

Kentucky Cabinet for Health and Family Services
Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment
Frequently Asked Questions – Updated January 2024

Overview:

The Cabinet for Health and Family Services (CHFS or The Cabinet) is developing a 1915(i) State Plan Amendment (SPA) to better meet the needs of Kentuckians living with Serious Mental Illness (SMI) and Substance Use Disorder (SUD). The 1915(i) SPA, in coordination with the [1115 demonstration project](#) and the [1915\(c\) Children’s Waiver Feasibility Study](#), aim to collectively advance the legislative priorities outlined in the [Senate Joint Resolution \(SJR\) 72](#).

This document contains Frequently Asked Questions (FAQs), submitted by stakeholders related to the 1915(i) SPA development and implementation process. Additional information regarding the questions below can be found on The CHFS [website](#) for Behavioral Health Initiatives and the Informational Session slide presentation provided [here](#). If you have a question that was not answered in this document, please submit it to: CHFS.HCBSWorkGroup@ky.gov.

Glossary of Acronyms:

Phrase	Acronym
American Society for Addiction Medicine	ASAM
Centers for Medicare and Medicaid Services	CMS
Community Mental Health Center	CMHC
Department for Behavioral Health, Developmental and Intellectual Disabilities	DBHDID
Department of Housing and Urban Development	HUD
Department for Medicaid Services	DMS
Frequently Asked Questions	FAQ
Home Health Agencies	HHA
Individualized Placement & Support	IPS
Intellectually and Developmentally Disabled	IDD
Kentucky Housing Collaborative	KHC
Level of Care Utilization System	LOCUS
Participant-Directed Services	PDS
Managed Care Organization	MCO
Permanent Supportive Housing	PSH
Person-Centered Service Plan	PCSP
Senate Joint Resolution	SJR
Serious Emotional Disturbance	SED
Serious Mental Illness	SMI
State Plan Amendment	SPA
Substance Use Disorder	SUD
Targeted Case Management	TCM

Kentucky Cabinet for Health and Family Services
Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment
Frequently Asked Questions – Updated January 2024

Contents:

Section 1: General Questions	5
1. What is the tentative launch date for the 1915(i) SPA?	5
2. When will the 1915(i) SPA be released for the 30-day public comment period? (New Item – 1/2024)	5
3. Where can I access the materials from the 1915(i) SPA Informational Session? (Updated – 1/2024)	5
4. Will eligible participants be required to engage in cost-sharing or copayments when accessing 1915(i) SPA services? (New Item – 1/2024)	5
5. Will the 1915(i) SPA services utilize the same billing methodology as 1915(c) waivers?	5
6. Will individuals be enrolled in Fee-For-Service Medicaid or enrolled in managed care / one of the Managed Care Organizations (MCOs) for non-1915(i) SPA services? (Updated – 1/2024)	5
7. For organizations that do not currently bill Medicaid, will there be any type of supports to help set up Medicaid billing and the associated operations required? (Updated – 1/2024)	5
8. Will the 1915(i) SPA services be provided by the same providers as those serving 1915(c) waivers?	6
9. As organizations plan for future Permanent Supportive Housing (PSH) services, will the Cabinet provide additional resources to assist with program implementation and monitoring? (Updated – 1/2024)	6
10. Will there be a 1915(c) waiver or 1915(i) SPA to serve the Serious Emotional Disturbance (SED), Autism, and other populations?	6
11. Who did the Cabinet consult to assist with the 1915(i) SPA development process? (New Item – 1/2024)	6
12. What state agency or agencies will provide administrative oversight of the 1915(i) SPA? (New Item – 1/2024)	7
13. If program participants show progress towards their identified goals (e.g., living in least restrictive settings of care) will they lose access to the services that enabled their progress? (New Item – 1/2024)	7
14. Will the Behavioral Health Service Organizations (BHSOs) that currently serve the SMI population qualify to provide 1915(i) SPA services?	7
Section 2: 1915(i) SPA Eligibility Questions	7
15. Section 2: What are the proposed Eligibility Criteria that an individual must meet to be eligible to receive 1915(i) SPA supports and services? (New Item – 1/2024)	7
16. Will 1915(c) waiver participants be eligible to transition to the 1915(i) SPA if it is more suitable to the needs of the participant?	9

Kentucky Cabinet for Health and Family Services
Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment
Frequently Asked Questions – Updated January 2024

17. How did the Cabinet develop the 1915(i) SPA eligibility criteria, and will the eligibility criteria be available for review during the mandatory 30-day public comment period? **(New Item – 1/2024)**..... 9

18. How many individuals with a primary diagnosis of SMI does the Cabinet project to meet the eligibility criteria for the 1915(i) SPA? **(New Item – 1/2024)**..... 9

19. Who will perform the eligibility criteria assessments (i.e., the Level of Care Utilization System (LOCUS), American Society for Addiction Medicine (ASAM))? 9

20. Would an individual be eligible for 1915(i) SPA services if they were hospitalized multiple times within the past 2 years, but the hospitalizations were not associated with an SMI diagnosis?..... 9

21. Are individuals living with a primary diagnosis of SMI or SUD provided the same services within the 1915(i) SPA?..... 10

22. Can an individual have a secondary diagnosis in the Intellectually and Developmentally Disabled (IDD) spectrum, and a primary diagnosis is SMI or SUD, and be eligible for 1915(i) SPA services? 10

23. How does the eligibility criteria differ for individuals living with a primary diagnosis of SMI and those living with a primary diagnosis of SUD? 10

24. What are the criteria to be considered "at risk of homelessness"? 10

25. Do individuals need to be homeless to qualify for housing-related services? **(Updated Item – 1/2024)**..... 10

26. Is there a length of stay requirement associated with the inpatient hospitalization eligibility criteria? 11

27. Will participants lose access to Community Integration Supplement (CIS) funding from the Department for Community Based Services if they receive benefits through the 1915(i) SPA? **(New Item – 1/2024)**..... 11

28. Will incarcerated individuals or individuals transitioning out of incarceration be eligible to receive 1915(i) SPA benefits? **(New Item – 1/2024)**..... 11

29. Would a past admission to a Crisis Stabilization Unit (CSU) be accepted in lieu of an admission to a hospital when an individual is considered for 1915(i) SPA eligibility? **(New Item – 1/2024)**..... 11

30. Would an individual be eligible to receive 1915(i) SPA services if they are dually diagnosed with SMI and IDD, but SMI is the primary diagnosis? **(New Item – 1/2024)** 11

Section 3: 1915(i) SPA Service Definition Questions..... 11

31. What services are currently included in the proposed 1915(i) SPA program design? **(New Item – 1/2024)**..... 11

32. How long can eligible individuals receive 1915(i) SPA services? When will the Cabinet or another entity reassess a participant’s eligibility for 1915(i) SPA services? **(New Item – 1/2024)**..... 12

Kentucky Cabinet for Health and Family Services
Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment
Frequently Asked Questions – Updated January 2024

- 33. Why are individuals with a primary diagnosis of SMI and/or SUD the only populations eligible to receive 1915(i) SPA services?..... 12
- 34. Can an individual receive both 1915(c) waiver services and 1915(i) SPA services, if there is need for additional services?..... 12
- 35. Will contact be made with court appointed guardians regarding potential eligibility for an individual to receive 1915(i) SPA services? 12
- 36. Are individuals diagnosed with SMI the only group eligible for housing services? ... 13
- 37. Will eligible individuals receive both Targeted Case Management (TCM) offered in the Medicaid State Plan and 1915(i) SPA Case Management? **(New Item – 1/2024)**
13
- 38. What services are offered within "Tenancy Sustaining Supports"?..... 13
- 39. Regarding Medication Management, what does "education and support to facilitate adherence" include? 13
- 40. Given PSH is a best practice housing model for individuals living with SMI, will all housing-related supports be available to both individuals with a primary diagnosis of SUD as well as SMI? Will recovery housing be included in addition to PSH? 13
- 41. Will the 1915(c) waiver case management providers be eligible to provide 1915(i) SPA case management?..... 13
- 42. For housing services, will there be a formal relationship with the Kentucky Housing Collaborative (KHC)?..... 14
- 43. Will participants that utilize the 1915(i) SPA transportation service be eligible to access Non-Emergency Medical Transportation (NEMT)? **(New Item – 1/2024)**..... 14
- 44. How far in advance must participants schedule transportation services, and are there limitations on transportation services? **(New Item – 1/2024)**..... 14
- 45. Will the 1915(i) SPA service definitions detail the parameters of Individualized Placement and Support (IPS) Supported Employment and IPS Supported Education? **(New Item – 1/2024)**..... 14
- 46. Will 1915(i) SPA Supported Employment IPS services supplant the current IPS program offered through the Kentucky Office of Vocational Rehabilitation? **(New Item – 1/2024)**..... 14
- 47. Will the payment process for the 1915(i) SPA Supported Employment IPS service operate like the current IPS program? 14
- 48. How will the 1915(i) SPA address housing availability issues, for individuals living with SMI, to limit delays in securing housing? **(New Item – 1/2024)**..... 14
- 49. Will the 1915(i) SPA services include Participant-Directed Services (PDS)? **(New Item – 1/2024)**..... 15

Section 1: General Questions

1. What is the tentative launch date for the 1915(i) SPA?

The 1915(i) State Plan Amendment (SPA) launch date is dependent on approval of the amendment by the Centers for Medicare & Medicaid Services (CMS), approval of the amendment budget request, and the necessary updates to the Kentucky Administrative regulations. The Cabinet expects to submit the 1915(i) SPA to CMS in early 2024.

2. When will the 1915(i) SPA be released for the 30-day public comment period?
(New Item – 1/2024)

The Cabinet expects to release the 1915(i) SPA for a public comment period in January 2024.

3. Where can I access the materials from the 1915(i) SPA Informational Session?
(Updated – 1/2024)

The 1915(i) SPA Informational Session slide deck can be found at:

<https://www.chfs.ky.gov/agencies/dms/dca/Documents/SPAInformationSessionPresentation.pdf>

4. Will eligible participants be required to engage in cost-sharing or copayments when accessing 1915(i) SPA services? **(New Item – 1/2024)**

No, eligible participants will not be required to engage in cost-sharing or copayments for 1915(i) SPA services.

5. Will the 1915(i) SPA services utilize the same billing methodology as 1915(c) waivers?

Yes, Medicaid licensed/certified service providers will bill 1915(i) SPA services to Medicaid. Billing for the provision of Home and Community-Based Services (HCBS) through either a 1915(c) waiver or the 1915(i) SPA will be similar. The Cabinet will offer specific changes in billing, codes, and other details closer to program launch.

6. Will individuals be enrolled in Fee-For-Service Medicaid or enrolled in managed care / one of the Managed Care Organizations (MCOs) for non-1915(i) SPA services? **(Updated – 1/2024)**

Individuals that meet the needs-based eligibility criteria, and choose to enroll in the 1915(i) SPA, will receive Fee-For-Service (FFS) Medicaid coverage.

7. For organizations that do not currently bill Medicaid, will there be any type of supports to help set up Medicaid billing and the associated operations required?
(Updated – 1/2024)

Yes, the Cabinet offers resources to interested and eligible providers to become Medicaid-certified providers for proposed 1915(i) SPA services. Providers can find resources via the [Partner Portal](#) and the Cabinet will provide targeted support closer to the program launch date for new services to the HCBS network (e.g. Tenancy Supports).

Kentucky Cabinet for Health and Family Services
Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment
Frequently Asked Questions – Updated January 2024

Additionally, Medicaid Management Information System (MMIS) provider representatives will be available to help with billing questions and concerns.

8. Will the 1915(i) SPA services be provided by the same providers as those serving 1915(c) waivers?

There will likely be overlap between the proposed 1915(i) SPA providers and existing 1915(c) HCBS providers. The Cabinet has designed the proposed 1915(i) SPA provider criteria to anticipate complexities of introducing new services for the Serious Mental Illness and Substance-Use Disorder (SUD) populations. The proposed provider types currently include:

- Home and Community-Based Service Provider Agencies
- Community Mental Health Centers (CMHC)
- Home Health Agencies (HHA)
- Employment Specialists / Job Coaches
- Individuals possessing one of the following certifications: Employment Specialist, Brain Injury Specialist, Direct Support Provider, Certified Career Services Provider, or Global Career Development Facilitator

9. As organizations plan for future Permanent Supportive Housing (PSH) services, will the Cabinet provide additional resources to assist with program implementation and monitoring? (Updated – 1/2024)

Yes, the Cabinet plans to provide additional support for 1915(i) SPA services once the amendment is approved by CMS and the program advances to the implementation phase. The Cabinet is actively coordinating resources with the Kentucky Housing Corporation to prepare for the services offered in the 1915(i) SPA.

10. Will there be a 1915(c) waiver or 1915(i) SPA to serve the Serious Emotional Disturbance (SED), Autism, and other populations?

Currently, the Cabinet is conducting a study to determine the feasibility of developing and implementing a 1915(c) waiver specific to the needs of children with SED, intellectual disabilities and related conditions, and autism spectrum disorder from birth to 21. We anticipate receiving a study report with recommendations by end of 2023 to guide next steps. The Cabinet will also share the study report with the public and will announce when the report is available.

11. Who did the Cabinet consult to assist with the 1915(i) SPA development process? (New Item – 1/2024)

The Cabinet developed the 1915(i) SPA by coordinating with DMS, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), the University of Kentucky Human Development Institute (HDI), Kentucky Office of Vocational Rehabilitation, Kentucky Health and Housing Collaborative (KHC), behavioral health advocates, providers, and additional Kentucky stakeholders. In addition to

Kentucky Cabinet for Health and Family Services
Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment
Frequently Asked Questions – Updated January 2024

Kentucky-based stakeholders, the Cabinet gathered information and interviewed peer states with experience developing and operating 1915(i) SPAs for similar populations.

12. What state agency or agencies will provide administrative oversight of the 1915(i) SPA? (New Item – 1/2024)

Contingent on approval by CMS, the Cabinet plans for DMS and DBHDID to jointly administer the 1915(i) SPA.

13. If program participants show progress towards their identified goals (e.g., living in least restrictive settings of care) will they lose access to the services that enabled their progress? (New Item – 1/2024)

Individuals will continue to receive 1915(i) SPA services if they are deemed medically necessary to enable the participant to live in the least restrictive settings of care and achieve the goals identified in their Person-Centered Service Plan (PCSP).

14. Will the Behavioral Health Service Organizations (BHSOs) that currently serve the SMI population qualify to provide 1915(i) SPA services?

BHSOs are eligible to apply to provide 1915(i) SPA services. Currently the Cabinet is considering many options to expand provider capacity. If a provider meets the certification criteria, they will be able to provide the 1915(i) SPA services. At this time the Cabinet has approved HCBS Provider Agencies, Home Health Agencies, Community Rehabilitation Program (CRP) Approved Providers, Community Mental Health Centers, and Other DMS Approved Providers to provide the 1915(i) SPA services.

Section 2: 1915(i) SPA Eligibility Questions

15. Section 2: What are the proposed Eligibility Criteria that an individual must meet to be eligible to receive 1915(i) SPA supports and services? (New Item – 1/2024)

Individuals who seek services through the 1915(i) SPA will need to meet the following eligibility criteria based on the proposed program design:

- A. **Age and Diagnosis** – 18+ with a Primary Diagnosis of SMI **OR** Substance Use Disorder SUD
- B. **Assessed Level of Need** – Level of Care Utilization System (LOCUS) **OR** American Society for Addiction Medicine (ASAM) criteria determined through an assessment by a trained professional.
- C. **Functional Impairment** – Clear evidence of functional impairment in two or more of the following domains:
 - 1) **Societal/Role:** Functioning in the role most relevant to his/her contribution to society and, in making that contribution, how well the person maintains conduct within societal limits prescribed by laws, rules and strong social mores.

Kentucky Cabinet for Health and Family Services
Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment
Frequently Asked Questions – Updated January 2024

- 2) **Interpersonal:** How well the person establishes and maintains personal relationships. Relationships include those made at work and in the family settings as well as those that exist in other settings.
 - 3) **Daily Living/Personal Care:** How well the person is able to care for him/herself and provide for his/her own needs such as personal hygiene, food, clothing, shelter and transportation. The capabilities covered are mostly those of making reliable arrangements appropriate to the person's age, gender and culture.
 - 4) **Physical:** Person's general physical health, nutrition, strength, abilities/disabilities and illnesses/injuries
- D. **Cognitive/Intellectual:** Person's overall thought processes, capacity, style and memory in relation to what is common for the person's age, gender, and culture. Person's response to emotional and interpersonal pressures on judgments, beliefs and logical thinking should all be considered in making this rating.
- E. **Duration / Episodic Criteria** that includes, clinically significant symptoms of behavioral health that have persisted in the individual for a continuous period of at least two (2) years **AND** the hospitalization of an individual for behavioral health more than once in the past two (2) years.

Additionally, please note that program participants will not be eligible for all services. Specific services will only be available to individuals that meet certain assessment tool thresholds and risk factors.

- A. **Assessment Tools:** An individual's LOCUS or ASAM assessment must be within the following range to be eligible for services:
- a. LOCUS Range: Level 3 to Level 5
 - b. ASAM Range: Level 1.0 to Level 2.5
- B. **Housing Risk Factors (Housing-Related Services Only):** To be eligible an individual must demonstrate **one** of the following risk factors:
- a. Homelessness
 - b. At-risk of homelessness (Department of Housing and Urban Development (HUD) definition)
 - c. History of frequent (more than 1/year) stays in nursing home/inpatient settings.
 - d. Was homeless in the prior 24 months, or formerly homeless, now residing in HUD assisted housing.
 - e. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

NOTE: An individual must demonstrate **only one** of the Housing Risk Factors to be eligible under the Housing Risk Factors criteria.

16. Will 1915(c) waiver participants be eligible to transition to the 1915(i) SPA if it is more suitable to the needs of the participant?

Yes, depending on the unique needs of the participant, the Cabinet will establish a process for transitioning eligible participants to the 1915(i) SPA. Participants cannot be enrolled in both a 1915(c) waiver and 1915(i) SPA at the same time. Note, participants must consider the differences in program eligibility when assessing transition opportunities. Details on 1915(i) SPA eligibility and how it differs from 1915(c) waiver programs can be found in the informational webinar deck [here](#).

17. How did the Cabinet develop the 1915(i) SPA eligibility criteria, and will the eligibility criteria be available for review during the mandatory 30-day public comment period? (New Item – 1/2024)

The Cabinet developed the 1915(i) SPA eligibility criteria by coordinating with DMS, DBHDID, behavioral health advocates, and additional Kentucky stakeholders. The goal of the current eligibility criteria is to capture individuals with high needs who are at risk of institutional placement. The eligibility criteria will be available for review and comment during the 30-day public comment period.

18. How many individuals with a primary diagnosis of SMI does the Cabinet project to meet the eligibility criteria for the 1915(i) SPA? (New Item – 1/2024)

The Cabinet is finalizing the projected number of unduplicated individuals that would be served annually by the 1915(i) SPA. The Cabinet developed the eligibility criteria to provide high-acuity services to individuals with the greatest need, meaning that a small subset of the population will be eligible for the more intensive services (e.g., Supervised Residential Services). Alternatively, lower-acuity services, such as Case Management, will be available to a larger eligibility group.

19. Who will perform the eligibility criteria assessments (i.e., the Level of Care Utilization System (LOCUS), American Society for Addiction Medicine (ASAM))?

The Cabinet is currently considering the appropriate providers to perform the 1915(i) SPA eligibility assessments and will announce a decision in the future.

20. Would an individual be eligible for 1915(i) SPA services if they were hospitalized multiple times within the past 2 years, but the hospitalizations were not associated with an SMI diagnosis?

If an individual was hospitalized for behavioral health reasons and received a primary diagnosis of SMI, and meets the additional need-based eligibility criteria, he or she will be eligible to receive 1915(i) SPA services. If an individual is hospitalized for non-SMI behavioral health reasons, he or she would not qualify for the services in the 1915(i) SPA. Please note, individuals with a primary diagnosis of SUD may also qualify for supports if they meet needs-based eligibility criteria. The additional needs-based criteria can be found at the Informational Webinar link [here](#).

21. Are individuals living with a primary diagnosis of SMI or SUD provided the same services within the 1915(i) SPA?

Service provisions are person-centered and based on the 1915(i) SPA eligibility criteria (including the primary diagnosis) and the assessed needs of the individual. All services in the 1915(i) SPA will be available to individuals diagnosed with SMI. Supervised Residential Care, In-home Independent Living Supports, Medication Management, and Medical Respite will not be available to individuals with SUD due to their specific needs.

22. Can an individual have a secondary diagnosis in the Intellectually and Developmentally Disabled (IDD) spectrum, and a primary diagnosis is SMI or SUD, and be eligible for 1915(i) SPA services?

Yes, if an individual has a primary diagnosis of SMI or SUD, and meets the additional needs-based eligibility criteria, that individual will be eligible for 1915(i) SPA services. Additional information on the needs-based criteria can be found at the Informational Webinar link [here](#).

23. How does the eligibility criteria differ for individuals living with a primary diagnosis of SMI and those living with a primary diagnosis of SUD?

The assessment tool is the key difference between the eligibility criteria for individuals with a primary diagnosis of SMI and individuals with a primary diagnosis of SUD. Individuals with a primary diagnosis SMI will be assessed using the LOCUS assessment tool and individuals living with a primary diagnosis of SUD will be assessed using the ASAM criteria. Additional information on the needs-based criteria can be found at the Informational Webinar link [here](#).

24. What are the criteria to be considered "at risk of homelessness"?

The "at risk of homelessness" criteria is sourced from the Department of Housing and Urban Development (HUD) definition which can be found at the link [here](#):

**25. Do individuals need to be homeless to qualify for housing-related services?
(Updated Item – 1/2024)**

No, an individual **only needs to demonstrate one** of the following housing risk factors, along with the additional eligibility criteria, to be eligible for housing-related services:

Homelessness (per HUD definition, categories I and IV),

OR

At-risk of homelessness,

OR

Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

OR

Was homeless in the prior 24 months, or formerly homeless, now residing in HUD assisted housing.

26. Is there a length of stay requirement associated with the inpatient hospitalization eligibility criteria?

No, there is not a required length of stay associated with the inpatient hospitalization eligibility criteria.

27. Will participants lose access to Community Integration Supplement (CIS) funding from the Department for Community Based Services if they receive benefits through the 1915(i) SPA? (New Item – 1/2024)

Individuals that are eligible, and choose to enroll to receive 1915(i) SPA services, will not lose access to CIS funding.

28. Will incarcerated individuals or individuals transitioning out of incarceration be eligible to receive 1915(i) SPA benefits? (New Item – 1/2024)

The 1915(i) SPA is designed to provide services and supports for individuals at risk of institutionalization. Incarcerated individuals are not eligible to receive 1915(i) SPA benefits. Individuals transitioning out of incarceration may be eligible to receive 1915(i) SPA benefits if they meet the defined eligibility criteria.

29. Would a past admission to a Crisis Stabilization Unit (CSU) be accepted in lieu of an admission to a hospital when an individual is considered for 1915(i) SPA eligibility? (New Item – 1/2024)

Yes, a past admission to a CSU would count towards the current duration/episodic eligibility criteria requirements (i.e., the hospitalization of an individual for behavioral health more than once in the past two (2) years).

30. Would an individual be eligible to receive 1915(i) SPA services if they are dually diagnosed with SMI and IDD, but SMI is the primary diagnosis? (New Item – 1/2024)

Yes, an individual with a primary diagnosis of SMI will be eligible to receive 1915(i) SPA services if they also meet the additional eligibility criteria.

Section 3: 1915(i) SPA Service Definition Questions

31. What services are currently included in the proposed 1915(i) SPA program design? (New Item – 1/2024)

The 1915(i) SPA will offer services to support individuals with a primary diagnosis of SMI and/or SUD to achieve goals outlined in their PCSP. Below is a list of the proposed service offerings in the 1915(i) SPA with the population(s) that would be eligible to receive them in parentheses.

- A. Assistive Technology (Primary diagnosis of SMI and/or SUD)

Kentucky Cabinet for Health and Family Services
Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment
Frequently Asked Questions – Updated January 2024

- B. Case Management (Primary diagnosis of SMI and/or SUD)
- C. Supported Education (Primary diagnosis of SMI and/or SUD)
- D. Supported Employment (Primary diagnosis of SMI and/or SUD)
- E. Tenancy (Primary diagnosis of SMI and/or SUD)
- F. Transportation (Primary diagnosis of SMI and/or SUD)
- G. In-Home Independent Living (Primary diagnosis of SMI)
- H. Medication Management (Primary diagnosis of SMI)
- I. Supervised Residential Care (Primary diagnosis of SMI)
- J. Planned Respite for Caregivers (Primary diagnosis of SMI)

32. How long can eligible individuals receive 1915(i) SPA services? When will the Cabinet or another entity reassess a participant's eligibility for 1915(i) SPA services? (New Item – 1/2024)

Participants will be eligible and continue to be eligible to receive 1915(i) SPA services, without a time restriction, if they meet the required eligibility criteria and services are deemed medically necessary. Needs-based eligibility reevaluations will be conducted by the Cabinet at least every twelve months.

33. Why are individuals with a primary diagnosis of SMI and/or SUD the only populations eligible to receive 1915(i) SPA services?

The Cabinet elected to target 1915(i) SPA benefit to individuals with a primary diagnosis of SMI and/or SUD based on a legislative requirement. The Cabinet was directed by the Kentucky legislature, via [Senate Joint Resolution 72 \(SJR 72\)](#), to implement a new Medicaid program designed to address the specific needs of Kentucky citizens living with SMI and/or SUD. SJR 72 can be found [here](#).

34. Can an individual receive both 1915(c) waiver services and 1915(i) SPA services, if there is need for additional services?

No, individuals receiving 1915(c) services will not be eligible to receive 1915(i) SPA services simultaneously. The individuals would be on state record as meeting two different levels of care, which is not allowable under CMS guidelines.

35. Will contact be made with court appointed guardians regarding potential eligibility for an individual to receive 1915(i) SPA services?

Person centered service plans must be developed using a person-first approach that engages a team of individuals who support a participant with decision making. Court appointed guardians are considered to lead and support the decision-making of program participants, as legally authorized. The Cabinet will educate the public and the State Guardianship program to promote awareness of the 1915(i) SPA to promote access to individuals who are eligible.

36. Are individuals diagnosed with SMI the only group eligible for housing services?

Individuals diagnosed with SMI will be eligible for Supervised Residential Care, In-Home Independent Living Supports, and Tenancy Supports. Within the housing domain, individuals diagnosed with SUD will be eligible to receive Tenancy Supports.

37. Will eligible individuals receive both Targeted Case Management (TCM) offered in the Medicaid State Plan and 1915(i) SPA Case Management? (New Item – 1/2024)

No, eligible individuals that choose to enroll in the 1915(i) SPA will utilize 1915(i) SPA Case Management services. 1915(i) SPA participants will not be eligible to receive TCM via the Medicaid State Plan to avoid duplication of services

38. What services are offered within "Tenancy Sustaining Supports"?

Tenancy Sustaining Supports are services to maintain tenancy once housing is secured. The supports will provide opportunities for individuals to engage with their community, build critical skills for independent living, and provide monitoring and follow up through care coordination. Supports also include additional assistance, as needed, with tenancy, lease adherence, coordinating rent and required utility payments, and eviction prevention activities, as an example.

39. Regarding Medication Management, what does "education and support to facilitate adherence" include?

Medication Management includes face-to-face contact with the service recipient with SMI, in an individual setting, for the purpose of monitoring an individual's medication adherence. Additionally, the service will provide medication education and training, monitoring, offering support to assist a participant experiencing medication side effects, and provide other nursing or medical assessments. The service is intended to support and empower the recipient to understand how medication adherence supports their short- and long-term recovery goals.

40. Given PSH is a best practice housing model for individuals living with SMI, will all housing-related supports be available to both individuals with a primary diagnosis of SUD as well as SMI? Will recovery housing be included in addition to PSH?

The Supervised Residential Care and In-Home Independent Living Supports services are based on PSH principles and are available only for individuals living with SMI. The 1915(i) SPA includes Tenancy Support services which are available to those living with SUD or SMI. Tenancy Supports are based on PSH principles and are intended to support the participant to move into an independent community setting and to maintain tenancy once it is secured.

41. Will the 1915(c) waiver case management providers be eligible to provide 1915(i) SPA case management?

The Cabinet has not finalized the provider qualifications for case management within the 1915(i) SPA and plans to release those details during the public comment period. All providers that meet the qualifications outlined in the 1915(i) SPA will be eligible to provide case management.

42. For housing services, will there be a formal relationship with the Kentucky Housing Collaborative (KHC)?

The Cabinet is actively partnering with the KHC on the development and review of the 1915(i) SPA and plans to continue to engage them throughout program implementation.

43. Will participants that utilize the 1915(i) SPA transportation service be eligible to access Non-Emergency Medical Transportation (NEMT)? (New Item – 1/2024)

Yes, eligible participants who utilize the 1915(i) SPA transportation service will still have access to NEMT services as needed.

44. How far in advance must participants schedule transportation services, and are there limitations on transportation services? (New Item – 1/2024)

Transportation service scheduling requirements will be dependent on the service provider. Transportation needs must align with the goals identified in the participants PCSP. 1915(i) SPA transportation services must not duplicate existing services provided via the Kentucky Medicaid State Plan (e.g., NEMT services).

45. Will the 1915(i) SPA service definitions detail the parameters of Individualized Placement and Support (IPS) Supported Employment and IPS Supported Education? (New Item – 1/2024)

Yes, the 1915(i) SPA service definitions align with current IPS requirements and parameters for both Supported Employment and Supported Education. For an overview of current IPS requirements and parameters please refer to the following website: <https://ipsworks.org/index.php/what-is-ips/>.

46. Will 1915(i) SPA Supported Employment IPS services supplant the current IPS program offered through the Kentucky Office of Vocational Rehabilitation? (New Item – 1/2024)

No, Supported Employment IPS services included in the 1915(i) SPA will supplement and not supplant existing IPS services offered by the Kentucky Office of Vocational Rehabilitation.

47. Will the payment process for the 1915(i) SPA Supported Employment IPS service operate like the current IPS program?

The 1915(i) SPA will offer Supported Employment that operates with IPS as a supplement to the current IPS programming. The administrative and operational functioning of IPS will remain unchanged.

48. How will the 1915(i) SPA address housing availability issues, for individuals living with SMI, to limit delays in securing housing? (New Item – 1/2024)

The Cabinet is working with providers in Kentucky as well as the Kentucky Housing Corporation to strengthen and expand the existing housing options and provider network.

Kentucky Cabinet for Health and Family Services
Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment
Frequently Asked Questions – Updated January 2024

49. Will the 1915(i) SPA services include Participant-Directed Services (PDS)? (New Item – 1/2024)

No, the 1915(i) SPA will not include a participant-directed option at this time. All services will be deployed with Medicaid enrolled and certified providers. The Cabinet may reconsider PDS in the future as the program is more mature.