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Scheduling, Admissions, and Treatment Requirements for BHCDP Participants

1. Purpose

Behavioral Health Conditional Dismissal Program (BHCDP) participants require additional steps during the scheduling and admission process to ensure continuity of care, eligibility to participate in the program, and communication with the participant’s legal team, primarily represented by the AOC Case Navigator, but may include the Commonwealth Attorney, and the participant’s attorney. The role of the AOC Case Navigator is to support the participant by ensuring adherence to the BHCDP through accountability and helping to coordinate barrier reduction efforts with the treatment provider. Communication with the AOC Case Navigator reduces intake no-show rates and allows the Case Navigator to track the participant's progress toward completing the program.

2. Scope

The provider's intake staff, the participant's treatment team, BHCDP designated staff member, or another qualified staff member will be responsible for performing assessment requirements and contacting the Administration Office of the Courts (AOC).

3. Prerequisites

Have a designated staff member receive the referral from the Case Navigator. Most agencies utilize their intake department, program coordinator, outreach director, marketing, or business development staff. This individual will contact the BHCDP participant and schedule an initial appointment.

To complete the admission process, you must email the AOC Case Navigator from the referring county that the participant has begun treatment within 24 hours of treatment initiation.

Once your agency's point of contact receives the referral in DDOR, you forward the client to the person at your agency who will be entering the reporting data into DDOR. This electronic notification occurs once the legal participant agreement is signed and signals the beginning of the reporting period.

To complete the admission process, the following components must be met:

Release of Information [See Release of Information SOP for agencies to include]

Biopsychosocial Assessment

Treatment Plan

The role of the case navigator in this process is to ensure the participant is connected to treatment by making the referral, help identify barriers to initiating treatment, and communicate these barriers to the provider so the provider can assist in transportation and anything else that may prevent the participant from attending the initial appointment.

4. Procedure

1. Obtain consent to release information for the BHCDP parties, the Administrative Office of the Courts, The Department of Public Advocacy (if applicable), the private council (if applicable), the Kentucky Office of Adult Education (KYAE), the Commonwealth Attorney, and Fletcher Group, Inc. If your organization has a BAA with Fletcher Group, then they do not need to be on the ROI. For more information about the ROI process, reference pages 1 and 2 of the ROI SOP.
2. By statute, the participant must report to treatment within 72 hours of signing the participant agreement. Case Navigators may refer a defendant to treatment before the execution of the agreement if the individual is willing and would be best served by initiating treatment immediately rather than delaying treatment until the agreement is signed.

3. Providers must have the capacity to schedule a participant within 72 hours of the referral from the case navigator. The ideal wait time windows for admission are:
Residential LOC – Within 24 hours
PHP/IOP LOC - Within 48 hours
OBOT & OP– Within 72 hours
 - a) If the provider cannot admit the participant within the above time frame, the intake staff must immediately email the AOC Navigator.
 - b) The AOC Navigator will refer the participant to a second-choice treatment provider if they cannot be admitted within the allowable wait time window.
4. Provider will notify AOC Case Navigator via email within 24 hours of admission with the following information:
 - a) Admit Date
 - b) Current LOC
 - c) Initial Treatment Recommendation
5. Perform Needs Assessment, biopsychosocial, and standard initial screens.
6. Create a Treatment Plan with the participant. The provider’s treatment plan may differ from the statewide assessor’s initial brief screening and recommendation. In those cases, the provider’s recommendation supersedes the statewide assessor’s. If the participant’s initial legal agreement requires a level of care change, facility change, or treatment provider change, then the treatment provider must notify the case navigator by email immediately.
7. Inform the AOC Case Navigator by email if the participant does not show up to the initial appointment within 24 hours of the appointment.

5. References

Provider Contract

Release of Information SOP – all parties contact information are located here.

AOC Case Navigator Contact Information can be found on the FGI Provider website:
kentuckyproviders.org

Referral to Office of Adult Education

1. Purpose

The Behavioral Health Conditional Dismissal Program (BHCDP) requires providers to refer all participants to the [Kentucky Office of Adult Education \(KYAE\)](#) for an assessment to ascertain education and employment needs within the first fourteen days after signing the participant agreement. Additionally, treatment providers will collaborate with KYAE, where possible, on scheduling and working with the client to address barriers to scheduling an appointment with KYAE. The goal is to ensure participants will have employment and that financial security will support their recovery from mental health and/or substance use disorders. A referral form is provided in the digital data collection platform, DDOR, titled “KYAE Referral”. Treatment

providers will include all relevant information for getting the individual screened, including but not limited to contact information, alternative contact information, best days and times to contact, etc. If the provider believes the participant is not cognitively able to complete a screen due to a medical or behavioral health condition they must explain and suggest a future date(s) for the screen.

2. Scope

The provider's case manager, therapist, or another member of the participant's treatment team will be responsible for making the referral.

3. Prerequisites

Staff responsible for the reporting and participant's care will complete the referral electronically in DDOR titled "KYAE Referral". This staff member must have a DDOR user log-in.

4. Responsible Parties:

Monique Shaw, Senior Coordinator for SB90, Office of Adult Education will receive the referrals and coordinate participant assessments. Collaboration beyond the KYAE referral is encouraged, and the main contact information for KYAE is below:

Monique.shaw@ky.gov

5. Procedure

1. Within fourteen days of signing the participation agreement and receiving the referral through DDOR, the provider will complete the KYAE referral in DDOR.
2. The provider must note on the referral form if they believe the patient is unable to undergo a KYAE assessment due to cognitive or medical impairments, and recommend an appropriate timeframe to perform the assessment.
3. Inform the participant of the requirement.
4. If it was not done at admission, obtain a release of information for KYAE and include Monique Shaw.

6. References

For more information on KYAE, visit: <https://kyae.ky.gov/Pages/index.aspx>

DDOR – For additional information on how to complete a KYAE referral in DDOR please refer to the training located at: kentuckyproviders.org/data-submission-training-2/

7. Considerations

1. Providers may need to adjust schedules and program requirements to accommodate KYAE assessment, which must be completed within thirty days of treatment initiation.
2. Participants cannot complete the program or have their charges dismissed until KYAE has screened them.

3. Treatment providers and KYAE staff are required to collaborate to schedule participants for this screening and receive KYAE services. The treatment provider, within their ability, should provide the following support: share information, coordinate with the participant, and provide meeting spaces for KYAE to conduct the screening, where possible.

Case Management Services by BHCDP Providers

1. Purpose

Behavioral Health Conditional Dismissal Program (BHCDP) provides guidance and outlines responsibilities to treatment providers on statutorily required case management services for participants.

2. Scope

Applies to all staff engaged in providing case management services on behalf of any participant in the BHCDP initiative.

3. Prerequisites

1. Assignment of Case Manager:
 - a) Designated behavioral health treatment providers may assign a case manager according to criteria established by administrative regulations. Section 907 KAR 1:440 - Case management services.
 - b) If you do not have a designated case manager, other qualified staff must deliver case management services.
 - c) In cases where the case management services cannot be delivered notify the assigned AOC case navigator immediately.
2. Collaboration with Other Service Providers:
 - a) Build collaborative working relationships with various stakeholders, including but not limited to: a) Administrative Office of the Courts' Case Navigators, b) Child protective services, c) Legal Aid Society d) Family and other significant persons, e) Primary and other health care specialists; f) housing and transportation; g) education and training supports; g) Medicaid and other eligible benefit/resource programs; and h) other resources and community programs as indicated in a person-centered plan.
3. Payment for Case Management Services:
 - a) In cases where the participant does not meet criteria for case management, BHCDP funds may be used to pay for these services. Contact Erin Henle at ehenle@fletchergroup.org for more information and refer to the Reimbursement SOP.

4. Procedure

- c) Basic Needs and Other Supports:

- a. Complete an assessment that evaluates a participant's needs in the following areas: housing, clothing, food, health insurance coverage, transportation, house payments, utilities, telephone, childcare, medical and dental referrals, and employment services.
 - b. If community resources are not available, referrals can be made to EKCEP, a partner who can disburse funding for housing, transportation, and basic needs for participants as the funder of last resort.
 - d) Responsibilities of the Case Manager:
 - a. Refer participants to the Office of Adult Education. The referral documents the individual's participation in the program and is completed within 14 days of the individual becoming a participant. The referral is completed by using the data platform (DDOR) that directly links to KYAE.
 - b. Refer participants to EKCEP's Barrier Relief Funds.
3. Health Insurance Enrollment:
 - a. Refer all participants without health insurance to a designated staff member or outside agency to assist the individual to apply for health insurance, or
 - b. Assist participants without insurance in obtaining coverage before the initial appointment or during the first session. Staff members may act as authorized representatives by obtaining permission from the client. Staff members can do any of the following activities on behalf of their client:
 - apply for Medicaid/KCHIP
 - report changes in their client's information
 - renew your Medicaid/KCHIP application
 - receive a copy of notices
 - c. Notify Erin Henle at ehenle@fletchergroup.org if a participant is denied or inactive within 72 hours so she can request the Department of Medicaid Services to expedite coverage.
4. Housing Support:
 - a. Recognize the importance of stable housing in recovery.
 - b. Refer participants to Kentucky Recovery Housing Network's certified recovery houses. Houses must be NARR-certified and can be checked on the KRHN database, or email Erin Henle at Fletcher Group: ehenle@fletchergroup.org
 - c. Direct participants to EKCEP to reduce barriers to obtaining basic needs for financial assistance for housing. See SOP for BHCDP Barrier Relief Funding.
5. Transportation:
 - a. Transportation is one of the most significant barriers to continuing treatment. Assist participants when setting up Medicaid transportation for the first time. If participants are unable to make it to the intake appointment due to lack of transportation, notify the case navigator immediately.

Resources

Find the most current and comprehensive list of housing, financial, legal, and food security by pilot county at www.kentuckyproviders.org/resources

Housing and Shelter:

NARR certified houses: Kentucky Recovery Housing Network, findrecoveryhousingky.org
Oxford House, [Oxfordhouse Kentucky \(oxfordhouseky.org\)](http://Oxfordhouse Kentucky (oxfordhouseky.org))
Homeless & Housing Coalition of Lexington, 859-280-8276
Homeless & Housing Coalition of Louisville, 502-223-1834
The Salvation Army, [Locations - The Salvation Army USA | Southern Territory Website](#)

Housing Assistance:

BHCDP Barrier Relief Funding: EKCEP, kentuckyproviders.org/new-funding/
Kentucky Access to Recovery (KATR) Grants: Available in Letcher, Clark, Kenton, Oldham, [Kentucky Access to Recovery | KATR - recovery support services \(fahe.org\)](#)

Medicaid Application Options:

1. Apply for client online: [Start your Medicaid/KCHIP application today.](#)
2. Contact a kynector: [Find a kynector](#) to help your client with their application.
3. Apply for client via phone: Call [1 \(855\) 306-8959](tel:18553068959) to speak with a caseworker.
4. Fill out the application in the office: Print out the Medicaid/KCHIP application and mail, fax, or hand deliver it to your [local DCBS office.](#)
 - a. [Medicaid/KCHIP \(Family\)](#)
 - b. [Medicaid/KCHIP \(One Person\)](#)
5. Direct your client to apply in-person if your agency is unable to directly assist: [local DCBS office.](#)

Transportation: Medicaid

Christian:

Pennyriple Allied Community Services (PACS)	1-800-467-4601	270-886-6641	PACS Transportation
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Daviess:

Audubon Area Community Service, Inc (GRITS)	1-800-816-3511	270-686-1651	GRITS Transportation
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Oldham:

Federated Transportation Services of the Bluegrass (FTSB)	1-888-848-0989	859-233-0066	FTSB Transportation
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Kenton:

Federated Transportation Services of the Bluegrass (FTSB)	1-888-848-0989	859-233-0066	FTSB Transportation
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Madison & Clark:			
Federated Transportation Services of the Bluegrass (FTSB)	1-888-848-0989	859-233-0066	FTSB Transportation
Pulaski:			
Rural Transit Enterprises Coordinated (RTEC)	1-800-321-7832	606-256-9835	RTEC Transportation
Letcher:			
LKLP Community Action Council (LKLP)	1-800-245-2826	606-487-1872	LKLP Transportation
Greenup:			
LKLP Community Action Council (LKLP)	1-800-245-2826	606-487-1872	LKLP Transportation

Data Collection

1. Purpose

The Behavioral Health Conditional Dismissal Program (BHCDP) requires providers to collect data to track participant outcomes and progress, and highlight program barriers and successes. This data collection by behavioral health providers is statutorily mandated. Furthermore, the Administrative Office of the Courts (AOC) is required to send these data, in aggregate form, to the Legislative Research Commission annually. Senate Bill 90's legislation is included on the provider website.

2. Scope

The provider's case manager, therapist, or another designated staff member will be responsible for data collection.

3. Prerequisites

Providers must receive DDOR training from the Fletcher Group Data Collection Coordinator. Required reports are found in the DDOR Digital Data Collection Platform. They are as follows:

- 14-Day Stabilization Report
- KYAE Referral
- 42-Day Progress Report
- 90 Day Report
- 180 Day Report
- 270 Day Report
- 360 Day Report
- Final Report
- BARC 10
- PHQ9/GAD7

- Status Change Report

4. Responsibilities

Once a participant agreement has been signed, the AOC Case Navigators will receive the evaluation and referrals from the statewide assessor and forward them to the treatment providers in DDOR, the digital data collection program. Please note that some individuals may be referred to treatment before their participant contract has been fully executed by all parties: the defendant, Commonwealth Attorney, and Public Defender. Depending on the acuity and severity of the symptoms, the individual may choose to start treatment before the agreement is signed. Treatment may have begun, but reporting does not begin until the defendant is an official participant.

The provider's staff will complete the reports in DDOR at statutorily required intervals. We suggest that staff who complete the reports are Case Managers, Therapists, or Peer Support Specialists.

Providers will designate one point of contact per facility or parent agency to receive referrals and users who will complete the reports. Providers will email the Fletcher Group Data Collection Coordinator the name, phone number, and facility name and address of staff who need DDOR log-ins. Notify the Data Collection Coordinator when a login needs to be deactivated.

5. Procedure

1. The provider's point of contact will receive a referral notification for a new participant in their email. Please note that the defendant may already be engaged in treatment at your facility, but until the participant agreement is fully executed, you will not receive the referral in DDOR.
2. On or close to fourteen days of referral receipt, the provider will complete the 14-Day Stabilization Report. If the participant has not started treatment by then, complete the report and note that treatment has not been initiated.
3. On or close to fourteen days of referral receipt complete the KYAE Referral.
4. Within forty-two days of receiving the referral, a provider will complete the BARC-10 and the PHQ9/GAD if the participant has a Co-occurring diagnosis. If the participant has a mental health disorder only, they will complete the PHQ9/GAD. If the participant has a substance use disorder only, they will complete the BARC-10.
5. The provider will complete follow-up reports every 90 days, BARC-10 (if applicable), and PHQ9/GAD7 (if applicable),
6. Complete the Participant Status Change when a participant changes levels of care, moves facilities within the same agency, or is discharged.
7. The Final Report is completed when a participant has fully completed the program and met all their requirements. The Fletcher Group will notify you if a participant needs a Final Report. Final Reports do not need to be completed every time a participant is discharged.
8. Please fill out the reports based on the most recent interaction with the participant.

9. Fletcher Group will send weekly lists of participants with upcoming and overdue reports.

6. References

Direct all DDOR, training and reporting questions to the Fletcher Group Data Collection Coordinator, Tanya Vasser at: tvasser@fletchergroup.org

For more information on reporting requirements: Legislation Link, [bill.pdf \(ky.gov\)](#)

7. Definitions

DDOR – Digital Data Organization Repository. DDOR is a HIPAA compliant digital data collection platform allowing treatment providers to complete reporting online and the case navigators to track the participants’ progress. This data will be used to measure outcomes. It can be accessed at www.fgi-ddor.com.

DDOR Training is found here: kentuckyproviders.org/data-submission-training-2/

Standard Operating Procedures for Reimbursing Providers for Uncovered Services in the Behavioral Health Conditional Dismissal Program

1. Purpose

The purpose is to remove financial barriers to participation in the Behavioral Health Conditional Dismissal Program (BHCDP) for providers and participants by providing a last-resort source of reimbursement.

2. Patient Eligibility

As the payor of last resort, Fletcher Group, Inc. (FGI), on behalf of the CDP, shall reimburse approved providers who provide services within the BHCDP program for patients who do not have insurance through a government or commercial plan. Providers may also be eligible to receive reimbursements for non-dual eligible participants for Medicare and Tricare without Medicaid coverage if the provider does not accept Medicare and/or Tricare. Providers may also be reimbursed for patients with high deductible plans and co-pays.

Services the Department of Medicaid Services or a commercial insurance carrier deems do not meet medical criteria, are not eligible for payment.

Providers must complete the Patient Eligibility Registration form when they receive a patient who may meet the eligibility criteria for reimbursement within five days of intake.

FGI will determine the services that will be reimbursed and the limitations to reimbursement based on eligibility, reimbursement caps, and the provider’s support in assisting the participant in obtaining health insurance.

Claims are reviewed and approved by DBHDID, at which time claims are processed for payment.

Reimbursement cannot be made for services denied by insurance due to not meeting criteria, except for providing case management services which are statutorily required.

3. Prerequisites

Providers must meet the following requirements to qualify for reimbursement through this program:

- a. Must be an approved provider for the BHCDP program.
- b. Execute provider contract and BAA, send FGI a W9, complete the lockbox or direct deposit forms, and complete provider training.
- c. The patient for whom reimbursement is requested must be an active participant, with a signed agreement, in the BHCDP program.
- d. Must document and attest that each reimbursement requested meets the eligibility requirements.
- e. Must provide upon request access to records of patient care to verify services delivered.
- f. Must complete an initial Patient Registration Form at: [Participant Eligibility Registration - Airtable](#) so FGI can verify eligibility.
- g. Must complete the invoice provided by FGI [SB90 Invoicing Request \(airtable.com\)](#).
- h. Must notify FGI if retroactive payments are received for services provided for a patient previously reimbursed through the BHCDP.

4. Responsibilities

- a. Providers must assist the participant in obtaining Medicaid if they are eligible. Participants who are uninsured for several consecutive months due to lack of connection to health insurance may be denied coverage.
- b. Providers can contact Erin Henle at ehenle@fletchergroup.org to schedule Reimbursement Training for their billing department.
- c. The provider must file the claims within 30 days of providing the service.
- d. Document the services that are provided.
- e. FGI shall reimburse qualified claims within 45 days of filing.
- f. FGI shall confirm attestation of eligibility before reimbursement.
- g. FGI shall occasionally do onsite provider verification of eligibility to check attestations.
- h. FGI must obtain permission from DBHDID before disbursing payments. Completing the eligibility form and invoice does not guarantee payment. The DBHDID makes the final decision.
- i. FGI shall provide training and ongoing assistance for participating providers.
- j. Providers can contact Erin Henle at ehenle@fletchergroup.org for assistance during regular business hours.

5. Reimbursable Services

The following services are allowable for billing (other qualifying services may be permitted as requested):

- a. Early intervention
- b. Outpatient
- c. Intensive Outpatient
- d. Partial Hospitalization
- e. Clinically Managed Low-Intensity Residential Services
- f. Clinically Managed Population-Specific High-Intensity Residential Services
- g. Clinically Managed Residential Services
- h. Medically Monitored High-Intensity Inpatient Services
- i. Medically Managed Intensive Inpatient Services
- j. Recovery Maintenance and Health Maintenance
- k. Low-Intensity Community-based Services
- l. High-Intensity Community-based Services
- m. Medically Monitored Non-Residential Services
- n. Targeted Case Management
- o. Peer Support Services

6. Reimbursement Caps

FGI will cap treatment service reimbursements for each individual a total of \$15,000 for each twelve (12) month period of program enrollment.

During each twelve (12) month period, FGI will cap non-reimbursed substance use treatment services as follows:

1.0 Outpatient Services: \$4,000

2.1 Intensive Outpatient Services: \$4,500

2.5 Partial Hospitalization Services: \$3,000

3.1 Clinically Managed Low-Intensity Residential Services: \$7,500

3.3 Clinically Managed Population-Specific High-Intensity Residential Services: \$8,000

3.5 Clinically Managed Residential Services: \$8,000

3.7 Medically Monitored High-Intensity Inpatient Services: \$9,000

4.0 Medically Managed Intensive Inpatient Services: \$9,000

During each twelve (12) month period, FGI will cap mental health treatment services as follows:

I. Recovery Maintenance and Health Maintenance: \$4,000

II. Low-Intensity Community-based Services: \$4,500

III. High-Intensity Community-based Services: \$5,000

IV. Medically Monitored Non-Residential Services: \$7,500

V. Medically Monitored Residential Services: \$8,000

VI. Medically-Managed Residential Services: \$9,000

The subcontractor shall notify FGI immediately if demand for services exceeds the total reimbursement amount of the Agreement.

Providers may appeal to FGI by emailing Erin Henle at ehenle@fletchergroup.org if they have a participant needing additional services who has reached their reimbursement cap. FGI will review with BHDID within 5 business days for standard requests and within 1 business day for urgent requests.

Procedure

1. Providers shall determine the eligibility of a participant who meets the above criteria and complete the Eligibility Registration Form, which can be found [here](#).
2. Providers shall assist eligible patients in filing for Medicaid coverage within five (5) days of treatment initiation.
3. Providers will complete the reimbursement request on each qualifying participant monthly, preferably by the 5th of each month, which can be found [here](#).
4. The invoice includes the information below:
 - a. Provider name and Parent Agency, if applicable
 - b. Patient name
 - c. Provider's patient account number
 - d. Treatment dates, CPT procedure codes, and modifiers for the services provided.
 - e. A brief treatment description of services provided to include:
 - i. ASAM level of care
 - ii. Units of service
 - f. The total charged.
5. Providers shall provide FGI with account information for direct deposit and lockbox payment as appropriate to receive reimbursement.
6. FGI shall review the filed invoice for completeness and ensure the filing meets the above mentioned requirements.
7. FGI will base payments on the current Medicaid Fee Schedule found [here](#).
8. FGI's Project Director, Erin Henle, shall be available and responsible for ensuring compliance and timely execution of payments.
9. Appeals on payments shall be submitted to the FGI's Project Director, Erin Henle at ehenle@fletchergroup.org. FGI will contact the agency's designated point of contact in case of a disputed invoice within 30 days of receipt. FGI will keep the treatment provider informed of the progress of the dispute resolution process, including expected time frames. After an internal review, and review by DBHDID, FGI will communicate the final resolution decision to the treatment provider in writing, including any adjustments made to the claim or invoice, if applicable.

6. References

Medicaid Fee for Service Behavioral Health Fee Schedule Inpatient

<https://www.chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/BHInpatientFFS2022.pdf>

Medicaid Fee for Service Behavioral Health Fee Outpatient

<https://www.chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/BHOutpatientFFS2022.pdf>

Patient identity number (PIN) is provided through the data platform.

Provider Contract, BAA, and reimbursements: email Erin Henle at ehenle@fletchergroup.org the contact information for the individual at your organization who can execute the forms.

Link to invoice: [SB90 Invoicing Request \(airtable.com\)](#)

Release of Information

1. Purpose

This process is necessary to share the participants' protected health information ([PHI](#)) and [CFR 42](#) with the Behavioral Health Conditional Dismissal Program (BHCDP) team to ensure that progress and outcomes are tracked, participants have their charges dismissed and ensure continuity of care.

2. Scope

The staff performing the intake of new patients at each treatment facility will be responsible for including the BHCDP parties on each participant's release of information form.

3. Prerequisites

Fletcher Group, Inc. will provide treatment providers with the name, address, and phone numbers of the arresting county's Commonwealth's attorney's office, Public Defender's office, Kentucky Office of Adult Education primary contact, and Administrative Office of the Courts (AOC) Case Navigator for inclusion on the Release of Information form. See "References".

4. Procedure

1. Providers will adapt their standard release of information form to incorporate required releases to BHCDP partners. If you do not have the information you need please contact Jade Hampton at jhampton@fletchergroup.org. Do not have patients sign a blank release. This shall include releases of information for the following entities:
 - a. Commonwealth's Attorney's Office
 - b. Public Defender's Office
 - c. AOC Case Navigator
 - d. Kentucky Office of Adult Education
 - e. Fletcher Group, Inc. (If the provider does not have a BAA in place)
2. Information to be released shall include the clinical, demographic, and case management data in the BARC-10, PHQ9/GAD7, 14-Day, 42-Day, 90 Day, and Final Reports. Additionally, the Administrative Office of the Courts may request the results of urine drug screens, treatment plans, progress notes, referrals to medical or outside agencies, and other assessments.
3. The provider will explain to the participant that the provider may give updates on their progress to these parties as a prerequisite for admission into and completion of the program. The time limit of this release is no more than one year.
4. Include the release of information in the medical record.

6. References

[HIPAA](#)
[42 CFR part 2](#)

Administrative Office of the Courts, Department of Pretrial Services:

Letcher County: Kristi Williams, 156 Main Street, Whitesburg, KY 41858

Madison County: Caitlyn Deaton, 119 North First Street, Richmond, KY 40475

Clark County: Maria Napier, 43 South Main Street, Winchester, KY 40391

Pulaski County: Bethany Fulton, 50 Public Square, Somerset, KY 42502

Christian County: Jordan Woodall, 100 Justice Way, Hopkinsville, KY 42240

OLDHAM COUNTY: CHRISTIE PATTINSON, 2202 COMMERCE PARKWAY, STE A, LAGRANGE, KY 40031

HENRY COUNTY: CHRISTIE PATTINSON, 2202 COMMERCE PARKWAY, STE A, LAGRANGE, KY 40031

HOPKINS COUNTY: SAVANNAH OATES, 120 EAST CENTER STREET, MADISONVILLE, KY 42431

DAVISS COUNTY: LAURA WILLCUT, 100 EAST 2ND STREET, OWENSBORO, KY 42302

GREENUP COUNTY: TAMMY FANNIN, 101 HARRISON STREET, GREENUP, KY 41144

KENTON COUNTY: BRIDGET BAKER, 237 MAIN ST., FALMOUTH, KY 41040

COMMONWEALTH'S ATTORNEY'S AND COUNTY ATTORNEY'S OFFICES:

[Commonwealth's and County Attorneys - Kentucky Attorney General](#)
Search by your county in the dropdown menu

Department for Public Advocacy, Public Defenders:
[Find a DPA Office - Department of Public Advocacy \(ky.gov\)](#)

Search by your county in the dropdown menu

[This does not apply to participants with private attorneys]

Kentucky Office of Adult Education

Monique Shaw
Senior Coordinator SB90
Office of Adult Education
500 Mero Street, #5SC WK87

Frankfort, KY 40601

Data Collection

Fletcher Group, Inc.
601 Meyers Baker Road, STE 238, London, KY 40741

Referrals to Barrier Relief Funds

1. Purpose

Behavioral Health Conditional Dismissal Program (BHCDP) seeks to assist with nonmedical factors that affect patient retention in treatment and in the program. To that end, each participant has up to \$2,000 per year (starting at admission into the program) in funds to be used for housing, transportation, and basic needs that directly affect adherence to the treatment plan and program requirements. This is gap-funding and used primarily for emergent needs as a bridge to long-term plans to address social determinants of health.

2. Scope

Providers are the only BHCDP partner qualified to make a referral to these funds. The provider's intake staff, a member of the treatment team, a peer-support specialist, nurse, therapist, targeted case manager, office manager, or other qualified staff member can make a referral.

3. Prerequisites

Screening tool for nonmedical needs

Barrier Relief Referral Form: [BHCDP Barrier Relief Supportive Service Referral Form.docx \(kentuckyproviders.org\)](#)

Barrier Relief Services Outline, Contact Kiki Smith at: kiki@ekcep.org

Barrier Relief Contact: Kiki Smith, kiki@ekcep.org

Barrier Relief Fund Training: kentuckyproviders.org/new-funding/

4. Procedure

1. Perform an initial needs assessment.
2. EKCEP is the payor of last resort. Check available community resources before making a referral.
3. Complete the referral form as needed.
4. Referral requests are turned around within 72 hours. Requests for same day funding need "Emergency Request" in the email subject line.
5. Treatment providers are responsible for evaluating and referring participants to these funds. If participants need funds to initiate treatment notify the case navigator right away.

6. If there are emergent needs and the provider cannot accommodate the referral request, notify the case navigator right away. There are occasional exceptions when a case navigator can step in and complete a referral request if the provider cannot.
7. Assessing and referring for these funds are part of the mandatory case management services. If the provider cannot perform this service, notify the case navigator.

5. References

AOC Case Navigator Contact Information: kentuckyproviders.org/
Community Resources by county: kentuckyproviders.org/community-resources/

Discharge

1. Purpose

Behavioral Health Conditional Dismissal Program (BHCDP) participants require additional steps during the discharge process to ensure continuity of care and coordination with the participant's legal team (AOC Case Navigator, Commonwealth Attorney, and participant's attorney). Participants may remain in the BHCDP after they are discharged from an agency's treatment facility, depending on their treatment plan and the need to complete KYAE requirements like the initial screening and career and education goals. Providers should make every effort to coordinate with the AOC Case Navigator, other treatment providers, and social service agencies to obtain continuing care for the participant when exiting their treatment facility, to ensure the participant's success.

2. Scope

The discharge planner, the participant's treatment team, BHCDP designated staff member, or another qualified staff member will be responsible for performing discharge requirements.

3. Prerequisites

AOC Case Navigator's contact information is located: kentuckyproviders.org
NARR Certified Recovery Housing: <https://findrecoveryhousingnowky.org/>
Discharge/Aftercare Plan
Frontline staff must attend the Patient Retention Training within 60 days of BHCDP approval or hire. kentuckyproviders.org/client-retention-training/
Data Platform access to complete Participant Status Change and Final Reports. See Data Collection SOP.

4. Procedure

1. Notify AOC Case Navigator within 24 hours of discharge in DDOR by completing the Status Change Report.

2. Notify the AOC Case Navigator if the patient is nonadherent and in jeopardy of discharge as early as possible to allow the AOC Case Navigator to provide extra support to the participant to help complete the program.
3. If the participant is administratively discharged, contact the AOC Case Navigator as soon as possible, preferably while the participant is still in the facility.
4. Where appropriate, referrals to other treatment providers must be to BHCDP-approved providers. Contact Jade Hampton at Fletcher Group or the case navigator for a list of approved providers.
5. Refer all discharged patients in need of housing to a recovery housing/ shelter, where appropriate.
6. All referrals to recovery housing must be to Kentucky Recovery Housing Certified Houses. Please contact Jade Hampton from Fletcher Group for a list or visit the findrecoveryhousingnowky.org website.
7. Arrange for or provide transportation, where safety permits, for discharged participants (administrative and graduates) to their destination.
8. Complete a discharge plan for all participants who complete the program.
 - Goals
 - Continuing treatment recommendations
 - Housing plan
 - Self-help and mutual aid
 - Case management appointments (medical, dental, psychiatric)
9. FGI will contact you if a Final Report is needed.

5. References

Data Collection SOP

AOC Contact Information: kentuckyproviders.org/

Jade Hampton jhampton@fletchergroup.org

Certified Recovery Houses www.findrecoveryhousingnowky.org

7. Definitions

LOC – Level of Care

AOC – Administrative Office of the Courts

Appendix

Case Navigators

- **Letcher County:** Kristi Williams, kristiwilliams@kycourts.net; (c) 606-634-6443
- **Madison County:** Caitlyn Deaton, caitlyndeaton@kycourts.net; (c) 859-582-8351
- **Clark County:** Maria Napier, marianapier@kycourts.net; (c) 859-595-5362
- **Pulaski County:** Bethany Fulton, bethanyfulton@kycourts.net; (c) 606-303-8223
- **Christian County:** Jordan Woodall: jordanwoodall@kycourts.net (c) 270-206-8536

- **Oldham County:** Christie Pattinson, christiepattinson@kycourts.net ; (c) 859-907-1053
- **Hopkins County:** Savannah Oates, savannahoates@kycourts.net; (c) 270-399-5105
- **Daviess County:** Laura Willcut, laurawillcut@kycourts.net; (c) 270-980-1901
- **McCracken County:** Skyla Grief, skylagrief@kycourts.net; (c) 270-291-1396
- **Greenup County:** Tammy Fannin, tammyfannin@kycourts.net; (c) 267-420-2397
- **Kenton County:** Bridget Baker bridgetbaker@kycourts.net; (c)
- **State Supervisor:** Amy Rouse, amyrouse@kycourts.net; (c) 859-595-6133 & Savannah Oates