved by CMS on March 27, 2025. During the implementation phase, Kentucky will work towards the offering of a comprehensive collection of home and community-based services (HCBS). The program services provide individuals with a primary diagnosis of an SMI or SMI with co-occurring SUD to learn skills and receive services to thrive at home or in the community, access to services will include a functional assessment that encompasses housing status for individuals.
	Summary of Actions Needed: To support CCBHC expansion, a public-facing website is being developed to distribute application materials, cost repot templates, and other information related to the expansion to gather information from applicants to determine eligibility. **Action 1: CCBHC Expansion** • **Description: See above.** • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q4, CY 2025 **Action 2: Kentucky Rapid Response and Stabilization Services (KRRSS)** • **Description:** See above. • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q2, CY 2026 **Action 3: Kentucky's 1915(i) State Plan Option, RISE Project** • **Description:** CMS Approved 3/27/2025 -See above • **Persons/Entities Responsible:** CHFS • **Timeframe:** Q3, CY 2025

Prompts	Summary
SMI/SED. Topic_6. Health IT Plan	
As outlined in State Medicaid Director Letter (SMDL) #18-011, "[s]tates seeking approval of an SMI/SED demonstration … will be expected to submit a Health IT Plan ("HIT Plan") that describes the state's ability to leverage health IT, advance health information exchange(s), and ensure health IT interoperability in support of the demonstration's goals."[1] The HIT Plan should also describe, among other items, the: • *Role of providers in cultivating referral networks and engaging with patients, families and caregivers as early as possible in treatment; and* • *Coordination of services among treatment team members, clinical supervision, medication and medication management, psychotherapy, case management, coordination with primary care, family/caregiver support and education, and supported employment and supported education.* *Please complete* all *Statements of Assurance below—and the sections of the Health IT Planning Template that are relevant to your state's demonstration proposal.*	
Statements of Assurance	
Statement 1: Please provide an assurance that the state has a sufficient health IT infrastructure/ecosystem at every appropriate level (i.e. state, delivery system, health plan/MCO and individual provider) to achieve the goals of the demonstration. If this is not yet the case, please describe how this will be achieved and over what time period.	CHFS houses the KHIE, an interoperability engine for connecting health care technology systems to exchange electronic protected health information (ePHI). KHIE is currently connected to every hospital in the Commonwealth of Kentucky and actively exchanging ePHI on their behalf. Additionally, KHIE is connected to over 2,000 businesses across 18,000 data feeds where it exchanges an average of 35 million messages a month across 10 million unique lives. Ninety-eight percent of Medicaid providers are currently engaged with KHIE for some level of information exchange. The KHIE system provides real time access to clinical information to both clinicians and CHFS staff. KHIE additionally facilitates public health reporting for all incoming electronically submitted information, facilitating immunization registry submissions, syndromic surveillance, electronic laboratory reporting, and electronic case reporting.
Prompts	**Summary**

Statement 2: Please confirm that your state's SUD Health IT Plan is aligned with the state's broader State Medicaid Health IT Plan and, if applicable, the state's Behavioral Health IT Plan. If this is not yet the case, please describe how this will be achieved and over what time period.	Yes, Kentucky has reviewed the last submission of Kentucky's State Medicaid Health IT Plan to verify that it aligns with the SUD Health IT Plan.
Statement 3: Please confirm that the state intends to assess the applicability of standards referenced in the Interoperability Standards Advisory (ISA)[2] and 45 CFR 170 Subpart B and, based on that assessment, intends to include them as appropriate in subsequent iterations of the state's Medicaid Managed Care contracts. The ISA outlines relevant standards including but not limited to the following areas: referrals, care plans, consent, privacy and security, data transport and encryption, notification, analytics and identity management.	Yes, Kentucky intends to assess the applicability of standards referenced in the Interoperability Standards Advisory (ISA)[2] and 45 CFR 170 Subpart B and based on that assessment, intends to include them, as appropriate, in subsequent iterations of its Medicaid managed care contracts.
Prompts	**Summary**

To assist states in their health IT efforts, CMS released SMDL #16-003 which outlines enhanced federal funding opportunities available to states "for state expenditures on activities to promote health information exchange (HIE) and encourage the adoption of certified Electronic Health Record (EHR) technology by certain Medicaid providers." For more on the availability of this "HITECH funding," please contact your CMS Regional Operations Group contact.[3] *Enhanced administrative match may also be available under MITA 3.0 to help states establish crisis call centers to connect beneficiaries with mental health treatment and to develop technologies to link mobile crisis units to beneficiaries coping with serious mental health conditions. States may also coordinate access to outreach, referral, and assessment services—for behavioral health care--through an established "No Wrong Door System."*[4]	
Closed Loop Referrals and e-Referrals (Section 1)	
1.1 Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider	*Current State:* KHIE actively collaborates with the behavioral health community to securely integrate behavioral health records in the health information exchange (HIE), including alcohol and substance abuse. The following presents the most recent statistics: • Total number of behavioral health centers signed KHIE Participation Agreement: 208. • Total not sharing data: 47. • Total behavioral health centers (ambulatory) sharing data: 161. • 77% of organizations with signed PA are sharing data: 161 divided by 208 = 77%. Total number of organizations (breakdown by data feeds shared with KHIE): • Immunization submission/immunization query feeds: 12. • Patient demographics (Admit- Discharge-Transfer (ADT) feeds): 73. • Continuity of care document exchange (clinical document exchange): 73. • Electronic laboratory reporting (public health reporting of communicable disease lab results): 3.
	Future State: KHIE will continue to conduct outreach, education, and onboarding to behavioral health facilities to increase the number of facilities reporting and the amount of information each facility is sending. Currently, no state behavioral health hospital sends data to KHIE. Kentucky will continue to explore closed-loop referral capabilities for behavioral health providers and organizations.
	Summary of Actions Needed: Currently, Kentucky's state-run behavioral health hospitals do not exchange data. DMS will engage these hospitals to initiate and develop data sharing capabilities.
Prompts	**Summary**

1.2 Closed loop referrals and e-referrals from institution/hospital/clinic to physician/mental health provider	*Current State:* KHIE offers ePartner Viewer portal which provides a comprehensive view of real-time and historical clinical data from multiple health care sources. Features include Event Notification, SDOH referrals, manual notes, direct secure messaging, and export and print clinical documentation. KHIE offers an event notification service to support care coordination across disparate providers. Notifications available include ED admission and discharge, admission or discharge to/from the hospital, hospital readmission, behavioral health admit/discharge, overutilization, specialty visit, toxicology screen, result ready for review, COVID-19 positive. Through KHIE, providers can also view Medicaid claims to further close gaps in care through targeted outreach initiatives. Kynect is Kentucky's online portal for residents to connect with Kentucky programs, services, and community supports. Kynect and KHIE have integrated and provides users a broad data set of SDOH information to support referrals to community supports. The integration of the two systems allows sharing of assessment results and timely updates to patient information. The integration provides a direct link to kynect resources from within the ePartnerViewer, where users can create referrals for patients to community organizations and services. Community organizations and programs that have been onboarded to the program can manage referral activity and work together with residents to address needs.
	Future State: Kentucky is considering adding closed-loop referral capability to KHIE's features and functionality.
	Summary of Actions Needed: Actions to be identified.
1.3 Closed loop referrals and e-referrals from physician/mental health provider to community based supports	*Current State: Describe the current state of the health IT functionalities outlined below:* *Example: The state is planning to conduct beneficiary phone surveys and track beneficiaries who are not reporting hours due to technical difficulties. If the state identifies a substantial number of beneficiaries are not reporting hours due to technical difficulties, the state will consider providing additional notices to beneficiaries and/or training CE partner entities who help beneficiaries enter hours into the state's online portal.* KHIE offers ePartner Viewer portal which provides a comprehensive view of real-time and historical clinical data from multiple health care sources. Features include event notification, SDOH referrals, manual notes, direct secure messaging, and export and print clinical documentation. KHIE offers an event notification service to support care coordination across disparate providers. Notifications available include ED admission and discharge, admission or discharge to/from the hospital, hospital readmission,

	behavioral health admit/discharge, overutilization, specialty visit, toxicology screen, result ready for review, COVID-19 positive. Through KHIE, providers can also view Medicaid claims to further close gaps in care through targeted outreach initiatives.
	Future State: Kentucky is considering adding closed-loop referral capability to KHIE's features and functionality.
	Summary of Actions Needed: Kentucky will continue to explore considerations to add close-loop referrals and actions will be identified.
Electronic Care Plans and Medical Records (Section 2)	
2.1 The state and its providers can create and use an electronic care plan	*Current State:* Care plan information from health care facilities is available in KHIE. There is a place for notes to be added inside the portal and could be used for care plan information back to health care providers. The Manual Notes tab in ePartnerViewer from KHIE is intended to allow health care clinicians the ability to add notes to patients' medical records when their organization is not interoperable with the HIE or when their shared data does not capture an important piece of a patient's medical record. There is currently a limit of 2,500 characters.
	Future State: Requirement met.
	Summary of Actions Needed: Kentucky currently meets milestone requirements.
Prompts	**Summary**
2.2 E-plans of care are interoperable and accessible by all relevant members of the care team, including mental health providers	*Current State:* Enrollee person-centered care plan information from health care facilities is available in KHIE. They are interoperable, accessible by Medicaid providers and beneficiaries, and available for physical and mental health providers.
	Future State: Requirement met.
	Summary of Actions Needed: Kentucky currently meets milestone requirements.
2.3 Medical records transition from youth-oriented systems of care to the adult behavioral health system through electronic communications	*Current State:* KHIE is Kentucky's statewide HIE and provides interoperable connectivity to health care systems where adult and children's data is stored and accessible for minimum necessary purposes.
	Future State: Requirement met.
	Summary of Actions Needed: Kentucky currently meets milestone requirements.

2.4 Electronic care plans transition from youth-oriented systems of care to the adult behavioral health system through electronic communications	*Current State:* KHIE is Kentucky's statewide HIE and provides interoperable connectivity to health care systems where adult and children's data is stored and accessible for minimum necessary purposes.
	Future State: Requirement met.
	Summary of Actions Needed: Kentucky currently meets milestone requirements.

Prompts	Summary
2.5 Transitions of care and other community supports are accessed and supported through electronic communications	*Current State:* The robust network within KHIE, as well as the exchange of ePHI facilitates transitions of care in a meaningful way. KHIE offers direct secure messaging, event notifications, and secure electronic sharing of notes and clinical data. Kynect is Kentucky's online portal for residents to connect with and gain access to programs, services, and community supports across the Commonwealth. Kynect and KHIE have integrated and provides users a broad data set of SDOH information to support referrals to community supports. The integration of the two systems allows sharing of assessment results and timely updates to patient information. The integration provides a direct link to kynect resources from within the ePartnerViewer where users can create referrals for patients to community organizations and services. Community organizations and programs that have been onboarded to the program can manage referral activity and work together with residents to address needs.
	Future State: Continue collaboration with MCOs on program development and further integrate with the kynect platform. Currently, two MCOs onboarded to the system, which gives MCO access to SDOH data for analysis and long-term studies and improved access to services and health equity. Data collected will be used by DMS to guide MCOs and design pilot programs to target specific, data-identified community needs.
	Summary of Actions Needed: Kentucky currently meets milestone requirements.
Consent - E-Consent (42 CFR Part 2/HIPAA) (Section 3)	
3.1 Individual consent is electronically captured and accessible to patients and all members of the care team, as applicable, to ensure seamless sharing of sensitive health care information to all relevant parties consistent with applicable law and regulations (e.g., HIPAA, 42 CFR part 2 and state laws)	*Current State:* Kentucky is an opt-out state for clinical information, meaning patient data is automatically exchanged unless they opt out. The only exception is 42 CFR Part 2 data in which patients must opt in. Patient health information that requires additional written consent to share, such as the information that falls under 42 CFR Part 2, also requires consent from a patient to share that health information in an HIE such as KHIE. This is typically health information that is related to the treatment of substance and alcohol use disorders. KHIE participants are responsible for obtaining consent from their patients and subsequently ensuring their electronic medical record/EHR allows or prevents the flow of data to KHIE.
	Future State: Requirement met.
	Summary of Actions Needed: Kentucky currently meets milestone requirements.

Prompts	Summary
Interoperability in Assessment Data (Section 4)	
4.1 Intake, assessment and screening tools are part of a structured data capture process so that this information is interoperable with the rest of the HIT ecosystem	*Current State:* Kentucky follows Health Level 7 and Integrating the Healthcare Enterprise standards for most of the data we exchange. KHIE participants have access to patient demographics, lab results and pathology, transcribed radiology reports and other reports, summaries of care, ADT data, immunizations, behavioral health data, data from correctional facilities, emergency medical services data, Medicaid claims data, and SDOH data. Kynect is Kentucky's online portal for residents to connect with Kentucky programs, services, and community supports. Kynect and KHIE have integrated and provides users a broad data set of SDOH information to support referrals to community supports. The integration of the two systems allows sharing of assessment results and timely updates to patient information. The integration provides a direct link to kynect resources from within the ePartnerViewer where users can create referrals for patients to community organizations and services. Community organizations and programs that have been onboarded to the program can manage referral activity and work together with residents to address needs.
	Future State: Requirement met.
	Summary of Actions Needed: Kentucky currently meets milestone requirements.

Prompts	Summary
Electronic Office Visits – Telehealth (Section 5)	
5.1 Telehealth technologies support collaborative care by facilitating broader availability of integrated mental health care and primary care	*Current State:* Telehealth technologies are available throughout Kentucky; however, KHIE does not currently offer this feature. Located within OIG, KYTelehealth provides a vetted repository of information and resources aimed to provide increased access to health care within established evidence-based guidelines and standards for safety and quality care. Resources include a Telehealth Provider Directory of providers across the Commonwealth by specialty, including behavioral health and PCPs.
	Future State: Kentucky may consider Project ECHO a model that supports community-based care teams and offers PCPs access to specialists that may not be available at the patient care site. The model can help increase the capacity of PCPs especially and has been used effectively in Kentucky to support team-based treatment for autism[1] and aging adults.[2]

[1] University of Kentucky, College of Medicine. Project ECHO Presentation. Accessed July 2024.
[2] University of Louisville. Project ECHO Care for Older Adults. Accessed July 2024.

	Summary of Actions Needed: Kentucky DMS is currently considering various telehealth technologies to support collaborative care requirements.
Alerting/Analytics (Section 6)	
6.1 The state can identify patients that are at risk for discontinuing engagement in their treatment, or have stopped engagement in their treatment, and can notify their care teams in order to ensure treatment continues or resumes (Note: research shows that 50% of patients stop engaging after 6 months of treatment[5])	*Current State:* KHIE provides the event notifications services (ENS) feature which informs providers as their patients transition from various health care settings back to their practice. Notifications are intended to improve and support care coordination across disparate care providers. Upon receipt of these notifications, providers and care coordinators can effectively focus on the health care needs of their patients who are transitioning in and out of care settings. KHIE's ENS feature, as well as Kentucky CHFS, DMS and the Office of Data Analytics have advanced capabilities to assess and identify beneficiaries who need to be engaged to ensure treatment continues or resumes.
	Future State: Requirements met; however, Kentucky is currently evaluating advanced data analysis capabilities.
	Summary of Actions Needed: Kentucky currently meets milestone requirements.