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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 progress of the participant in order to complete 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 have 24 hours to complete the Initiation Notification. 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, help identify barriers to initiating treatment, and coordinate with the provider to reduce or eliminate barriers to remaining in treatment.

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 Commonwealth Attorney, and Fletcher Group, Inc. 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 in the above time frame, the intake staff must notify the AOC Navigator immediately by email.
 - b) The provider will refer the participant to a second-choice treatment provider if they cannot be admitted within the allowable wait time window.
 - c) The provider will make every effort at a warm handoff by contacting an alternate provider and scheduling an assessment for the participant, including addressing transportation barriers.
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. The provider will complete the initiation notification in DDOR once they receive the referral electronically. Please note this may occur several days to weeks after treatment initiation if the participant agreement has not been fully executed.
 6. Perform Needs Assessment, biopsychosocial, and standard initial screens.
 7. 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.
 8. 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

Medicaid Fee for Service Behavioral Health Fee Schedule [Inpatient](#)

Medicaid Fee for Service Behavioral Health Fee [Outpatient](#)

Provider Contract

Release of Information SOP

AOC Case Navigator Contact Information:

- Letcher: Kristi Williams, kristiwilliams@kycourt.net
- Madison: Caitlyn Deaton, caitlyndeaton@kycourts.net
- Clark: Maria Napier, marianapier@kycourts.net
- Pulaski: Bethany Fulton, bethanyfulton@kycourts.net
- Christian: Dathan Cox, dathancox@kycourts.net
- Oldham: Shana Merritt, shanamerritt@kycourts.net
- Hopkins: Savannah Oates, savannahoates@kycourts.net
- McCracken: Skyla Grief, skylagrief@kycourts.net
- Daviess: Laura Willcut, laura.willcut@kycourts.net

- Greenup: Tammy Fannin, tammy.fannin@kycourts.net
- Kenton:

7. Definitions

High deductible plans are insurance plans with deductibles over \$1000.

LOC – Level of Care

AOC- Administrative Office of the Courts

BHCDP - Behavioral Health Conditional Dismissal Program

SOP - Standard Operating Procedures

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. Suppose the provider believes the participant is not cognitively able to complete a screen due to a medical or behavioral health condition. In that case, 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:

Dr. Tonika East, Director of the Lifelong Learning Branch, Office of Adult Education and Dr. Andrea Roy will receive the referrals and coordinate participant assessments. Collaboration beyond the KYAE referral is encouraged, and the main contact information for KYAE is below:

Tonica.east@ky.gov
Andrea.roy@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 (or by emailing the fillable PDF until DDOR has launched.)
2. Once the referral is completed send a copy to KYAE in DDOR by placing SB90@ky.gov in the "Send Copy To" field of the participant's profile page and click send.
3. 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.
4. Inform the participant of the requirement.
5. Obtain a release of information for KYAE and include Dr. Tonika East.
6. The provider must include the physical location of the participant and any safety concerns on the referral form.

6. References

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

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. As we acknowledge the presence of a strong employment support program within other entities, it remains imperative for the provider to adhere to KYAE legislation by referring individuals accordingly.
3. Treatment providers and KYAE staff have a statutory requirement to collaborate with one another to schedule participants for this screening and to receive KYAE services. The treatment provider, within their ability, should provide the following support: share information, coordinate with the client, 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.
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.

4. Procedure

- d) 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. Prioritize needs that recognize and address basic needs before addressing less immediate needs.
 - c. Establish a community resource database to ensure effective service planning and delivery.
- e) 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. Link and coordinate all required services and testing under the program, including transportation, educational assessments, employment status, employment training, and housing status.
- 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 reach out to the Department of Medicaid Services with a request 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. (www.kentuckyproviders.org/resources)
 - c. Direct participants to the BHCDP agency handling gap funding 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.

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:

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: TBA, February, 2024

Kentucky Access to Recovery (KATR) Grants: Available in Letcher, Clark, Kenton, Oldham,
[Kentucky Access to Recovery | KATR - recovery support services \(fahe.org\)](https://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](#) 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:

Pennyryle 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
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Pulaski:

Rural Transit Enterprises Coordinated (RTEC)	1-800-321-7832	606-256-9835	RTEC Transportation
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Letcher:

LKLP Community Action Council (LKLP)	1-800-245-2826	606-487-1872	LKLP Transportation
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Greenup:

LKLP Community Action Council (LKLP)	1-800-245-2826	606-487-1872	LKLP Transportation
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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 these data, in aggregate form, to the Legislative Research Commission on an annual basis. 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:

- Initiation Notification
- 14-Day Stabilization Report
- 42-Day Progress Report
- Quarterly Report
- Final Report
- BARC 10
- PHQ9/GAD7
- WAI-SR
- Status Change Report

4. Responsibilities

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, once a participant agreement has been signed. 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.

Provider's staff (point of contact and those completing the reports) will complete the reports in DDOR at the 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.

5. Procedure

1. Complete an ROI with any BHCDP referral upon intake, including the Fletcher Group, Inc., and authorize them to collect data. See the ROI SOP and references below.
2. 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.
3. On or close to fourteen days of referral receipt, the provider will complete the 14-Day Stabilization and the KYAE Referral.
4. On or close to forty-two days of referral receipt 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. At any point on or after forty-two days of referral receipt the provider will complete with the participant the Working Alliance Inventory- WAI-SR.
6. The provider will complete Quarterly Reports, BARC-10 (if applicable), PHQ9/GAD7 (if applicable), which are due on January 15, April 15, July 15, and October 15 each year.
7. Within thirty days of discharge, the provider will complete the Final Report and BARC-10 (if applicable), PHQ9/GAD7 (if applicable).

6. References

In cases when DDOR is not loading the required reports, inaccessible or having other technical difficulties, contact the Fletcher Group IT Director: Joshua Nichols at jnichols@fletchergroup.org

If you have questions on the content of the reports or need assistance navigating the digital data collection platform contact the Data Collection Coordinator: Tanya Vasser at tvasser@fletchergroup.org

Legislation Link: [bill.pdf \(ky.gov\)](#)

7. Definitions

DDOR – Digital Data Organization Repository. DDOR is a 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.

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. on behalf of BHCDP, 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 provide the necessary documentation for patient reimbursement for those with non-dual eligible 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.

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. Providers participating in the BHDCP may only bill the participants if, as above in Patient Eligibility, they provide for patient reimbursement through direct reimbursement to the patient for the stated services.
- d. The patient for whom reimbursement is requested must actively participate in the BHCDP program.
- e. Must document and attest that each reimbursement requested meets the eligibility requirements.
- f. Must provide upon request access to records of patient care to verify services delivered.
- g. Must provide the information outlined in this document for each requested reimbursement.
- h. Must be capable of completing the invoice provided by FGI.

- i. Must notify FGI if retroactive payments are received for services provided for a patient previously reimbursed through the BHCDP.

4. Responsibilities

- a. Provider must meet the above Prerequisites and be able to verify the participant's eligibility upon request.
- b. Providers must participate in provider training.
- 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 do onsite provider verification of eligibility occasionally to check attestations.
- h. FGI shall provide monthly reports to the DHCDP program of provider payments.
- i. FGI shall provide training and ongoing assistance for participating providers.
- j. FGI shall maintain a contact person for assistance during regular business hours.

5. Reimbursable Services

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

- 8. Early intervention
- 9. Outpatient
- 10. Intensive Outpatient
- 11. Partial Hospitalization
- 12. Clinically Managed Low-Intensity Residential Services
- 13. Clinically Managed Population-Specific High-Intensity Residential Services
- 14. Clinically Managed Residential Services
- 15. Medically Monitored High-Intensity Inpatient Services
- 16. Medically Managed Intensive Inpatient Services
- 17. Recovery Maintenance and Health Maintenance
- 18. Low-Intensity Community-based Services
- 19. High-Intensity Community-based Services
- 20. Medically Monitored Non-Residential Services
- 21. Targeted Case Management

Procedure

- 1. Providers shall determine the eligibility of a participant who meets the above criteria.
- 2. Providers shall assist eligible patients in filing for Medicaid coverage.
- 3. With each filing for reimbursement, providers shall provide an attestation of patient eligibility (see Attachment A), included with the invoice, preferably by the 5th of each month.
- 4. Providers complete an invoice provided by FGI for the services that include the information below:

- a. Provider name and Parent Agency, if applicable
 - b. Patient name
 - c. Patient identity number
 - d. Treatment dates, ICD 10 diagnostic codes, 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 amount due.
5. The invoice shall be submitted by:
 - a. Secure email provided by FGI; or,
 - b. VIA an approved clearinghouse
 - c. Providers shall provide FGI with account information for direct deposit and lockbox payment as appropriate.
6. FGI shall review the filed invoice for completeness and ensure the filing meets the abovementioned requirements.
7. FGI Director of Payment Administration shall be available and responsible for ensuring compliance and timely execution of payments.
8. Appeals shall be submitted to the FGI Director of Payment Administration. 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, 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 \(airtable.com\)](#)

7. Definitions

High deductible plans are insurance plans with deductibles over \$1000.

Attachment A: Attestation of Eligibility for BHDCP Non-covered Reimbursements

[provider name]_____ attest that _patient name and identification number_____ qualifies for the payer of last resort program as part of the BHDCP program. I attest on behalf of our provider entity that we are:

1. Eligible for participation in the BHDCP Program
2. The patient above is the only source of reimbursement for services provided as part of the BHDCP program.
3. We have provided the services delineated in the filing for this period.
4. We have yet to receive any other payment for these services.
5. We have not billed the patient for non-reimbursable services in this program.

I attest that the following information is accurate.

Provider Representative

Date and Number of Invoice (H DFA1500)

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 get in touch with 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.
2. Information to be released shall include the clinical, demographic, and case management data in the Initiation Notification, BARC-10, PHQ9/GAD7, WAI-SR, 14-Day, 42-Day, Quarterly, 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 must have their consent to 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: Dathan Cox, 100 Justice Way, Hopkinsville, KY 42240

OLDHAM COUNTY: SHANA MERRITT, 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: TBA

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

Dr. Tonika East
Director of the Lifelong Learning Branch
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

Scheduling, Admissions, and first 72 hours of 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 (AOC Case Navigator, Commonwealth Attorney, and participant's attorney).

2. Scope

The provider's intake staff, the participant's treatment team, BHCDP designated staff member, and another qualified staff member will be responsible for performing assessment requirements and contacting the AOC.

3. Prerequisites

AOC Case Navigator's contact information
Provider's Release of Information
Biopsychosocial
Treatment Plan

4. Procedure

22. Obtain consent to release information for the BHCDP parties.
23. Wait for time windows for admission is:
 - Residential LOC – 24 hours
 - PHP/IOP LOC - 48 hours
 - OBOT – 72 hours
 - OP – 72 hours
- a) If the provider cannot admit the participant in the above time frame, the intake staff must notify the AOC Navigator immediately by email.
- b) Provider will refer the participant to a second-choice treatment provider if they cannot admit within the allowable wait time windows.
- c) Provider will make every effort at a warm handoff by contacting an alternate provider and scheduling an assessment for the participant.
24. Provider will notify AOC Case Navigator within 48 hours days of admission through DDOR by completing the "Initiation Notification" Report.
25. Perform Biopsychosocial
26. Create a Treatment Plan

5. References

Release of Information SOP

AOC Case Navigator Contact Information:

- Letcher: Kristi Williams, kristiwilliams@kycourt.net
- Madison: Caitlyn Deaton, caitlyndeaton@kycourts.net
- Clark: Maria Napier, marianapier@kycourts.net
- Pulaski: Bethany Fulton, bethanyfulton@kycourts.net
- Christian: Dathan Cox, dathancox@kycourts.net
- Oldham: Shana Merritt, shanamerritt@kycourts.net
- Hopkins: Savannah Oates, savannahoates@kycourts.net
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7. Definitions

High deductible plans are insurance plans with deductibles over \$1000.

LOC – Level of Care