



Michelle P Waiver Training

Presented by Department for
Medicaid Services and Department
for Mental Health, Developmental
Disabilities and Addiction Services



Workshop Outline

- I. History and Overview of Michelle P
- II. Billing Process
- III. Eligibility and Enrollment
- IV. Covered Services

Page numbers listed on this powerpoint refer to the Michelle P Waiver regulation



**Section I: History
and Overview of
Michelle P Waiver**



Michelle P History

- Developed in response to a lawsuit between Protection & Advocacy (P&A) and the Cabinet for Health and Family Services (CHFS).
- Lawsuit filed in Federal Court in 2002
- An amended settlement agreement was approved in Federal Court on 7/14/08.



Michelle P. Overview

- A waiver that offers individuals with intellectual disability or other developmental disabilities non-residential services.



Overview (continued)

- Non-residential
- Blend of services from the Supports for Community Living Waiver (SCL) and the Home and Community Based Services Waiver (HCB)
- Services alone or in any combination are limited to 40 hours per calendar week (p.42) (excluding respite, case management, and home adaptations).



List of Services

- Case Management
- Homemaker
- Personal Care
- Adult Day Health Care
- Adult Day Training
- Supported Employment
- Respite
- Attendant Care
- Environmental and minor Home Adaptations
- Behavioral Supports
- Community Living Supports
- Occupational Therapy
- Physical Therapy
- Speech Therapy



Providers

- All currently certified/licensed providers in **good standing (not under moratorium, decertified, or terminated)** in the HCB and SCL waivers may provide Michelle P Waiver (MPW) services.
- Use current provider ID numbers
- Re-enrollment is not required.



Section II: Billing Process



Section III: Eligibility and Enrollment



Eligibility Criteria

1. Individual must have a diagnosis of MR or DD; and
2. Individual must meet ICF/MR-DD criteria as defined in 907 KAR 1:835E OR meet Nursing Facility level of care as defined in 907 KAR 1:022; and
3. Meet Medicaid financial eligibility.



Definition of Mental Retardation

An individual who has significantly sub-average intellectual functioning, an IQ of 70 or below; concurrent deficits or impairments in present adaptive functioning in at least 2 of the following areas:



Definition of Mental Retardation

(continued) communication, self-care, home living, social or interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure or health and safety and has an onset prior to 18 years of age.



Definition of Developmental Disability

- a. a severe chronic disability that is attributable to:
 1. cerebral palsy or epilepsy, or
 2. any other condition, excluding mental illness, closely related to mental retardation resulting in impairment of general intellectual functioning or adaptive behavior similar to that of an individual



Definition of Developmental Disability

(continued)

with mental retardation and requires treatment or services similar to those required by persons with mental retardation;

- b. is manifested prior to the individual's 22nd birthday;



Definition of Developmental Disability

(continued)

- c. Is likely to continue indefinitely; and results in substantial functional limitations in 3 or more of the following areas of major life activity:



Definition of Developmental Disability

(continued)

- Self-care
- Understanding and use of language
- Learning
- Mobility
- Self-Direction
- Capacity for independent living



Michelle P. Waiver services shall not be provided to:

1. An individual who does not require a planned program of active treatment to attain or maintain an optimal level of functioning.
2. an individual who is an inpatient in a hospital
3. an individual who is an inpatient in a nursing facility or an ICF/MR/DD
4. is a resident of a licensed personal care home
5. is receiving services from another Medicaid waiver program.



Priority Enrollment: Urgent Needs

- Offered first to persons who have an urgent need pursuant to 907 KAR 1:145, Section 7 (7)(b)
- May or may not be on the SCL Waiting List currently
- Meet eligibility criteria established in section 4 of 907 KAR 1:835E
- Process for urgent need application is in development by DMS



Priority Enrollment

- The Department for Medicaid Services (DMS) shall then enroll persons remaining on the SCL Waiting List who meet the eligibility criteria in chronological order.




Priority Enrollment (continued)

- Once all the above individuals have been offered enrollment the Department of Medicaid Services shall utilize a first come, first served priority basis to offer enrollment to individuals who meet the eligibility criteria described in Section 4 of the MPW regulation.



Priority Enrollment (continued)

- The Michelle P. Waiver will serve approximately 3000 individuals in its first year of operation, 4500 individuals the second year, and 6000 individuals in the third year.
- After the initial group of individuals is offered services, DMS will offer services to a new group of people from the SCL waiting list periodically over the course of the first year.



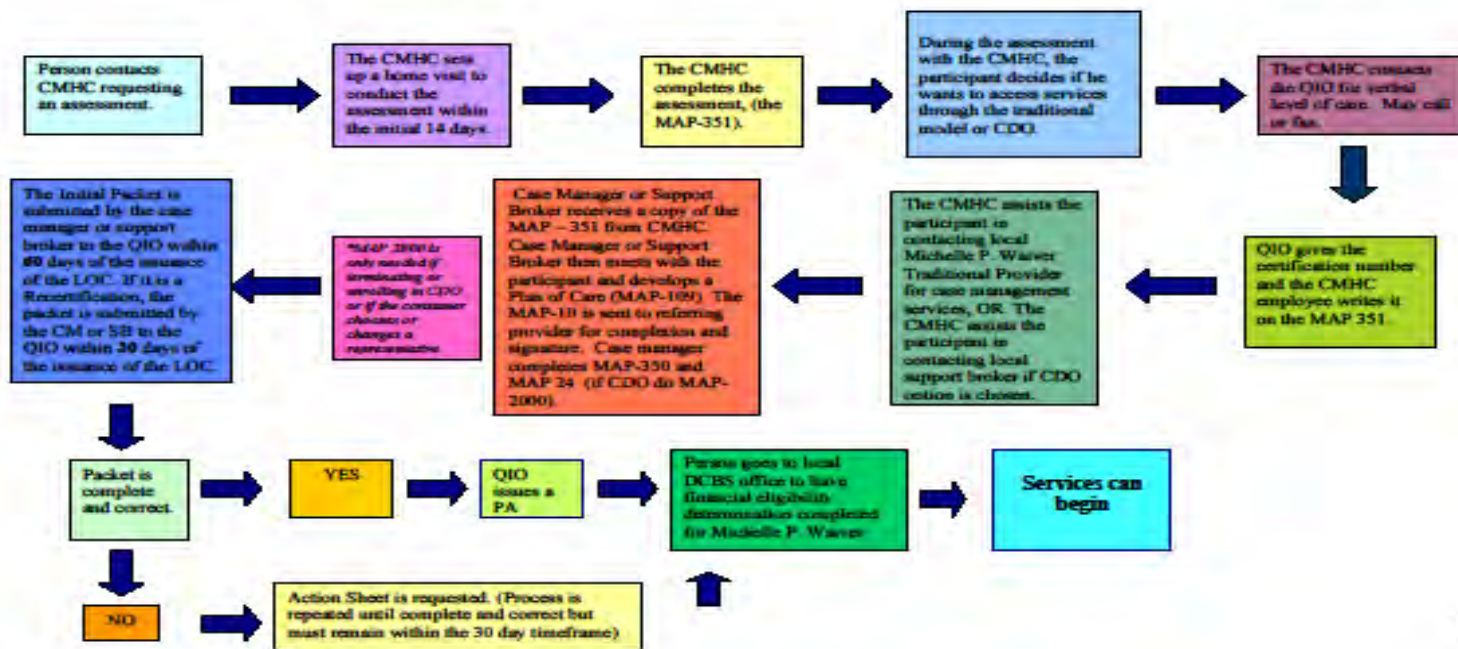
Michelle P Waiver Assessment Process Flow Chart



Assessment/Reassessment Service

- This service will be provided as an administrative function through contracts with the Community Mental Health Centers.
- Conducted by an assessment team.

Michelle P. Waiver Assessment Flow Chart



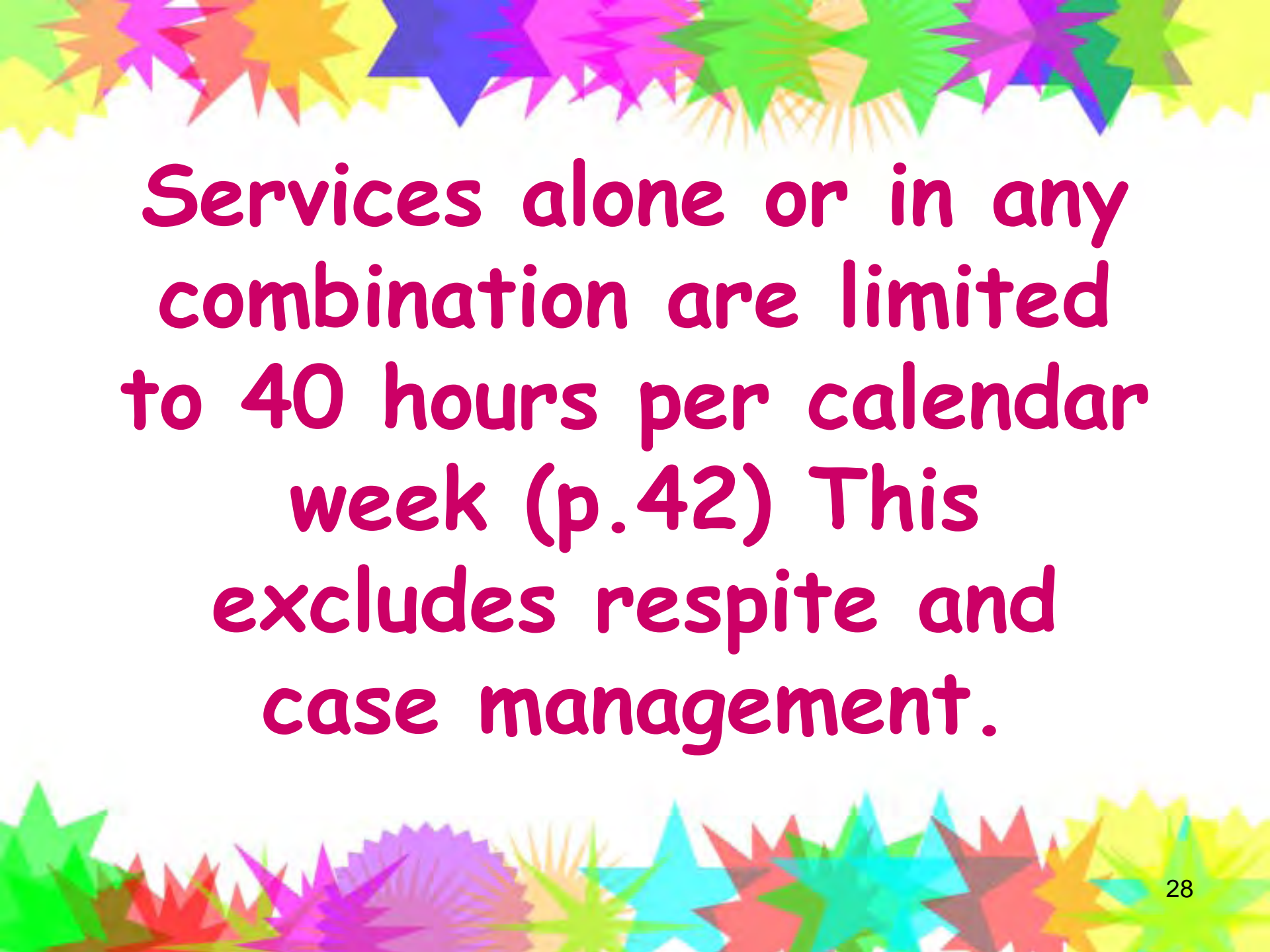


QIO Information

- Carewise contact number
 - 1-800-292-2392
 - Option 6 for All Waivers, then
 - Option 2 for all other waiver inquires, then
 - Option 1 for Michelle P. Waiver
 - Fax: 1-800-807-8843
 - You may access PA information on KYHealthnet at <https://sso.kymmis.com>.



Section IV: Covered Services



Services alone or in any combination are limited to 40 hours per calendar week (p.42) This excludes respite and case management.



Covered Services shall:

- Be prior authorized by the department
- Be provided pursuant to the plan of care (MAP-109)
- Accessed within 60 days of prior authorization
- To request prior authorization, the provider shall submit a completed MAP-10, MAP-109, and MAP-351 to Carewise.



Direct-Contact Staff

- 18 years of age or older and has a high school diploma or GED OR 21 years of age or older
- Able to adequately communicate with recipients and staff
- Valid social security number
- Understands and carries out simple instructions
- Can keep simple records
- Managed by the provider's supervisory staff



Assessment/Reassessment (p.16-17)

- Only CMHC's will complete this service.
- Identify recipient's needs and services.
- Evaluate physical health, mental health, social supports, and environment.
- Requested by individual seeking service or family, legal representative, physician, physician assistant, QMRP, or ARNP.



Assessment Team

- Consists of two registered nurses (RN) or one registered nurse and one of the following:
 - Social worker
 - Certified psychologist with autonomous functioning
 - Licensed marriage and family therapist (LMFT)
 - Licensed professional clinical counselor (LPCC)



Assessment/Reassessment

- Includes at least one face-to-face home visit by a member of the assessment team
- Performed at least every 12 months
- Cannot be retroactive



Case Management (p.17-19)

- Case manager must have a bachelor's degree in a human service field and be supervised by a qualified professional or be a qualified professional
- Case managers can arrange for a service but not provide a service directly



Plan of Care

- Completed on MAP-109 using person-centered guiding principles
- Reflects the needs of the recipient
- Lists goals, interventions, and outcomes
- Specify services needed along with the amount, frequency, and duration.
- Developed and signed by the case manager



The Case Manager:

- Completes a face-to-face visit monthly
- Assures that service delivery is in accordance with the Plan of Care
- Completes a detailed monthly summary note
- Ensures the MAP-350 is signed at certification and recertification



Homemaker Service (p.19-20)

- Consists of general household activities
- Provided by direct-care staff
- Recipient must be unable, but would normally perform age-appropriate homemaker tasks
- Includes documentation with a detailed note



Personal Care (p.20)

- Provided by direct-care staff
- Age-appropriate service that consists of assistance with eating, bathing, dressing, personal hygiene, or other activities of daily living
- Recipient does not need highly skilled or technical care
- Essential to the recipient's health and welfare
- Includes documentation with a detailed note



Attendant Care (p.20-21)

- Hands-on care provided by direct-care staff
- Recipient who is medically stable and requires support 24 hours per day
- Has a family member or other primary caregiver who is employed and not able to provide care during working hours
- Not of a general housekeeping nature
- Includes documentation with a detailed note



Attendant Care

- Not provided to a recipient who is receiving any of the following services:
 - Personal care
 - Homemaker
 - Adult Day Health Care (ADHC)
 - Adult Day Training
 - Community Living Supports
 - Supported Employment



Respite (p.21-22)

- Short-term care provided by direct-care staff based on the absence or for relief of the primary caregiver
- Provided at the recipient's place of residence or at an ADHC
- Used no less than every 6 months
- Includes documentation with a detailed note



Environmental/Minor Home Adaptations (p.22)

- A physical adaptation necessary to health, welfare, and safety
- Meets all applicable safety and local building codes
- Relates strictly to the recipient's disability and needs
- Submitted on a form MAP-95 for prior authorization
- Includes documentation with a detailed note



Occupational Therapy (p.23)

- Physician ordered evaluation of level of functioning by applying diagnostic and prognostic tests
- Physician ordered services provided by an Occupational Therapist (OT) or OT Assistant with supervision
- Training of providers on improving functioning
- Exclusive of maintenance or prevention of regression
- Includes documentation with a detailed note



Physical Therapy (p.23-24)

- Physician ordered evaluation of level of functioning by applying muscle, joint, and functional ability tests
- Physician ordered services provided by an Physical Therapist (PT) or PT Assistant with supervision
- Training of providers on improving functioning
- Exclusive of maintenance or prevention of regression
- Includes documentation with a detailed note



Speech Therapy (p.24)

- Physician ordered evaluation of a recipient with speech or language disorder
- Physician ordered habilitative services provided by a Speech-Language Pathologist
- Training of providers on improving functioning
- Includes documentation with a detailed note



Adult Day Training (p.24-27)

- Goal is to support the recipient in daily, meaningful routines in the community
- Focus on activities of daily living, self-advocacy, adaptive and social skills, and vocational skills
- Can be provided on-site or off-site
- Not diversional in nature



Adult Day Training

- Provided to persons age 22 or older
- Can be provided to persons age 16 - 21 as a transition process from school
- Conduct an orientation annually about supported employment opportunities
- Includes documentation on a detailed monthly summary note



On-site Adult Day Training

- Includes site-based services provided on a regularly scheduled basis.
- Leads to the acquisition of skills and abilities to prepare the recipient for work or community participation
- Preparation for transition from school to work or adult support services



Off-site Adult Day Training

- Provided in a variety of community settings
- Access to community-based activities that can't be provided by natural supports
- Designed to increase access to community resources and general population
- Provided using a group approach or mobile work crew



Supported Employment (p.27)

- Intensive, ongoing support to maintain paid competitive employment
- Provided on a one-to-one basis
- Can include personal care
- Provided in a variety of settings (excluding the provider)
- Provided by staff completing Supported Employment training
- Includes documentation in a detailed monthly summary note



Behavioral Support (p.28)

- Begins with a functional assessment that includes:
 - Analysis of communicative intent
 - History of reinforcement for the behavior
 - Critical variables that preceded the behavior
 - Effects of different situation on the behavior
 - Hypothesis regarding the motivation and purpose of the behavior



Behavioral Support Plan

- Includes the development of a behavioral support plan by the behavioral specialist
- The plan is the systematic application of techniques and methods to influence or change challenging behavior in a desired way
- Implemented in all relevant settings
- Revised as necessary



Behavioral Support Plan

- Designed to equip the recipient to communicate her/his needs and wants
- Includes a hierarchy of behavior interventions ranging from least to most restrictive
- Reflects the use of positive approaches
- Prohibits the use of restraints, seclusion, corporal punishment, verbal abuse, and other restrictive procedures



Behavior Support Specialist

- Has a master's degree from an accredited institution with formal graduate course work in behavioral science and at least one year experience in behavioral programming
- Provides training to other providers concerning plan implementation
- Monitors progress by analyzing data and reports
- Completes documentation using a detailed staff note



Adult Day Health Care (ADHC) (p.30-32)

- Licensed according to 902 KAR 20:066
- Provided to a recipient who is at least 21 years of age
- Includes developing, implementing, and maintaining nursing policies for nursing and medical procedures
- Includes respite care services



ADHC Health Team may include:

- Physician
- Physician assistant
- ARNP
- RN
- LPN
- Activities Director
- Physical Therapist
- PT Assistant
- Occupational Therapist
- OT Assistant
- Speech pathologist
- Social Worker
- Nutritionist
- Health Aide
- LPCC
- LMFT
- Psychologist



ADHC basic services and necessities

- Skilled nursing services provided by an RN or LPN including ostomy care, urinary catheter care, decubitus care, tube feeding, venipuncture, insulin injections, tracheotomy care, or medical monitoring
- Meal service corresponding with hours of operation with a one meal per day minimum



ADHC basic services and necessities

- Snacks
- Supervision by an RN
- Age and diagnosis appropriate daily activities
- Routine services that meet daily personal and health care needs



ADHC Plan of Treatment

- Developed annually and signed by each member of the treatment team
- Includes diagnosis, mental status, services required, frequency of visits to the center, prognosis, rehabilitation potential, activities permitted, nutritional requirements, medications, safety measures and other information



Community Living Supports (p.32-33)

- Provided to facilitate independence and promote integration into the community
- Provided to recipients residing in her/his own home or family's home
- Provided on a one-to-one basis
- Not provided at an adult day training or children's day habilitation site
- Includes documentation on a detailed monthly summary note



Community Living Supports include:

- Routine household tasks
- Activities of daily living
- Personal hygiene
- Shopping
- Money management
- Medication management
- Socialization
- Relationship building
- Leisure choices
- Community activities
- Therapeutic goals



Services that can be provided by SCL Providers under MPW

- Case Management
- Homemaker
- Personal Care
- Adult Day Training
- Supported Employment
- Respite
- Attendant Care
- Environmental & minor home adaptations
- Behavior Supports
- Community Living Supports
- Occupational, Physical, and Speech Therapy



Note for SCL Providers

- Attendant care, personal care, and homemaker service can be provided under the Michelle P Waiver by SCL providers in **good standing (not under moratorium, decertified, or terminated)** without additional approval.



Note for SCL Providers (cont'd)

- If you are currently **not certified** to provide the following services, you must be approved to do so prior to providing them for Michelle P:
 - Respite
 - Occupational, Physical, & Speech Therapy
 - Adult Day Training
 - Behavior Support
 - Supported Employment
 - Community Living Supports



Services that can be provided by Home Health Agencies under MPW

- Case Management
- Homemaker
- Personal Care
- Respite
- Attendant Care
- Environmental & minor home adaptations
- Community Living Supports
- Occupational, Physical, and Speech Therapy



Services that can be provided by Adult Day Health Providers under MPW

- Case Management
- Adult Day Health Care Basic Service
- Supported Employment
- Respite
- Adult Day Training
- Environmental & minor home adaptations
- Occupational, Physical, and Speech Therapy



Consumer Directed Option (CDO)

- Michelle P. Waiver recipients have the option to consumer direct
- Non-medical services (personal care, attendant care, respite, homemaker, community living supports, supported employment, adult day training) may be consumer-directed
- Support Broker services will be provided by CMHC's (except in Region 8: Comprehend)
- A recipient choosing CDO should contact the local CMHC



Incident Reporting Process

- SCL providers will continue to document and report incidents in accordance with current practice.
- Home and Community Based Waiver providers will continue to document and report incidents in accordance with current practice.



Michelle P Waiver Contacts

Department for Medicaid Services
Contacts:

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Michelle P Waiver Helpful Websites

- Department for Medicaid Services
 - <http://chfs.ky.gov/dms/>
- Michelle P Waiver Website
 - <http://chfs.ky.gov/dms/mpw.htm>
- SCL Waiver Website
 - <http://chfs.ky.gov/dms/scl/>
- HCB Waiver Website
 - <http://chfs.ky.gov/dms/hcb/>