



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

**Steven L. Beshear**  
Governor

275 East Main Street, 6W-A  
Frankfort, KY 40621  
[www.chfs.ky.gov](http://www.chfs.ky.gov)

**Audrey Tayse Haynes**  
Secretary

**Lawrence Kissner**  
Commissioner

February 27, 2014

To: Community Mental Health Centers - Provider Type (30)

RE: Michelle P. Waiver Status – Provider Letter # A-96

Dear Kentucky Medicaid Provider:

This is a follow-up communication to provide clarifications related to the maximum fulfillment of the Michelle P waiver (MPW). Beginning in MPW waiver year three (September 1, 2013-August 31, 2014) the Centers for Medicare and Medicaid (CMS) approved a total of 10,000 MPW members. In February 2014, the CMS mandated waiver allocation total amount was achieved. Therefore enrollment for new MPW members must now be discontinued until additional waiver allocations become available.

With regard to new assessments currently in process, DMS will continue to provide reimbursement through March 15, 2014. After that date, new assessments should no longer be submitted to Carewise for review and no further reimbursement will be provided. For new assessments submitted by March 15, 2014 individuals meeting level of care (LOC) will be placed on a MPW waiting list in the order their assessments were approved.

After March 15, 2014, the submission of a MAP 621 will be utilized to serve as application for any potential MPW member. The chronological order of the MAP 621 submission date will be the basis for creating the waiting list. You may find a downloadable version of the MAP 621 on the Michelle P waiver website and a copy is also included in this communication. After completing the MAP 621, the form should be sent to Carewise as they will be tracking the names and submission date to create a continuously updated waiting list. When future slot allocations become available, letters from DMS will be mailed to potential members and their respective Community Mental Health Center (CMHC) in order to schedule a MPW assessment. Assessments will be then be submitted to Carewise for LOC determinations and further enrollment procedures will continue.

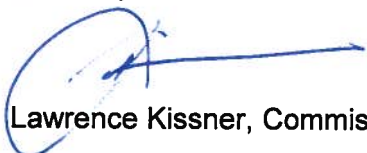
It should be noted that this maximization of waiver allocations does not impact reassessments for current MPW members. Therefore the continuation of MPW reassessments is unaffected. Succinctly, reassessments will continue in the same manner as in all previous years.

Please be aware that DMS requested additional slots in the FY 14-16 biennial budget. The Governor's recommended budget included funding for 500 slots over the next biennium. If the General Assembly accepts the Governor's recommendation, an additional 250 slots will be available July 1, 2014 and another 250 slots will be issued on July 1, 2015. In addition to this potential funding for supplementary waiver slots, the current MPW waiver year ends August 31, 2014, at which time allocations that have been vacated in the previous year will become available.

A regulation with language that supports the establishment of MPW waiting list is in process of being written. You will be alerted when the regulatory language is available for review.

Thank you for your patience and understanding as we have continued to work on this issue. Your service to the current and future MPW members is greatly appreciated by the Department for Medicaid Services (DMS) and the Cabinet for Health and Family Services (CHFS).

Sincerely,

A handwritten signature in blue ink, appearing to read "Lawrence Kissner", with a long horizontal stroke extending to the right.

Lawrence Kissner, Commissioner

C: File  
Mary Begley, BHDID  
Deborah Anderson, DAIL  
Steve Shannon  
Jamie Burton

**APPLICATION FOR MPW WAIVER WAITING LIST**

**Section 1**

**DO NOT leave any information blank in section 1. Applications will be returned if left blank.**

**Name** - Legibly print first, middle and last name of applicant

**Sex** - Check whether the applicant is male or female

**SS#** - Be sure the social security number has 9 numbers

**Medical Assistance Number** - This is the # on the MEDICAID card (10 numbers) If applicant has not applied for Medicaid then enter N/A

**DOB** - example: 08/18/1966

**Phone Number** - Always include area code. If no phone, please write "no phone"

**Current Address** - Please print legibly.

Name: \_\_\_\_\_ Sex:  M  F

First Middle Last

Social Security Number: \_\_\_\_\_ Medical Assistance Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Month, Day Year

Current Address: \_\_\_\_\_

City County State Zip Code

**Section 2**

**Complete this section only if there is a LEGAL representative or guardian**

If the applicant is a minor, there **must** be a legal guardian.

**Legal Representative/Guardian:** \_\_\_\_\_

Address \_\_\_\_\_

City County State Zip Code

Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Ex: mother, father, friend

**DSM Diagnosis**

Axis I - DO NOT LEAVE BLANK - write "none" on the line if there is no diagnosis

Axis II - DO NOT LEAVE BLANK - write "none" on the line if there is no diagnosis

Axis III - DO NOT LEAVE BLANK - write "none" on the line if there is no diagnosis

Age disability identified is the age the applicant was diagnosed with an intellectual or developmental disability (Ex: birth, 1 yr old, etc.). Intellectual disability must be present prior to age 18. Developmental disability must be present prior to age 22.

**DSM Diagnosis:**

Axis I (Mental Health): \_\_\_\_\_

Axis II (Intellectual/Developmental Disability): \_\_\_\_\_

Axis III (Physical Health): \_\_\_\_\_

Age Disability Identified: \_\_\_\_\_

**SERVICES THE INDIVIDUAL CURRENTLY RECEIVES (Check ALL THAT APPLY)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acquired Brain Injury          | <input type="checkbox"/> Home Health                         | <input type="checkbox"/> School Services |
| <input type="checkbox"/> Behavior Support               | <input type="checkbox"/> Mental Health Counseling/Medication | <input type="checkbox"/> Speech Therapy  |
| <input type="checkbox"/> Case Management                | <input type="checkbox"/> Supported Employment                |  |
| <input type="checkbox"/> Day Program                    | <input type="checkbox"/> Occupational Therapy                |  |
| <input type="checkbox"/> EPSDT (if under 21)            | <input type="checkbox"/> Physical Therapy                    |  |
| <input type="checkbox"/> Hart Supported Living          | <input type="checkbox"/> Residential                         |  |
| <input type="checkbox"/> Home & Community Based Waiver  | <input type="checkbox"/> Respite                             |  |
| <input type="checkbox"/> Other Medicaid Services: _____ |  |  |
| <input type="checkbox"/> Other: _____                   |  |  |

**Mail or Fax to:**

Carewise Health  
9200 Shelbyville Road, Suite 800  
Louisville, KY 40222  
Fax: 1-800-807-7840