

MS 2770

PATIENT LIABILITY FOR INDIVIDUALS  
OTHERWISE MEDICAID ELIGIBLE

(1)

When an individual who is already Medicaid eligible begins receiving waiver services, the individual has a \$0 patient liability regardless of income. This applies only to waiver admissions, not to nursing facility admissions. The case remains in the original category.

Explore Pass Through eligibility when taking a waiver application. Determine if the applicant lost Medicaid due to the loss of SSI or SSP eligibility. If so, send form PA-9, Pass Through Verification Letter, to the Social Security Administration (SSA) to determine Pass-Through eligibility. The individual's patient liability is \$0 if Pass Through eligible.

**Example:** If an individual is currently receiving Pass Through and is admitted to HCBS, add the waiver information to the Pass Through case. KAMES will calculate the \$0 patient liability because the individual was otherwise Medicaid eligible. Do not alternate program to the "J", "K" or "M" category.

MS 2815

MICHELLE P. WAIVER

(1)

The Michelle P. Waiver offers many of the same services as the Home and Community Based (HCB) waiver and Supports for Community Living (SCL) waiver. In order to qualify for Michelle P. Waiver a person must meet Medicaid financial eligibility and the level of care for an Intermediate Care Facility (ICF/MR) or Nursing Facility (NF) established by Medicaid. Refer the individual to the local Community Mental Health Center (CMHC) for an assessment to see if they meet the level of care. This level of care is applicable for the following program codes: A, B, D, F, G, H, AP, BP, DP, FP, GP, HP, C, W, KC, E, I, J, K, L, M, N, P, T and Y.

The Michelle P. Waiver requires a PRO certification before benefits can be issued. The correct verification entry on KAMES is "PR" for "Document Type". If any other documentation type is entered, an error message "DOCUMENT TYPE DOES NOT MATCH PROVIDER TYPE" will display.

The provider type is "17" with institutional status of "MP". When type "17" is entered, the first two digits of the provider number must begin with 33, 42 or 43.

The Michelle P. Waiver has the same personal needs allowance that is allowed for non-institutionalized individuals receiving waiver services.

Residents of Personal Care Homes (institution status P1 or P2) are not eligible for waiver services from the Michelle P. Waiver or any other waiver program. If an attempt is made to add the Michelle P. Waiver at application, recertification, program transfer or case change for state supplementation recipients in a personal care home setting, a prompt "PERSONAL CARE AND WAIVER CANNOT CO-EXIST" displays. If the worker proceeds on past the LTC screen, at disposition the waiver services are denied and the message "NOT WAIVER ELIG IF PC" displays.

Individuals receiving state supplementation who reside in a Family Care Home or receive Caretaker Services (program codes AP, BP, DP, FP, GP and HP) are eligible to receive services from the Michelle P. Waiver.

**[When a Medicaid eligible individual begins receiving Michelle P. Waiver, the patient liability is \$0 regardless of income, as Michelle P. Waiver is a type of waiver services.]**

To issue Michelle P. Waiver benefits by special circumstance, use the institutional status of "MP" and the facility code of "17". If the incorrect facility code is entered, an error message "MUST AGREE WITH INST STAT AND FAC CODE" will display. If institutional status code is "MP" and the facility code is "17" but the provider number does not begin with 33, 42 or 43, an error message of "INVALID PROVIDER FOR FACILITY CODE" will display.

MS 2830 SCL ELIGIBILITY DETERMINATION PROCEDURES

- A. **MEDICAID ELIGIBILITY.** Determine MA eligibility by comparing the individual's gross income to the special income standard and considering the number of days the individual has been receiving SCL.
1. Determine MA eligibility according to procedures outlined in [MS 3500](#) - [MS 3610](#).
  2. Determine MA eligibility in Step II by comparing adjusted income to the SCL Standard. Adjusted income is determined by deducting the MA Scale for one, the SSI general exclusion and incurred medical expenses of the individual from gross income.
  3. Do not redetermine MA eligibility if the individual is MA eligible in another category.
- B. Determine the MA effective date using the first day of the month the individual met Kentucky Medicaid Program (KMP) criteria for SCL as indicated on the DMS letter of approval.
- C. Determine patient liability for SCL recipients, in a manner similar to the determination for individuals in an ICF/MR/DD or NF. However, SCL allows the use of a personal needs allowance, computed as the SSI Standard plus the SSI general exclusion of \$20, which replaces the personal needs allowance used for institutionalized individuals.
1. Use the personal needs allowance, SSI Standard plus SSI general exclusion.
  2. Compute patient liability for a SCL recipient with a non-AIS/MR spouse the same as computations for an institutionalized spouse with a community spouse. See [MS 3550](#).
  3. If ineligibility exists the month of application, a redetermination of eligibility is determined for the month after the month of admission to SCL.
- [D. As SCL is a waiver program, when an individual who is already Medicaid eligible begins receiving waiver services the patient liability is \$0, regardless of income.]