

MAC Binder Section 9 – Provider & Member Communications

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Located online at <http://chfs.ky.gov/dms/mac.htm>

1-Prov Ltr-MPW-A-43-re Tool Pilot_030316:

Notice to providers to announce a MPW Assessment Tool Pilot special project. The pilot will be used to provide CHFS with information about the MPW population.

2-Prov Ltr-SCL-A44-Therapy Transition_031016:

Notice to providers to announce changes to the HCBS regulations; physical, occupational, and speech therapies to be reimbursed under State Plan in lieu of waiver.

3-Prov Ltr-HCBSW & ADC-A84 & A46-Therapy Transition_031016:

Notice to providers to announce changes to the HCBS regulations; physical, occupational, and speech therapies to be reimbursed under State Plan in lieu of waiver.

4-Prov Ltr-SCL-Therapy Transition_031516:

Notice to providers to announce changes to the HCBS regulations; physical, occupational, and speech therapies to be reimbursed under State Plan in lieu of waiver.

5-Prov Ltr-HCBW-Therapy Transition_031516:

Notice to providers to announce changes to the HCBS regulations; physical, occupational, and speech therapies to be reimbursed under State Plan in lieu of waiver.

6-NF Prov Ltr-Payment-A-252_042716:

Notice to Nursing Facility providers to announce May and June Medicaid Payments to be paid on or about July 8, 2016. This action is taken as a budget balancing measure for the State Fiscal Year 2016 which ends June 30th, 2016.



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

Matthew G. Bevin
Governor

Leslie Hoffmann
Director

275 E Main St, 6W-B
Frankfort, KY 40621
www.chfs.ky.gov

Vickie Yates Brown Glisson
Secretary

Stephen P. Miller
Commissioner

March 3, 2016

To: Michelle P. Waiver Providers - Provider Type (33)

RE: Michelle P. Waiver Assessment Tool Pilot - Provider Letter # A-43

Dear Kentucky Medicaid Provider:

The Michelle P. Waiver (MPW) Assessment Tool Pilot is a special project that the Cabinet for Health and Family Services (CHFS) will be starting in the next couple of months. This project will not impact any current MPW participant's eligibility or services. Additionally, the MPW Assessment Tool Pilot does not change any of the current processes for the MPW, and assessments will continue with the MAP-351 at this time.

Background

Providers, advocacy groups, and families have long been telling the CHFS that the assessment tool that determines eligibility for the MPW, the MAP-351, is not appropriate for applicants of all ages. Many stakeholders, including the Kentucky Commission on Services and Supports for Individuals with Intellectual or Other Developmental Disabilities, have requested that the CHFS adopt a more validated tool that can be used for participants of all ages.

Purpose of the Pilot

The purpose of the MPW Assessment Tool Pilot is to gather information about the impact that a new assessment tool would have on the waiver. The CHFS will not be making a decision about changing the assessment tool solely based on the results of pilot. Rather, the pilot will be used to provide the CHFS with information about the MPW population.

Overview of the Pilot

Eastern Kentucky University (EKU) will be conducting the MPW Assessment Tool Pilot with personnel trained in psychology. Approximately 330 current MPW participants will be randomly selected for the pilot from the central region of Kentucky. Any participant that is selected for the pilot has the option to decline the invitation to participate in the pilot. Participation in the pilot will not affect the participant's eligibility for the MPW. The assessment tool pilot does not replace the annual level of care assessment, and therefore, those in the pilot will still need to be assessed at their annual level of care date.



EKU will be using the Inventory for Client and Agency Planning (ICAP) tool to conduct assessments on the pilot participants. Many other states use the ICAP tool to determine eligibility and have had great success with it. It is a validated tool that is appropriate for all ages, from infants to the elderly.

The CHFS is anticipating that the pilot will begin in March, 2016 and conclude in June, 2016. Participants who have been randomly selected for the pilot will be contacted by the CHFS in March.

If you have questions please contact Alisha Clark, Branch Manager at Alisha.Clark@ky.gov or 502-564-1647.

Sincerely,

A handwritten signature in blue ink that reads "Leslie Hoffmann". The signature is written in a cursive style with a large, looped initial "L".

Leslie Hoffmann, Director
Division of Community Alternatives



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March 10, 2016

To: Supports for Community Living (33) – Provider Letter # A-44

RE: Therapy Participant Transition Letter

Dear SCL Waiver Therapy Provider:

Over the next couple of months, there will be important changes to physical therapy, occupational therapy, and speech-language pathology services for 1915(c) Home and Community Based Services (HCBS) waiver participants. The Centers for Medicare and Medicaid Services (CMS) is requiring that Kentucky make these changes. The Department for Medicaid Services (DMS) wants you to be aware of the changes, why they must occur, how they impact you, and what steps you must take to continue providing services to participants. Please be aware that DMS is committed to working with providers, within the applicable Federal requirements, to ensure continuity of care and a smooth transition for waiver participants.

In the past, Kentucky provided physical and occupational therapies, and speech language pathology services to children through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit and eligible waiver participants through the HCBS waivers. On January 1, 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. CMS does not allow for this duplication of services and is requiring that Kentucky transition payment for these services from the HCBS waivers to the State Plan at the time of waiver renewal to come into compliance with CMS guidelines.

DMS filed revised regulations for the Supports for Community Living (SCL) waiver, which do not include these therapies as covered services since 2015 was the renewal year for the SCL waiver. These regulations are expected to become effective in June.

At that time, the therapy services will no longer be reimbursed through the SCL waiver program, but will be paid through the State Plan. Therefore, if the waiver is approved and you are not already enrolled in Medicaid as a State Plan provider, you risk not being able to bill for therapy services. You should begin enrolling as a

State Plan provider now in order to avoid this situation. Additional SCL slots cannot be released until providers have transitioned their services, so it is crucial that providers enroll in Medicaid as State Plan providers now. Instructions for enrollment are included on the next page.

DMS worked extensively with CMS to implement a differential rate for waiver participants served through the State Plan, but this is not feasible. Therefore, the reimbursement rate for these services will be the designated State Plan rate indicated on the applicable fee schedules.

Should you have any questions, please do not hesitate to reach out to the Department.

Sincerely,

Leslie Hoffmann,
Director

Attachments

Enrollment Information

As you know, Medicaid is currently working on a transition plan to move the physical, occupational and speech therapies out of the 1915(c) waiver programs and be provided as a State Plan service. We know this is causing a great deal of angst and confusion for the therapy providers. The transition is not an easy one. There are numerous moving parts which include Waiver, regulation, information system, policy, and process changes. It will require a new Medicaid provider type for agencies providing different therapies utilizing multi-discipline providers (Multi-Therapy Agency, Provider Type 76).

Although our hopes are to move quickly on this transition, in the meantime, we have identified a work-around to enable waiver providers who are currently providing therapy to waiver members to continue to serve those members. Providers can enroll as a physical therapist group, occupational therapist group and/or speech language pathologist group, whichever is applicable based on the therapy services provided. Each individual therapist would enroll in their appropriate provider type and link to the appropriate group. Please note that Adult Day Health agencies are already licensed to provide these therapies and therefore do not require a separate licensure, but will need to properly enroll in another provider type. Also, unless an Adult Day Health agency seeks separate licensure, it can only provide services within the facility. Home Health Agencies are also already authorized to provide these services under their current license, and the Home Health Agency state plan provider type (PT-34)

For example, if an agency wants to provide physical and occupational therapy, the agency would enroll as a physical therapy group (PT-879) and have the individual licensed physical therapists enroll (PT-87) and link to it using a MAP-347, and the agency would also enroll as an occupational therapy group (PT-889) and have the individual licensed occupational therapists enroll (PT-88) and link to it using a MAP-347.

This means an agency could potentially have up to three separate group numbers depending on the different therapies provided. Keep in mind that if you start utilizing these provider numbers, you will be paid based on the fee-for-service fee schedule listed at <http://chfs.ky.gov/dms/fee.htm>. In addition, if an agency wants to provide services to non-waiver members, which it could start doing as a State Plan provider, you would need to contract with the managed care organizations and be subject to their rates.

Your choice at this time is either go ahead and enroll in the separate provider groups, or wait until we have the new provider type. DMS will not be able to enroll providers in the new provider type until the regulations have been approved, which would likely be in the summer of 2016. The HCB and SCL waiver regulations are currently on target for a June implementation date; in order to continue providing therapy services to HCB and SCL waiver members without interruption, waiver providers should enroll in the separate provider groups described above. If the waiver is approved and you are not already enrolled, you risk not being able to bill for therapy services.

If you decide to get enrolled now, you could still utilize your waiver provider numbers for the PT-OT-ST therapies until 1915(c) waivers and applicable regulations have been approved and DMS notifies you that those numbers can no longer be used.

Following are links to information on the various groups.

Physical Therapist Group

<http://www.chfs.ky.gov/NR/ronlyres/84A287A4-A863-4A21-ADF9-4E1F799E940C/0/ProviderTypeSummariesPhysicalTherapistGROUPT879RevisedMay2015r1.pdf>

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For any questions, please contact the following:

Waiver: Leslie Hoffmann, 502-564-7540

Enrollment: Kate Hackett, 502-564-1013



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March 10, 2016

**To: Home & Community Based Waiver – Provider Letter # A-84
Adult Day Care (43) – Provider Letter # A-46**

RE: Therapy Transition Participant Letter

Dear HCB Waiver Therapy Provider:

Over the next couple of months, there will be important changes to physical therapy, occupational therapy, and speech-language pathology services for 1915(c) Home and Community Based Services (HCBS) waiver participants. The Centers for Medicare and Medicaid Services (CMS) is requiring that Kentucky make these changes. The Department for Medicaid Services (DMS) wants you to be aware of the changes, why they must occur, how they impact you, and what steps you must take to continue providing services to participants. Please be aware that DMS is committed to working with providers, within the applicable Federal requirements, to ensure continuity of care and a smooth transition for waiver participants.

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At that time, the therapy services will no longer be reimbursed through the HCB waiver program, but will be paid through the State Plan. Therefore, if the waiver is approved and you are not already enrolled in Medicaid as a State Plan provider, you risk not being able to bill for therapy services. You should begin enrolling as a State Plan provider now in order to avoid this situation. It is crucial that providers enroll in Medicaid as State Plan providers now. Instructions for enrollment are included on the next page.

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Sincerely,

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March 15, 2016

To: Supports for Community Living (33) – Provider Letter # A-44

RE: Therapy Transition

Dear SCL Waiver Therapy Provider:

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March 15, 2016

**To: Home & Community Based Waiver – Provider Letter # A-84
Adult Day Care (43) – Provider Letter # A-46**

RE: Therapy Transition

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April 27, 2016

To: Nursing Facility Providers (12)
Provider Letter #A-252

Re: May and June 2016 Medicaid Payments

Dear Kentucky Medicaid Provider:

The purpose of this letter is to notify Nursing Facility providers that the Department for Medicaid Services (DMS) will not issue the monthly Medicaid payment to Nursing Facilities during June 2016. DMS will make two payments in July for May & June 2016 services to restore payments to their routine schedule. This action is being taken as a budget balancing measure for State Fiscal Year 2016 which ends June 30th, 2016.

Facilities should bill May's services to DMS per their normal claims' submission schedule. DMS will adjudicate the claims, but will place a payment "hold" on the claims submitted, releasing the hold in July 2016. DMS will resume normal payment processing cycles beginning in July, 2016. Facilities will receive a wire transfer for the May 2016 and any billed June 2016 services on or about Friday, July 8, 2016.

If facilities experience an extreme hardship resulting from DMS cash management during June 2016, DMS will allow said facilities to request payment based on the hardship criteria described in 907 KAR 1:671. The hardship criteria in this regulation apply only to repayment to DMS for overpayments, however documentation requirements apply for the cash management initiative as well. The regulation states that, "A written declaration of undue hardship shall include the following:

- (a) Copies of financial statements which indicate payment in full within sixty (60) calendar days would create an undue hardship; and
- (b) Copies of notarized letters from at least two (2) financial institutions indicating the provider's loan request was denied for the overpayment amount"

All requests for financial hardship consideration should be addressed in writing to the Department for Medicaid Services, Attention: Fred Culbertson, Division of Fiscal Management, 275 East Main Street, Mailstop 6W-C, Frankfort, KY 40621. Any request for a financial hardship declaration and all required documentation mentioned above must be received by May 27, 2016.

Sincerely,

Stephen P. Miller
Commissioner

