CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT, 40621-0001

DEPARTMENT FOR MEDICAID SERVICES
"An Equal Opportunity Employer M/F/D"

November 25, 2003

Adult Day Health Care Provider Letter # A-21

Dear Adult Day Health Care Provider:

It has come to the attention of the Department for Medicaid Services (DMS) sources that some recipients experience a decline in health while awaiting a hearing date of an appeal of a previous adverse LOC determination, which would precipitate an new LOC review by the Peer Review Organization (PRO). Furthermore, there is some program concern that certain providers have not sufficiently documented the wellbeing of their clients in all cases which may have resulted, or at least contributed to, the adverse determination rendered by the PRO.

Based on the above, a recipient may submit a brand new application for LOC determination while the previous appeal is pending. They will not be required to withdraw the previous and pending appeal upon submission of the new application. However, this additional application (or any additional applications while an appeal is pending) will be viewed as an "initial" review, which means any approval of LOC would be issued as an initial one. Services would be covered at that point and the previous appeal would be moot and withdrawn, thus reducing an unnecessary appeal backlog. A denial of the additional application could be appealed within the regulatory 30-day period, but the 10-day rule (for continuation of benefits) would not apply, as it is an initial review. The previous benefit, under appeal, was denied, but may continue to its normal conclusion and the Department will respect the final result of that appeal.

To apply for this additional LOC determination opportunity, the recipient's healthcare provider must complete a "Request for Additional LOC Determination" form (sample attached) and submit all additional forms and documents normally submitted for an initial LOC determination that clearly depict the recipient's current medical condition. The PRO will process this new request as they process all other initial LOC determination cases, including issuance of a confirmation or denial notice. An appeal of an adverse LOC determination will be available as explained in the preceding paragraph above.

This revised procedure allows the Department to assist recipients who experience a decline in medical condition while awaiting appeal. In addition, those recipients whose medical needs were not accurately represented previously by their care provider would receive relief within the LOC determination process. The Department is assisting those recipients truly in need, and at the same time the voluminous hearings schedule is somewhat abated.

Thank you for your continued support of the Medicaid program. If you have any questions about this policy, please contact Benjamin R. Sweger, Director of the Long Term Care Division, at (502) 564-7540.

Sincerely,

Mike Robinson
Commissioner

MR/brs/ac

Attachment