



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

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Janie Miller
Secretary

Elizabeth A. Johnson
Commissioner

MEMORANDUM

TO: Janet Penn
EDS Corporation

THROUGH: John Hoffmann, Assistant Director
Division of Claims Management

THROUGH: Elizabeth A. Johnson, Commissioner
Department for Medicaid Services

FROM: Karen Martin, Director *KMM*
Community Alternatives Division

DATE: June 15, 2009

SUBJECT: Adult Day Health Care (43) Provider Letter A-36 regarding Michelle P Waiver Updates and Policy Changes

Please print the attached ADHC (43) Provider Letter A-36 regarding Michelle P Waiver Updates and Policy Changes.

Upon notifying DMS when the letter and application have been mailed, please indicate the total number mailed to providers.

Please contact us at 564-4321 should you have any questions.

Attachment

Xc: Ronji Dearborn, DMS (electronic version); Sandeep Kapoor, DMS (electronic version); DMS Division Directors; Holly Chestnut, FH (electronic version); Carl Ishmael, DMS (electronic version), TVeno@kahsa.com (pdf); Bernice Shelton, EDS (electronic version); Janet Penn, EDS (electronic version); Reina Diaz-Dempsey, DMS (electronic version); Anna Dunn, DMS (electronic version); Karen Martin, DMS (electronic version); Leslie Hoffman, DMS (electronic version); JoAnn Blackburn, DMS (electronic version); Claudia Johnson, DMHDDAS (electronic version); and Alice Blackwell, DMS (electronic version).

EAJ/vlp00780a



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June 19, 2009

TO: Adult Day Health Care (43) Provider Letter #A-36

RE: **Michelle P Waiver Updates and Policy Changes**

Dear Kentucky Medicaid Providers:

The Department for Medicaid Services is appreciative of your continued desire to assist us in providing services to those with intellectual disabilities and developmental disabilities through the Michelle P. Waiver (MPW). This letter contains important policy clarifications and changes within the Michelle P. Waiver. Please read the letter in its entirety.

Policy Clarifications

1. The MAP-351 requires an IQ score be listed when someone indicates Mental Retardation in the diagnosis block of page 1 of the MAP-351. If the individual applying for the Michelle P. Waiver indicates a diagnosis of Developmental Disability on page 1 of the MAP-351 then the IQ is not required. Date of onset of diagnosis may be date of birth, if appropriate.
2. If a member chooses to change a provider of a service once the initial Prior Authorization (PA) for the service has been issued then a modified MAP-109 will be completed and sent to SHPS by the provider to notify them of the change. No other form is required to indicate a change in provider.
3. After considering the information provided by clinicians, who are in the field working with Michelle P. Waiver potential recipients, the Department for Medicaid Services recognizes that it may not always be feasible for the clinician to complete all admitting paperwork and plan of care on the same date. Therefore, the date on the MAP-24 and the MAP-109 no longer need to match.
 - a. If the person is not in another waiver then the admitting MAP-24 is included in the packet of forms sent to SHPS to obtain PA for services. PA for services will go back to LOC date.
 - b. If the person is in another waiver then the discharging provider (case manager/support broker agency who was providing services in another waiver) gives the admitting case manager/support broker agency that will be providing services in MPW, the copy of the discharging MAP-24. The case manager/support broker in

MPW will send the discharging (from another waiver) MAP-24 and the admitting (into MPW) MAP-24 in to SHPS with the packet of forms sent in to request PA for services.

Example: A member receiving Home and Community Based (HCB) services will have the HCB case manager complete the MAP-24 to discharge him/her from HCB and give the form to the MPW case manager. The MPW case manager will complete the admitting MAP-24 to admit the member into MPW. The MPW case manager will send the discharging and admitting MAP-24 into SHPS with the other required forms to obtain PA for services. If the person was in another waiver prior to MPW then the PA start date will be the date following the discharge date of the MAP-24 completed by the discharging case manager/support broker. The end date of the PA for MPW services will coincide with the LOC end date.

4. The MAP-2000 is intended to be used when a member is moving from traditional to CDO (or CDO to traditional) services within the same waiver due to voluntary or involuntary termination. The MAP-2000 is required when someone is admitted into CDO in any waiver. The MAP-2000 is not required when a person is being discharged from one waiver and admitted to a different waiver.

Updates

1. In order to assure compliance with the Michelle P. Waiver regulation, 907 KAR 1:835, the standards listed below must be followed effective August 1, 2009:
 - Only the MAP-24 will be accepted. The MAP-24C will no longer be accepted
 - Michelle P. Waiver services must be accessed within sixty (60) days of prior authorization with no exceptions
 - Thirty (30) days (from day of LOC issuance) will be allowed for submission of packet requesting MPW PA of services to SHPS
2. The last Michelle P. Waiver "Roll Out" from the Supports for Community Living Waiver waiting list at the time of the lawsuit settlement agreement will be June 15, 2009. That will complete the mandatory offering of Michelle P. Waiver assessments to all those on the SCL list at the time of the lawsuit settlement agreement. As of July 1, 2009, individuals may contact their Community Mental Health Center directly to request a MPW assessment.
3. SHPS has reported common reasons for which MPW packets requesting PA for services are being returned with waiver action sheets. The following is a list of such reason. Use it as a guide to prevent unnecessary delays.
 - Need discharging Map 24-CDO and Traditional Services
 - Clarification of credentials on signatures on page 15 of the Map 351
 - Date of onset for MR and DD / IQ for MR on page 1 of the Map 351
 - Correct CMHC provider number on page 1 of the Map 351
 - Respite indicated as a need on the Map 351, yet not requested as a service / Respite and 24 hour caregiver documented as not required on the Map 351, yet is requested as a service

- Providers with provider types #42 when requesting services, use procedure codes rather than revenue codes
- When requesting CDO Home and Community Supports (S5108) providers are not being specific about which home and community supports they are requesting on page 3 of the Map 109
- Overlapping service dates between waivers, i.e., MAP-2000 service start dates overlapping with the discharging MAP-24
- Therapies - not receiving MD orders or documentation of recent decline in level of functioning, to be exclusive of maintenance and prevention of regression to warrant therapy request
- When transferring between traditional to CDO or CDO to traditional services, providers are not submitting correct MAP forms
- Clinical summary section not specific as to the reason for the modification request

Please continue to monitor the Michelle P. Waiver website for further updates and a link to the updated waiver brochure. Thank you again for your continued dedication to providing services to individuals in our communities across the Commonwealth with developmental and intellectual disabilities.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth A. Johnson", with a long horizontal flourish extending to the right.

Elizabeth A. Johnson
Commissioner

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