CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
Division of Medical Management and Quality Assurance

Steven L. Beshear
Governor

275 E. Main Street, 6W-D
Frankfort, KY 40621
(502) 564-6890
Fax: (502) 564-0039
www.chfs.ky.gov

Janie Miller
Secretary

Elizabeth A. Johnson
Commissioner

April 12, 2010

TO: Home Health Providers PT 34
Provider letter A-113

RE: Therapy Plan of Care revised requirement for Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)

Dear Kentucky Medicaid Provider:

The Department for Medicaid Services reviewed the requirements for physical therapy, speech and occupational therapy and made policy changes regarding the Plan of Care (POC) as it pertains to the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT).

While the current POC requirement is consistent with the process in place for Medicaid's Home Health program, data analysis indicates that children with complex medical needs require lengthy treatment plans. Therefore, effective January 1, 2010, the PA period and the renewal period for the POC for EPSDT will be six (6) months instead of the current sixty (60) day period. This policy change will better serve the needs of recipients receiving therapy services through the EPSDT program and will alleviate some administrative burdens placed upon providers. The process for KY Medicaid's Home Health program will not change.

If you have any questions in regards to this policy change, please contact Linda Proctor or Lyris Cunningham at 502-564-6890.

Sincerely,

Elizabeth A. Johnson, Esq.
Commissioner

EAJ/LDL/pb/dc00925