



1915(c) Service Authorization Crosswalk
Community Health for Improved Lives and
Development (CHILD) Waiver

**Kentucky 1915(c) Home and Community Based
Waiver Services**
Education for Case Managers

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WELCOME TO THE 1915(c) SERVICE AUTHORIZATION CROSSWALKS

The 1915(c) Service Authorization Crosswalks provide case managers with an overview of the 1915(c) waiver service offerings available to participants. Crosswalks include the following eight (8) elements for each waiver service:

1. **Service:** Name of the service
2. **Applicable 1915(c) Waivers:** A list of all 1915(c) waivers the service applies to (*if the crosswalk contains more than one waiver service*)
3. **Summary at a Glance:** A brief description of the service and limits
4. **Definition:** The service as defined in the 1915(c) Home and Community Based Services (HCBS) waiver application and/or specific Kentucky Administrative Regulation (KAR)
5. **Telehealth:** Indicates whether the service can be provided via telehealth.
6. **Limitations:** Any limits associated with the service, such as volume limits, conflicts with other services, variations based upon a specific waiver
7. **Duplication of Service Risk:** Limitations on this service where it cannot be billed concurrently with another service
8. **Cabinet-level Review/Approval:** Indication that the service requires approval by the Department for Medicaid Services (DMS) or its designee prior to service delivery
9. **Service Indicators:** Examples of rationale that support use of the service

Crosswalks contain the service definition and limitations for each service as indicated in the 1915(c) waiver applications and the KARs, both found on the [Division of Long-Term Services and Supports HCBS Waivers website](#).

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Service Name	Case Management (T2022 HA)
Summary at a Glance	<p>Case management activities include assisting participants in gaining access to and receiving waiver, Medicaid State Plan, and other non-Medicaid funded community-based services to support the participant’s home and community-based needs.</p> <p>Case management shall be conflict-free, meaning the case management provider must not also provide another waiver service to the same participant.</p>
Definition	<p>Case management involves working with the participant, the participant’s legal guardian, and/or their authorized representative and others who the participant identifies, such as immediate family member(s), in developing a person-centered service plan (PCSP). Using a person-centered planning process, case managers assist in identifying and implementing support strategies to enable the PCSP to advance the participant’s identified goals while meeting assessed community-based needs using waiver and non-waiver funded services. Support strategies incorporate: the principles of empowerment, community inclusion, health and safety assurances, and the use of formal, informal, and community supports. Additionally, it is the expectation that the resultant PCSP identifies applicable unpaid natural supports and provides for transition plans when a child or youth is expected to age out or otherwise transition from the CHILD waiver program.</p> <p>In accordance with federal requirements, case managers adhere to person-centered principles during all planning, coordination, and monitoring activities. Activities are documented, and plans for support and services are reviewed by the case manager at least annually and more often as needed using the person-centered planning processes described in Appendix D of the approved waiver application.</p> <p>Case management activities may include in-person, virtual, telephonic, and other methods of communication (as approved in a participant’s PCSP) to provide coordination and oversight to assure the following:</p> <ul style="list-style-type: none"> • Conflict-free options counseling to select appropriate services to meet identified needs and HCBS goals, along with education about available HCBS service providers; • The desires and needs of the participant are determined through a person-centered planning process;

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	<ul style="list-style-type: none"> • The development and/or review of the PCSP, including monitoring of the effectiveness of the PCSP to advance person-centered goals and objectives and respond to changes in participant goals and objectives; • The coordination of multiple services and/or among multiple providers; • Linking waiver participants to services that support their home and community-based needs, regardless of funding source; • Monitoring the implementation of the PCSP, participant health and welfare, and corrective action plans (CAPs); • Addressing problems in service provision; • Implementing participant crisis mitigation plans and making appropriate referrals to address active or potential crisis, when appropriate; • Detecting, reporting, and mitigating suspected abuse, neglect, and exploitation of participants, including adherence to mandatory reporter laws, and monitoring the quality of the supports and services; • Assisting participants in developing and coordinating access to social networks to promote community inclusion as requested by the participant. • Assess the quality of services, safety of services, and cost-effectiveness of services being provided to a participant to ensure that implementation of the participant’s PCSP is successful and done so in a way that is efficient regarding the participant’s financial assets and benefits. <p>The assigned CHILD case manager holds responsibility for coordinating the provision of care with other involved case management entities who may also be involved in the participant’s care.</p>
Telehealth	<p>This service may be provided in-person or virtually via telehealth. Telehealth services may be provided under specific circumstances as described in regulation. In-person case management services must be provided whenever possible and in accordance with specifications noted in C-1-d of the approved waiver application.</p> <p>Participation in services via telehealth should be documented in the PCSP. Participants who are offered telehealth by the provider have the right to request and receive in-person services instead.</p> <p>DMS will support individuals who need assistance with technology required for telehealth services</p>

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	through the case manager. Case managers will document the use of the identified telehealth technology in the PCSP and when appropriate, will connect participants with trainings.
Limitations	<p>Fixed upper payment limit of \$425.92.</p> <p>One (1) unit per participant, per calendar month may be authorized in excess of that unit through the exceptional support process as enumerated in Kentucky Administrative Regulation 907 KAR 2:725.</p> <p>Case management under the CHILD 1915(c) will not duplicate or supplant targeted case management or care coordination offered under the Medicaid State plan.</p>
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Participant has been approved for waiver and requires case manager for PCSP development and ongoing monitoring.</p> <p>A specific situation/event/crisis has occurred, and the participant may require additional outreach.</p>

Service Name	Clinical Therapeutic Services (H0004 HA)
Summary at a Glance	Clinical Therapeutic Services is approved, based on assessed needs, to support children, youth, and their families in understanding, mitigating, and providing long term solutions for behavior challenges.
Definition	This service is designed to provide family crisis prevention and stabilization supports to the waiver-enrolled child or youth, primary caregiver, family (including foster care families). Additionally, Clinical Therapeutic Services may be used to support other waiver providers, with the exception of those providing Environmental and Minor Home Modifications, working with a child or youth on the types of prevention and stabilization techniques best suited to the child's needs. Activities provided through Clinical Therapeutic Services to achieve the service's intended outcomes include:

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	<ul style="list-style-type: none"> • Training for primary caregivers (including information and paid supports) in trauma-informed methods for preventing crisis; mitigation and support techniques for when crises occur, and implementation of positive coping strategies to directly address crisis and/or negative behavior escalation. • Parental and family support (e.g. family-to-family networking). • Training the family, unpaid informal supports, or paid providers in stabilization techniques, working with the family, informal supports, or paid providers to identify triggers and developing person-centered approaches for preventing behavioral crisis prior to occurrence. • Support for families, informal supports, or paid providers of a child or youth who is "stepping" down from institutional care or is otherwise transitioning between residential settings to establish or re-establish them in a family home, foster home, or other community-based residential setting. Support includes development of schedules, practices, and expectations within the new setting. <p>This service will be provided in the home of a relative (as defined in 922 KAR 2:160), guardian, or foster care family, in the community, and/or in a residential placement.</p> <p>The appropriate staffing ratio is determined based on assessed needs and unique circumstances of the individual and family, with input from the individual's case manager.</p>
Telehealth	<p>Clinical Therapeutic Services may be delivered through a HIPAA compliant telehealth platform when documented in a child's person-centered service plan. The child's legal guardian must agree to the use of telehealth for the delivery of Clinical Therapeutic Services as described in the person-centered service plan. Telehealth may not be used during service provisioning when a child is engaged in activities considered to be private in nature, including but not limited to instances of bathing, toileting, or changing. However, the Clinical Therapeutic Services provider is required to develop a plan for the child, their family, and other CHILD waiver providers to fully support and respond to a child's behaviors during such activities and will monitor the plan to determine what additional support structures may be needed.</p>
Limitations	<p>Fixed upper payment limit of \$29.95 per unit. A unit of service is fifteen (15) minutes.</p>

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	<p>Limited to one hundred sixty (160) units (40 hours) per person-centered service plan year. Additional units may be approved through the established exceptional review process as enumerated in 907 KAR 2:725.</p> <p>Clinical Therapeutic Services is limited to additional services intended to avoid institutionalization that are not otherwise covered under the Kentucky Medicaid state plan, including EPSDT.</p>
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: Yes</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Participant is in crisis or may experience a crisis in the near future, and stabilization is required.</p> <p>Participant is stable, but education and training is required for caregivers or family to prevent future crises.</p> <p>Participant is transitioning between care settings and requires support or caregivers/family require support to re-establish them in a new setting or mitigate any potential crises.</p>

Service Name	Respite (T1005 HA for 1:1 or T1005 HA U9 for Congregate Setting)
Summary at a Glance	Respite services are provided to CHILD waiver participants who are unable to independently care for themselves. Respite services are provided on a short-term basis due to the absence of or need for relief of the primary caregiver.
Definition	<p>Respite may be provided in a variety of settings including the participant's own home, a private residence or other CHILD certified residential settings including foster care homes. All settings in which respite is provided must be found to be compliant with HCBS settings regulations, in accordance with federal rules and C-5 of the approved waiver application.</p> <p>Receipt of respite care does not preclude a participant from receiving other services on the same day. For example, a child or youth may receive Community Living Supports on the same day as he/she receives respite care as long as the services are not provided at the same time.</p>

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	<p>A provider may not use another person's bedroom or another person's belongings to provide respite for a different person. Respite care may not be furnished for the purpose of compensating relief or substitute staff for a Supervised Residential Care agency staff member. The costs of such staff are met from payments for Supervised Residential Care service.</p>
Telehealth	This service cannot be provided via telehealth.
Limitations	<p>Fixed upper payment limit of \$5.92 per unit. A unit of service is fifteen (15) minutes.</p> <p>Limited to 3320 units (830 hours) per person-centered service plan year. Additional units may be authorized through the established exceptional review process as enumerated in 907 KAR 2:725.</p> <p>Children and youth currently authorized and receiving Supervised Residential Care may not receive respite services.</p> <p>Respite will not be authorized for children and youth during school hours, except in limited circumstances, when the student is unable to attend school or receive educational services due to a disciplinary exclusion or attends a partial school day, or receives educational services while in a home-hospital setting. This includes youth who may be receiving home-bound schooling services due to long-term illness and inability to attend classes in a school setting.</p> <p>Respite services made available through the CHILD waiver may not supplant or duplicate like services available under the Kentucky Medicaid state plan.</p>
Duplication of Service Risk	<p>Waiver Service: Yes</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Provide necessary relief to allow caregivers to take care of personal matters or engage in tasks for other members of the household.</p> <p>Signs/evidence of family/caregiver burnout, including but not limited to:</p> <ul style="list-style-type: none"> • Caregiver lack of self-care • Increased agitation between the caregiver and the participant

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	Caregiver is responsible for twenty-four (24) hour care of participant.
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Service Name	Supervised Residential Care (2016 HA UP)
Summary at a Glance	Supervised Residential Care is targeted to children and youth who require 24-hour intense, individually tailored support to assist with the acquisition, retention, or improvement in skills related to living in the community.
Definition	<p>Children and youth who demonstrate meeting one of the following service criteria may be authorized to receive Supervised Residential Care services:</p> <ul style="list-style-type: none"> • Are discharged from an inpatient psychiatric hospital for individuals under age 21 or and ICF/IID but are not yet able to return back to their family, guardian, or foster care residence; or • Is unable to be cared for within their family, guardian, or foster care residence due to high-risk behaviors and/or complex medical conditions, but do not wish to receive services in an appropriate institutional setting; or • Currently are unhoused as a result of their disability and care needs and are unable to access appropriate community-based supports through another funding source. <p>These supports include adaptive skill development, assistance with activities of daily living, community inclusion, and social and leisure skill development to assist the child or youth to reside in the most integrated setting appropriate to his/her needs. The supports required for each participant will be outlined in their PCSP, which includes a Crisis Prevention Plan. Supervised Residential Care services also include protective oversight and supervision, transportation, personal assistance and the provision of medical and health care services that are integral to meeting the daily needs of residents.</p> <p>Supervised Residential Care settings are limited to serving no more than three (3) residents at any given time. To the extent feasible, Supervised Residential Care settings will not serve children or youth who are not enrolled on the CHILD waiver or for whom there is an age difference of plus or minus (+/-) five years in age between the oldest and youngest resident (unless the children are siblings); all efforts will be given to provide children and youth with alternative setting choices in which there is not a +/- five year age</p>

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	<p>difference between residents. Additionally, case managers are required to place children and youth in Supervised Residential Care settings that will limit the presentation or risk of problematic behaviors in individuals placed at the setting. It is the responsibility of the Supervised Residential Care provider to review all resident case plans and coordinate with each child's case manager to address concerns regarding the health, safety, well-being, and care and support needs of each child prior to placement.</p> <p>The agency providing Supervised Residential Care is responsible to arrange for or provide transportation to:</p> <ul style="list-style-type: none">• A family, guardian, or foster care home.• School (when applicable).• A place of employment (when applicable).• Other community locations when the provision of state plan covered transportation is unavailable. <p>Supervised Residential Care may include the provision of up to five (5) unsupervised hours per day per child or youth who are at least eighteen (18) years of age as identified in the PCSP. Unsupervised hours are intended to promote increased independence and are based on the individual needs of a child or youth as determined with the person-centered team and reflected in the PCSP. Those who cannot safely be unsupervised would not be unsupervised. For each child or youth approved for any unsupervised time, a safety plan will be created based upon their assessed needs. The case manager, as well as other team members, will ensure the child or youth is able to implement the safety plan. On-going monitoring of the safety plan, procedures or assistive devices required would be conducted by the case manager to ensure relevance, ability to implement and functionality of devices if required.</p> <p>If a child or youth experiences a change in support needs or status, adjustments in Supervised Residential Services shall be made to meet the support needs. If changes are anticipated to be chronic (lasting more than 3 months), the Supervised Residential Care provider may request reassessment to determine if needs have changed. Any increase in funding based on assessed needs shall be used for provision of additional supports as outlined in a revised PCSP.</p> <p>Provider-owned or leased residences where Supervised Residential Care services are furnished must be compliant with the Americans with Disabilities Act based on the needs of the persons supported.</p>
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Telehealth	This service cannot be provided via telehealth.
Limitations	<p>Fixed upper payment limit of \$550.00 per participant, per day. An additional rate may be authorized through the established exceptional review process as enumerated in 907 KAR 2:725.</p> <p>Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. The method by which the costs of room and board are excluded from payment for Supervised Residential Services is specified in Appendix J of the approved waiver application.</p> <p>Children and youth authorized and receiving Supervised Residential Care may not be authorized to receive Respite, Community Living Supports, or Environmental and Minor Home Modifications, unless otherwise noted in the service definitions and limitations of these other CHILD waiver services.</p> <p>These services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.</p>
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Participant is being discharged from an inpatient psychiatric hospital or ICF/IID but cannot return to his or her residence.</p> <p>Participant does not wish to be institutionalized but has high-risk behaviors and/or complex medical conditions that cannot be managed within his or her family, guardian or foster care residence.</p> <p>Participant is unhoused due to his or her care needs and cannot access housing-related supports through other funding sources.</p>

Service Name	Community Living Supports (97535 HA)
Summary at a Glance	Community Living Supports are based upon therapeutic goals, are not diversional in nature, and are not to replace other work or day activities.

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<p>Definition</p>	<p>Community Living Supports are intended to facilitate independence and promote integration into the community.</p> <p>Community Living Supports include socialization, relationship building, leisure choice and participation in generic community activities. This service may take place in an individual's home or the community, based on the child or youth's assessed needs and in accordance with the approved PCSP.</p>
<p>Telehealth</p>	<p>This service cannot be provided via telehealth.</p>
<p>Limitations</p>	<p>Fixed upper payment limit of \$7.37 per unit. A unit of service is fifteen (15) minutes.</p> <p>Limited to four hundred forty-eight (448) units (112 hours) per week, no more than 16 hours per day.</p> <p>Community Living Supports will not be authorized for any child or youth during school hours, except in limited circumstances, when the student is unable to attend school or receive educational services due to a disciplinary exclusion or attends a partial school day, or receives educational services while in a home-hospital setting. This includes youth who may be receiving home-bound schooling services due to long-term illness and inability to attend classes in a school setting. This includes youth who may be receiving home-bound schooling services due to long-term illness and inability to attend classes in a school setting.</p> <p>A limited amount of Community Living Supports may be authorized for a participant receiving Supervised Residential Care, provided the following conditions are met:</p> <ul style="list-style-type: none"> • The child or youth and his or her support system is actively reintegrating them back into the family or foster parent's residential home. In this scenario, evidence of reintegration must be documented on the person-centered service plan. • The authorization is limited to eighty (80) units per week (20 hours). • Authorization of Community Living Supports will expire if the child or youth is no longer actively working towards reintegration.
<p>Duplication of Service Risk</p>	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>

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Requires Cabinet-Level Review	No
Service Indicators	<p>The participant requires one-on-one assistance with socialization, relationship building, leisure activities, or participation in community activities.</p> <p>The participant is actively working to reintegrate into the family or foster care home residence.</p>

Service Name	Environmental and Minor Home Modifications (E3199 HA)
Summary at a Glance	Environmental and Minor Home Modifications are any necessary adaptations to a private or family residence required to ensure the child or youth's health, welfare, and safety.
Definition	<p>Environmental and Minor Home Modifications must be delineated in the PCSP and allows for the following adaptations to the home:</p> <ul style="list-style-type: none"> • Installation of ramps and grab-bars. • Wheelchair accessibility modifications including widening of doorways, lowering of counters/cabinets, and modification of bathroom facilities. • Installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. <p>Certain adaptations or improvements to the home shall exclude those that are not of direct medical or remedial benefit to the waiver individual, which may include carpeting, painting, roof repairs, etc. Approval from DMS is required for requested items not delineated above when a clinician overseeing the child or youth's care provides documentation of the medical need.</p> <p>Environmental and Minor Home Modifications may be authorized up to 120 days prior to the discharge of a child or youth transitioning from an inpatient psychiatric hospital for individuals 21 and under or an ICF/IID to a family, guardian, or foster care home. Environmental and Minor Home Modifications may not be reimbursed by DMS until the date a child or youth is enrolled in the waiver following discharge from the institution.</p>

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	Environmental and Minor Home Modifications may be approved for children and youth living in a family, guardian, or foster care home.
Telehealth	This service cannot be provided via telehealth.
Limitations	<p>Limited to a Lifetime maximum of \$9,680.00.</p> <p>Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g. to improve ingress/egress to a residence or to configure a bathroom to accommodate a wheelchair.</p> <p>Children and youth who are residing in a Supervised Residential Care setting may not be authorized for Environmental and Minor Home Modifications.</p> <p>Environmental and Minor Home Modifications are limited to additional services intended to avoid institutionalization that are not otherwise covered under the Kentucky Medicaid state plan, including EPSDT.</p>
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: Yes</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Modification is necessary for health and safety and/or the participant's ability to navigate independently throughout the residence.</p> <p>Modifications must meet safety codes and compliance.</p> <p>Case manager should confirm whether the modification can be covered through the State Plan or through another resource.</p> <p>Modification must be needed to reduce reliance on in-home worker/caregiver and/or increase participant independence.</p>