



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Medicaid Services**

**Andy Beshear**  
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**Lisa D. Lee**  
Commissioner

**Eric C. Friedlander**  
Secretary

**Leslie H. Hoffmann**  
Deputy Commissioner

**PROVIDER LETTER**

**TO:**

- |   |   |
|---|---|
| Psychiatric Hospital (PT 02 / PL #A-107)                              | Licensed Professional Clinical Counselor (PT 81 / PL #A-11)       |
| Behavioral health Service Organization (PT 03 / PL #A-22)             | Licensed Professional Clinical Counselor Group (PT 819 / PL #A-8) |
| Psychiatric Residential Treatment Facility (PT 04 / PL #A-128)        | Licensed Clinical Social Worker (PT 82 / PL #A-17)                |
| Psychiatric Residential Treatment Facility Level II (PT 05 / PL #A-1) | Licensed Clinical Social Worker Group (PT 829 / PL #A-8)          |
| Chemical Dependency Treatment Center (PT 06 / PL #A-5)                | Licensed Marriage and Family Therapist (PT 83 / PL #A-11)         |
| Certified Community Behavioral Health Clinic (PT 16 / PL #A-2)        | Licensed Marriage and Family Therapist Group (PT 839 / PL #A-8)   |
| Community Mental Health Center (PT 30 / PL #A-123)                    | Licensed Psychological Practitioner (PT 84 / PL #A-11)            |
| Licensed Professional Art Therapist (PT 62 / PL #A-9)                 | Licensed Psychological Practitioner Group (PT 849 / PL #A-7)      |
| Licensed Professional Art Therapist Group (PT 629 / PL #A-6)          | Licensed Psychologist (PT 89 / PL #A-16)                          |
| Applied Behavior Analyst (PT 63 / PL #A-8)                            | Licensed Psychologist Group (PT 899 / PL #A-8)                    |
| Applied Behavior Analyst Group (PT 639 / PL #A-5)                     |   |
| Behavioral Health Multi-Specialty Group (PT 66 / PL #A-12)            |   |
| Licensed Clinical Alcohol & Drug counselor (PT 67 / PL #A-3)          |   |

**FROM:** Leslie H. Hoffmann  
Deputy Commissioner

**DATE:** May 26, 2023

**RE:** Targeted Case Management Services Plan of Care Policy Clarification

The DMS Behavioral Health Policy Team wishes to clarify that there has been no policy change related to Targeted Case Management and Plan of Care.

The CFR 42 language: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.169>

*Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services. These assessment activities include the following:*

- (i) Taking client history.*
- (ii) Identifying the needs of the individual and completing related documentation.*



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*(iii) Gathering information from other sources, such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the eligible individual.*

*(2) Development (and periodic revision) of a specific care plan based on the information collected through the assessment, that includes the following:*

*(i) Specifies the goals and actions to address the medical, social, educational, and other services needed by the eligible individual.*

*(ii) Includes activities such as ensuring the active participation of the eligible individual and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals.*

*(iii) Identifies a course of action to respond to the assessed needs of the eligible individual.*

KY Medicaid SPA and TCM regulations align with these requirements of the Comprehensive Assessment and Re-assessment(s) and the development and periodic revision of a specific care plan based on the information collected through that assessment including goals and actions. For overall client Comprehensive Care Plan, there would at minimum need to be a section specific to TCM goals and actions that were developed by the TCM, and eligible individual and others involved in their care. All MCO BH Directors are in agreement that they interpret all DMS policy to reflect that a specific TCM plan of care is required. Providers may have an all-inclusive person-centered treatment plan, but it must also reflect specific goals and objectives related to the assessed needs for targeted case management services. It is also appropriate for providers to have a separate specific care plan also.

DMS has requested the MCOs to revisit audits that have been recently performed and found for overpayment with this updated policy guidance. Should you have questions, please email [DMS.Issues@ky.gov](mailto:DMS.Issues@ky.gov).