



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

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March 18, 2010

To: ABI and ABI Long Term Care (17) Waiver Providers, Provider Letter #A-24
Community Mental Health Care (30) Providers, Provider Letter #A-90
Supports for Community Living Waiver (33) Providers, Provider Letter #A-36
Model II Waiver (41) Providers, Provider Letter #A-16
Home and Community Based Waiver (42) Providers, Provider Letter #A-81
Home and Community Adult Day Care (43) Providers, Provider Letter #A-39

Re: Prior Authorization Process Changes – Lack of Information

Dear Kentucky Medicaid Providers:

The Department for Medicaid Services (DMS) appreciates your service to individuals through the home and community based waivers offered by DMS. We constantly strive to improve the services provided to Medicaid recipients. As a result, DMS is incorporating a formal Lack of Information (LOI) step into the waiver prior authorization process. Implementation of an LOI process will help DMS ensure that waiver applicants and recipients are able to access services in a more timely fashion. In addition, the implementation of a formal LOI process will bring the waiver programs in line with other DMS programs.

The new process will be effective April 1, 2010.

Current Process

When a request for waiver level of care or services is received with incomplete information, SHPS generates a Waiver Action Sheet. The Waiver Action Sheet notifies the requesting provider of the information required for the request to be processed. In some cases, providers may not submit the required information. As a result, requests remain open and inactive for long periods of time resulting in waiver applicants and recipients not receiving services in a timely manner.

New Process

1. When an incomplete request for waiver level of care or services is received, SHPS will generate a Request for Information letter.
2. The Request for Information letter will be sent to the requesting provider, the applicant/recipient (or his/her legal guardian, if appropriate), and the facility/vendor. The Request for Information letter outlines the information required to complete the medical necessity review for waiver level of care and/or services.

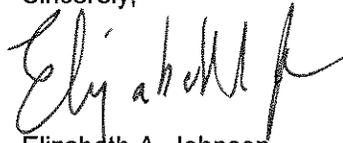
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3. The requesting provider will have fourteen (14) calendar days from the date of the Request for Information letter to submit the information required to complete the request.
4. If the requested information is not submitted within the fourteen (14) calendar day period, SHPS will issue a Lack of Information denial letter on the 15th day following the date of the Request for Information letter. The denial letter will be issued to the applicant/recipient (or his/her legal guardian, if appropriate), the requesting provider, and the facility/vendor.
5. At any time following the issuance of a denial letter, the provider may submit complete information for a request for waiver level of care or services. Upon receipt of this request, a new review will be conducted.

Again, thank you for your continued support of the home and community based waiver program. If you have questions about this letter, please contact the Department for Medicaid Services, Community Alternatives Division at 502-564-7540.

Sincerely,



Elizabeth A. Johnson
Commissioner