



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

**Steven L. Beshear**  
Governor

275 E. Main Street, 6W-A  
Frankfort, KY 40621  
(502) 564-4321  
Fax: (502) 564-0509  
www.chfs.ky.gov

**Janie Miller**  
Secretary

**Elizabeth A. Johnson**  
Commissioner

March 18, 2010

**To:** ABI and ABI Long Term Care (17) Waiver Providers, Provider Letter #A-23  
Community Mental Health Care (30) Providers, Provider Letter #A-89  
Supports for Community Living Waiver (33) Providers, Provider Letter #A-35  
Model II Waiver (41) Providers, Provider Letter #A-15  
Home and Community Based Waiver (42) Providers, Provider Letter #A-80  
Home and Community Adult Day Care (43) Providers, Provider Letter #A-38

**Re: Prior Authorization Process Changes - Reconsideration**

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 reconsideration process within the waiver prior authorization process. Implementation of a reconsideration process will allow the recipient, his/her legal guardian, or provider to dispute a denial of a service or level of care prior to requesting a formal administrative hearing. Reconsideration requests will be reviewed by a physician who did not make the initial denial decision. For individuals who have a certified level of care and who are receiving services, DMS will pay for continuation of those services through the date a final decision is made.

Addition of a reconsideration process will bring the waiver programs in line with other DMS programs. Members and providers in other Medicaid programs have found reconsideration to be a helpful intermediate step to follow up on a denial without needing to request a formal administrative hearing. Reconsideration is much simpler for the member and provider, and allows the provider to submit additional information supporting the level of care or service request, so that SHPS fully understands the member's condition and needs.

The new process will be effective April 1, 2010.

**New Process**

1. The provider, recipient, or guardian acting on behalf of the recipient may file a reconsideration request upon receipt of written notice of a denial of services or level of care.

(please see reverse)



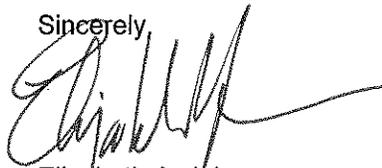
2. A written request for reconsideration must be postmarked or submitted to SHPS via facsimile within ten (10) calendar days from the date of the written notice of denial. If the request is postmarked or dated and time-stamped by the SHPS' facsimile service more than ten (10) calendar days from the date of the denial, the request is invalid. As a result, an out of time frame letter will be generated that indicates that the request for reconsideration was untimely and not valid.
3. SHPS will conduct the reconsideration and render a determination within three (3) calendar days of the request.
4. Within two (2) business days of the reconsideration determination, a letter communicating the decision will be mailed to the recipient (or his/her guardian), attending physician, and facility.

A denial may be overturned, upheld, or modified as a result of a reconsideration.

- If the reconsideration determination upholds the original decision to deny service(s) or level of care, the recipient, his/her legal guardian, or his/her representative (authorized in writing) may request an administrative hearing. Administrative hearings are handled by the Hearings and Appeals Branch of the Cabinet for Health and Family Services. For individuals who have a certified level of care and who are receiving services, DMS will pay for continuation of those services through the date a final decision is made, provided that the hearing request is submitted within the specified time frame.
- If the reconsideration determination overturns the original decision, a prior authorization will be issued.
- If the reconsideration determination modifies a portion of the original decision, the portion of the decision that remains denied may be further disputed by the recipient, his/her legal guardian, or his/her representative (authorized in writing) through an administrative hearing. For the portion of the decision that overturns the original decision, a prior authorization will be issued.

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