



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

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Contract Correspondence Transmittal (CCT)

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Attachments/Forms: MAP-9, MAP-1000	

The purpose of this communication is to provide information on Kentucky Medicaid coverage aftercare services.

As outlined in the Family First Prevention Act, aftercare services are required for youth that have discharged from residential care. This requirement is once monthly follow-up by the agency for 6 consecutive months from date of discharge. The preferred method of service delivery is face-to-face or via Telehealth by agency staff that were involved in the youth’s treatment while in residential placement. *If face-to-face contact or telehealth is not an option, telephonic contact is acceptable. Documentation in the service record should reflect why face-to-face contact or telehealth was not available. Aftercare may involve QRTP staff, the youth, family/guardians, and the community-based treatment provider. Aftercare services may include but are not limited to treatment team meetings for on-going service planning, providing consultation regarding treatment history, diagnosis, residential discharge plan, and progress toward remaining in the community setting. Unsuccessful attempts for contact will be documented but not reimbursed. Medicaid coverage will be through EPSDT coverage in accordance with [907 KAR 11:034](#) and [907 KAR 11:035](#).

Important Information:

1. All EPSDT special services require prior authorization.
2. Goods/Services must be provided by and billed by a KY Medicaid provider. Parents/Guardians cannot be reimbursed for services.
3. The following must be submitted to Carewise when requesting Prior Authorization:
 - Map 9 – Prior Authorization Form (Carewise will automatically send a PA approved to the provider and the recipient); and
 - Map 1000 – Certificate of Medical Necessity; and
 - Prescription from provider.

- If you have any questions regarding the submission of the form, you may **contact Carewise** at 1-800-292-2392.

Agencies will need to be enrolled with Kentucky Medicaid in an outpatient capacity as a Behavioral Health provider in order to submit billing for aftercare services and maintain documentation of contacts in youth's health record.

If a youth is re-admitted to residential care in a QRTP during the 6-month aftercare period, the contact requirements would no longer apply and then the aftercare period would start over after the subsequent discharge.

Aftercare services will be reimbursed at the fee for service rates of *\$35.00 per contact for non-clinical staff totaling \$210.00 for the 6 required contacts and *\$50.00 per contact for clinical staff totaling \$300.00 for the 6 required contacts. For claims purposes, a Community Support Associate rendering modifier would be UC and a clinician would use their respective practitioner modifier they currently use when billing Medicaid for the rate differences.

If you have additional questions, please contact Holly Davis at hollyc.davis@ky.gov or Sherry Postlewaite at Sherry.Postlewaite@ky.gov.