SCL TRANSITION WEBINAR
ON PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPY
FEBRUARY 15, 2017
What’s Changing?

1. CMS is requiring Kentucky Medicaid to transition **physical and occupational therapy and speech-language pathology services** from the HCBS waivers into the state plan.

2. This transition is targeted for **March 15, 2017 for the SCL waiver**.

3. Once the **SCL renewal is approved by CMS** and the therapy transition takes place, the revised SCL regulation will be implemented.
What’s Changing?

Office of Inspector General (OIG) revised licensure requirements for Mobile Health Services

DMS established a new provider type for Multi-therapy Agencies

DMS revised policies (state plan and regulations) to allow licensed organizations* to provide PT/OT/ST

*Licensed organizations include: rehabilitation agencies, mobile health services, special health clinics, multi-specialty therapy groups, and community mental health centers
Why are Waiver Services Changing?

PT/OT/ST have been historically provided to Supports for Community Living (SCL) waiver participants as covered services in the 1915(c) waiver. However, on 1/1/14, DMS added PT/OT/ST as covered benefits to its state plan for all Medicaid members.

- Overlap between a service provided in a state plan and a service provided in a 1915(c) HCBS waiver is not allowed by the Centers for Medicare and Medicaid Services (CMS).

- Kentucky worked with CMS for several months trying to identify a way to implement a differential rate for providers rendering PT/OT/ST to waiver participants, but CMS informed Kentucky that a differential rate is not possible.

- These services will be reimbursed at the same rate as the existing PT/OT/ST Medicaid fee schedule.
Communications and Resources

DMS began notifying participants, providers, and case managers about the upcoming change in March 2016, and will continue to communicate closely with providers through the remainder of the transition.

**Participants**
- March 2016
  - Letter distributed to all HCBS waiver participants

**Providers**
- March 2016
  - SCL provider letter # A-44 distributed
  - ADHC provider letter # A-46 distributed
- December 2016
  - SCL provider letter # A-46 distributed
- February 2017
  - SCL provider letter #A-47 (notification of transition date)

**Case Managers**
- May 2016
  - SCL case manager provider letter # A-45 distributed
  - ADHC case manager provider letter # A-48 distributed
- February 2017
  - SCL provider letter #A-47 (notification of case manager responsibilities)

PT/OT/ST waiver transition frequently asked questions (FAQ)s are available on the Kentucky DMS webpage: http://www.chfs.ky.gov/dms
Case Manager Responsibilities

Case managers play a key role in assuring that individuals will continue to receive PT/OT/ST without interruption during the transition.

Plan for transition

- Case managers must identify individuals who currently receive PT/OT/ST through the SCL waiver

Determine next steps

- Confirm that the providers who render therapy services to their individuals will provide therapy services under the State Plan
- If an individual’s current provider does not intend to enroll as a State Plan provider, the case manager must identify a new provider to render these services to the individual and assure that the individual can receive services from this new provider by March

Transition services

- Amend the person-centered service plan to remove any PT/ST/OT therapies from waiver services and insert them as State Plan services
Additional Resources

The following are additional resources you may access related to the transition:

  - Provider Type 76, Multi-therapy agency
  - Provider Type 79, Speech-language pathologist
  - Provider Type 87, Physical therapist
  - Provider Type 88, Occupational therapist
  - Provider Type 30, Community mental health center

Provider Enrollment Steps

Waiver providers who render PT/OT/ST should enroll as Medicaid state plan providers now to ensure consistency of services for participants.

Step One:

- Select Provider Type Summaries

DMS is expediting enrollment of providers related to the therapy transition. Please contact Kate Hackett or Sapna Sairajeev at 502-564-1013 if you have not been enrolled after 30 days of receipt.
Provider Enrollment Steps

Required forms for enrollment may vary among provider types. It is important to select the correct provider type to ensure that you have the right information to enroll as that provider type.

Step Two:

- Browse the ‘Current Provider Number and Type’ for your provider type:
  - 76: Multi-Therapy Agency*
  - 79: Speech Language Pathologist
  - 87: Physical Therapist
  - 88: Occupational Therapist
- Click on the appropriate provider type to determine what forms are required for enrollment
Provider Enrollment Steps
Each provider type summary details the provider requirements and necessary forms that must be completed for enrollment.

Step Three:

• Review the provider type summary to ensure that you meet the enrollment requirements
• Identify which forms you will be required to complete
Provider Enrollment Steps

All Medicaid forms required for enrollment are available on the DMS webpage for download.

Step Four:
- Select ‘Forms’
- View each form that is required based upon the provider type summary
Provider Enrollment Steps

The MAP-811 is a required form for all therapy provider types.

Step Five:

- Complete the necessary forms
- Submit the forms to Kentucky Medicaid or the MCO with which you are enrolling
Provider Enrollment Guidance

The following information will assist in having a smooth and quick enrollment. It is important to know that if you are currently serving active waiver participants, waiver participants are not enrolled in Managed Care, and therefore, as their provider, you will need to enroll as a Medicaid provider.

ANSWER ALL QUESTIONS ON THE FORM!

• If the question does not apply, be sure to indicate “N/A”. Many of the questions do not apply to an individual.
• Do not answer a question and check “N/A”.
• DMS cannot assume the answer. It must be complete.
• Clock starts with a correct and complete application.

Common Issues:

• Ensure the entire legal name is entered – no initials.
• Ensure the provider number listed is the Medicaid provider number for the provider that the form pertains to.
• Do not put NPI or Tax ID if it asks for Medicaid provider number.
• If an attachment is needed, make sure the attachment is clearly labeled with the question number and the question indicates “see attached”.
• Ensure the correct taxonomy is listed.
• Sign the form.
Provider Enrollment Guidance

For more information, or to subscribe to the listserv, please visit:
http://www.chfs.ky.gov/dms/provEnr/

Contact Information:
Provider Licensing and Certification Branch:
1-877-838-5085
program.integrity@ky.gov