



Physical Therapy/Occupational Therapy/Speech Language Pathology (PT/OT/ST):

Waiver Transition Frequently Asked Questions

1. Why is the Department for Medicaid Services (DMS) removing physical and occupational therapies and speech-language pathology services from the Home and Community Based Services (HCBS) waivers?

Prior to the Affordable Care Act (ACA), Kentucky provided physical and occupational therapies and speech language pathology services to children through the Early Periodic Screening, Diagnosis and Treatment Services (EPSDT) program and eligible waiver participants through the HCBS waivers. The HCBS waivers include Acquired Brain Injury (ABI), Acquired Brain Injury – Long Term Care (ABI-LTC), Home and Community Based (HCB), Michelle P. (MPW), and Supports for Community Living (SCL). On January 1st of 2014, Kentucky added physical therapy, occupational therapy, and speech-language pathology services to the State Plan, making them available to all Medicaid members based on medical necessity. This created a duplication of services between the State Plan and the HCBS waivers. The Centers for Medicare and Medicaid Services (CMS) does not allow for this duplication of services and is requiring that Kentucky remove these services from the HCBS waivers at the time of their renewal and transition them to the state plan.

2. Who needs to transition their services to the state plan?

Providers who currently render physical and/or occupational therapies and/or speech-language pathology services to a waiver participant through any HCBS waiver program will need to enroll in Medicaid as State Plan providers in order to continue providing these services to HCBS waiver participants. The timeline for this transition varies across the different HCBS waivers. Providers who currently provide therapy services in both the HCBS waivers and the state plan (e.g. home health agencies) are already enrolled as state plan providers and no further action is needed.

3. When do I have to enroll in Medicaid as a state plan provider?

The transition of physical and occupational therapy and speech language pathology services from the HCBS waivers to the state plan must occur by the time of renewal for each of the HCBS waivers. The anticipated transition dates for each of the HCBS waivers are as follows:

- Home and Community Based (HCB): June, 2016
- Supports for Community Living (SCL): June, 2016
- Acquired Brain Injury – Long Term Care (ABI-LTC): July*, 2016
- Michelle P. Waiver (MPW): September*, 2016
- Acquired Brain Injury (ABI): January*, 2017

*These dates are based upon the renewal dates and are the earliest possible transitions for these waivers.



To render physical therapy provided in the state plan, providers will need to enroll as a physical therapist (provider type 87) or physical therapist group (provider type 879). To render occupational therapy provided in the state plan, providers will need to enroll as an occupational therapist (provider type 88) or occupational therapist group (889). To render speech language pathology services in the state plan, providers will need to enroll as a speech language pathologist (provider type 79) or speech language pathologist group (provider type 799). If a provider currently renders more than one of these services (e.g. physical and occupational therapy), they will need to enroll as both applicable therapist groups to continue providing these services.

4. Where can I find instructions for enrolling in Medicaid as a State Plan provider?

Instructions for enrolling in Medicaid as a State Plan provider can be found on the Department for Medicaid Services (DMS) Provider Enrollment Application Information web page at <http://www.chfs.ky.gov/dms/provEnr/Application+Information.htm>.

5. Where can I find the forms to enroll in Medicaid as a State Plan provider?

The forms to enroll in the State Plan can be found on the Kentucky DMS website Provider Enrollment Forms page at <http://www.chfs.ky.gov/dms/provEnr/Forms.htm>.

6. What is the new multi-therapy agency provider type?

DMS is in the process of creating a new provider type (multi-therapy agency, provider type 76) which will allow providers to render and bill for multiple types of therapy under one provider type. DMS filed regulations (907 KAR 8:040, 907 KAR 9:045) in December 2015 to allow licensed organizations to provide any combination of physical and occupational therapy and speech language pathology services. It is expected that these regulations will become effective in June 2016. Applications for the multi-therapy agency provider type will be accepted beginning May 15, 2016 and will be processed as soon as the regulation is effective.

7. Where can I find licensure requirements to enroll as a multi-therapy agency or comprehensive outpatient rehabilitation facility?

For information about enrolling as a multi-therapy agency please see the DMS Provider Type Summaries webpage <http://www.chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm> for appropriate forms and eligibility requirements. The multi-therapy agency is a new provider type and is not yet posted to the webpage, but will be posted soon.

For information about enrolling as a CORF, please contact Provider Enrollment toll free at (877) 838-5085 Monday through Friday from 8 AM to 4:30 PM or visit the website at <http://chfs.ky.gov/dms/provEnr/>

8. How long will the provider enrollment process take?

The enrollment process typically takes 45 days, but DMS is prioritizing the applications



submitted for the therapy provider types, so providers may be enrolled sooner than 45 days.

9. I am an Adult Day Health Center (ADHC); when can I enroll in Medicaid as a State Plan provider?

Licensed organizations, like an ADHC, can begin enrolling as a State Plan provider immediately. However, these organizations will need to enroll as the appropriate therapist group, and have their individual therapists enroll as the appropriate therapist type and link to their group in order to provide services in the state plan before the multi-therapy agency provider type is available. Once the multi-therapy agency provider type is effective, organizations like ADHCs will be able to enroll as one multi-therapy agency to provide these therapy services.

10. I don't want to enroll as a State Plan provider, can I still provide therapy services to waiver HCBS participants?

You may provide therapy services to HCBS waiver participants until the renewal dates for each of the waivers (see question 3). After these renewal dates, you will not be reimbursed for physical and occupational therapy and speech language pathology services provided to the HCBS waiver participants. Therefore, you must enroll in Medicaid as a State Plan provider if you want to continue rendering and billing for these services once the regulations become effective.

11. Who do I contact if I have questions?

For questions regarding provider enrollment you may contact the Kentucky Department for Medicaid Services Provider Enrollment Department by phone toll free at (877) 838-5085 from 8 AM to 4:30 PM Monday through Friday or email at Program.Integrity@ky.gov. You may also reach Provider Enrollment by mail at the following address:

Kentucky Department for Medicaid Services
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

12. What are the reimbursement rates for physical and occupational therapy and speech language pathology services?

The reimbursement for these services is based upon the current Medicaid fee schedule, which can be found at the following link: <http://chfs.ky.gov/dms/fee.htm>

13. Will there be a differential rate for providers rendering services to HCBS waiver participants?

No. CMS did not approve the differential rate for HCBS waiver participants and therefore, providers of services for these participants will be reimbursed based upon the Kentucky Medicaid fee schedule.

14. What is the mobile health services licensure?

The mobile health services licensure is managed by the Office of Inspector General (OIG).



OIG recently filed a revised regulation (902 KAR 20:275) to allow licensed organizations to provide medical services, including physical and occupational therapy and speech language pathology services, in a home and community-based setting. If a provider is licensed as mobile health services, they will be able to enroll in Medicaid as a multi-therapy agency and provide services outside of their office or clinic setting. It is expected that this regulation will become effective in June 2016.

15. I am a licensed organization; am I required to obtain licensure as a mobile health service?

If you do not wish to offer services outside of your office or clinic setting, you will not be required to obtain licensure as a mobile health service. However, if you would like to render services outside of your office or clinic in a home and community-based setting, you will need to be licensed as a mobile health service.

16. I am currently a HCBS waiver provider rendering physical and occupational therapy, and speech language pathology services to HCBS waiver participants. With the transition of these services to the state plan, will I need to also enroll as a Medicare provider?

By law, Medicaid is a payer of last resort, meaning that if a Medicaid-eligible individual has another form of insurance (for example, Medicare), that insurance entity is responsible to pay for medical costs before Medicaid pays. If you are not already enrolled with Medicare, you may need to enroll as a Medicare provider and bill Medicare for these services first, if you provide therapy services to individuals who are covered by both Medicaid and Medicare (dual-eligible). Medicare does not recognize all provider types that Medicaid recognizes, and therefore, some HCBS waiver providers will not be able to enroll as a Medicare provider. As a general rule, if Medicare recognizes the provider type in which you are licensed as a Medicaid provider, then you will need to enroll as a Medicare provider and bill Medicare for these services. It is the provider's responsibility to determine if they need to enroll as a Medicare provider.

17. If I am licensed as a Mobile Health Services provider, how do I know if I need a Certificate of Need (CON) to provide these services?

Each Mobile Health Services practice is different and therefore, is required to request an advisory opinion to determine if a CON is needed to provide therapy services. You can do this by submitting OHP Form 7, Request for Advisory Opinion, to the Office of Health Policy. You will find the form at the following link: <http://chfs.ky.gov/ohp/con/forms.htm>. If you have a different license and are unsure whether a CON is required, please contact the Office of Health Policy.

18. Do I need a new licensure to provide these services?

A provider who wants to enroll as a multi-therapy agency will need to be licensed as an ADHC, Special Health Services Clinic, Rehabilitation Agency, or a Mobile Health Services. If you are unsure of licensure requirements to provide services, you may contact the Office of the Inspector General, 502-564-7963.