**CMHC Region; DUI Program; or KORE Funded Program Name:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client Identification Number  Matching Client Data Set (CMHCs) OR First Name and Last Initial of Individual Served (DUI);  **Member ID if Medicaid MCO Member** | Service Date and Time | Client’s MCO or Other Primary Funding Source | Primary Problem  Mental Health (MH), Substance Use Disorder, (SUD), DUI, Developmental or Intellectual Disability (DDID) | Cost Of Direct Service | Portal and/or Mileage Charges | Service Provided Via  Telehealth  (Y or N) | **Total** |
|  | Date:  Start/End: |  |  |  |  |  |  |
|  | Date:  Start/End: |  |  |  |  |  |  |
|  | Date:  Start/End: |  |  |  |  |  |  |
|  | Date:  Start/End: |  |  |  |  |  |  |
|  | Date:  Start/End: |  |  |  |  |  |  |
|  | Notes: | | | | | | |
|  | **GRAND TOTAL** | | | | | |  |

Interpreter Name:       Kentucky License Number:

(Find # at [www.kbi.ky.gov](http://www.kbi.ky.gov))

Was the MCO contacted to schedule and provide Interpreters first:  Yes  No  N/A

If N/A, why?       If rejected for payment, why?

Provider(s) Name(s):       Type of Service:

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Please Print Name:       Phone/Email:

Please Submit To:

Division of Behavioral Health/Deaf Services

275 East Main Street, 4W-G

Frankfort, KY 40621

OR

Email: [aadkins@ky.gov](mailto:aadkins@ky.gov)

Questions? Anthony Adkins: Call 502-556-1275

**Guidance on Enhanced Access**

Support documentation must accompany the request for reimbursement:

1. Copy of original invoice.
2. Copy of proof of payment (Check or Credit Card Statement).
3. A W-9 must be attached or on file with DBHDID.

CMHCs and other providers are expected to **first** seek interpreter coordination and payment via the insurance company if the consumer has an MCO or private insurance that covers interpreting services.

CMHCs and other providers are expected to negotiate for fair market rates for interpreting services. They are to follow all state and Federal laws regarding consumer choice, effective communication, and reasonable accommodations. CMHCs are encouraged to set mileage rates at the state mileage reimbursement rate. This changes quarterly and can be found here: <https://finance.ky.gov/office-of-the-controller/office-of-statewide-accounting-services/Pages/state-employee-travel.aspx>.

CMHCs and other providers are encouraged to develop individual contracts with multiple interpreters and/or interpreting coordinating agencies to provide a range of options for language access for their consumers. Note that many individuals prefer in-person interpreters to video remote interpreting / on video interpreters. Consumer choices should be prioritized when establishing individualized communication access plans.

CMHCs must have Language Access Policies to be in compliance with Section 1557 of the Affordable Care Act. DBHDID recommends that all CMHCs update their language access policies at least once every five years. Send copies of the current plan to DBHDID.

Requests for Reimbursement must be sent within 60 days of the original service. Invoices past that date may be returned.

The last day that DBHDID will accept Requests for Reimbursement / Enhanced Access funds for FY2024 is June 15, 2024. **Requests received after that date will be processed in FY2025.**