



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

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To: Community Mental Health Centers

From: Pam Smith
Director, Division of Community Alternatives

Date: February 21, 2020

Re: Michelle P. Waiver Assessments

The Department for Medicaid Services (DMS) is issuing several reminders to all Community Mental Health Centers (CMHCs) regarding Michelle P. Waiver (MPW) assessments.

1. Assessment Teams: The MAP-351 must be completed and signed by an assessment team as outlined in *907 KAR 1:835. Michelle P. Waiver Services and reimbursement Section 1.(6)(b)*. The regulation defines an assessment team as:

1. Two (2) registered nurses; or
2. One (1) registered nurse and one (1) of the following:
 - a. A social worker;
 - b. A certified psychologist with autonomous functioning;
 - c. A licensed psychological practitioner;
 - d. A licensed marriage and family therapist; or
 - e. A licensed professional clinical counselor.

Assessors should identify their qualifications by listing their credentials legibly after their name. DMS issued a memo with more information about assessor credentials on December 4, 2019. The memo is available at

<https://chfs.ky.gov/agencies/dms/ProviderLetters/cmhc1915cassessmemo.pdf>.

DMS is still receiving MAP-351 forms that have been completed or signed by assessors who do not meet the qualifications defined in regulation. **Allowing unqualified assessors to conduct assessments puts CMHCs at risk for recoupment.**

2. Assessment Timeliness: Per the DMS contract with CMHCs, for initial assessments, the completed MAP-351 must be uploaded to the Medicaid Waiver Management Application (MWMA) no later than sixty (60) days from the date the individual was allocated. For re-assessments, the completed MAP-351 should be uploaded to MWMA forty (40) days prior to the

end of each participant's level of care (LOC) year. These timelines are in place to give case managers enough time to conduct person-centered planning and reduce delays or gaps in service delivery for participants.

3. Assessment Completion: Per regulation, *a comprehensive MAP-351 assessment should be completed on every MPW participant at least annually.* DMS is finding cases where the same functional assessment is being copied over from year-to-year without being updated. DMS is also receiving reports where functional assessments have not been completed at all.

Assessments and re-assessments should provide a thorough evaluation of the participant's ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs), service needs, physical and mental health, behaviors, natural supports, and the participant's environment. Assessors should note the tasks a participant can complete, cannot complete or can complete with assistance and the type of assistance needed. While caregivers may be asked to provide information regarding a participant's required level of assistance or behaviors, DMS expects assessors to include their personal observations of the participant's functional abilities as part of the evaluation.

5. Contact with Case Managers: DMS encourages assessors to reach out to a participant's case manager when they begin scheduling assessments/re-assessments. This will make the case manager aware the assessment/re-assessment process has begun and give them an opportunity to attend if their participant desires.

4. Identifying Information: DMS is asking assessors to ensure the participant's identifying information is on the top of each page before submitting the MAP-351.

Functional assessments are a major contributor in assuring each participant's needs are met through the appropriate type and amount of services. DMS thanks CMHCs in advance for cooperation in making sure the above standards are met.

If you have questions, please contact the 1915(c) Waiver Help Desk at 844-784-5614 or 1915cwaiverhelpdesk@ky.gov.

Sincerely,



Pam Smith
Director, Division of Community Alternatives