Kentucky Department for Medicaid Services
New CHILD 1915(c) Home and Community Based Services Waiver Program
Official Response to Formal Public Comment from June 16, 2025 – July 15, 2025

Between June 16, 2025, and July 15, 2025, the Department for Medicaid Services (DMS) received formal public comments on behalf of the Kentucky Cabinet for Health and Family Services (the Cabinet) regarding the new Community Health for Improved Lives and Development (CHILD) 1915(c) Home and Community Based Services (HCBS) waiver program.

The Cabinet held the formal public comment period to allow waiver community members the opportunity to provide feedback on the proposed new CHILD waiver application. This document provides the Cabinet's response to all formal public comment period submissions. Following the public comment period, DMS will submit the new CHILD waiver application to the Centers for Medicare and Medicaid Services (CMS) for review and approval.

Below you will find a few definitions to help you understand the Cabinet Response. If you have questions about this response, please email MedicaidPublicComment@ky.gov.

Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
The Cabinet assigned a number to each set of comments to help us track them. Please note the reference # sometimes goes out of numerical order to allow for grouping of similar comments.	**This section identifies the type of stakeholder(s) who made the comments (providers, caregivers, etc.)**	**This is where you will find the public comments. The Cabinet grouped and summarized comments.**	**This is where you will find the Cabinet response to each set of comments.**	**This section lists any changes the Cabinet made to the amended waiver application based on the comments received.**

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Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
CS1	CHILD	Caregiver	Commenter says the CHILD waiver must remain focused on the needs of the child regardless of family status or	The new CHILD waiver is a short-term stabilization benefit, intentionally designed to serve up to 100 eligible individuals whose	

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			custody arrangement and notes that many caregivers are already providing appropriate, court-approved or state-recognized care for children with complex needs. Commenter notes that the waiver is intended to provide needed services and not to substitute for or displace the caregivers already providing care.	complex needs for intensive services and residential placements are not met by the existing service array. The Cabinet agrees that the waiver program should be focused on the needs of the individual and provide the services and supports identified during the collaborative person-centered care planning process. The addition of this new waiver will not reduce or change the services provided through any of the current waiver programs.	
CS2	CHILD	Provider	Commenter provides feedback on the need to ensure that families are providing appropriate care for their child such as ensuring their child is receiving appropriate supports and therapies, which could be included in the annual nursing intake for the child. He thinks it is essential for parents, especially who are paid caregivers, to provide their child with appropriate services through therapies (Speech, Occupational, Physical, Feeding or Behavior Therapy), counseling, or provided through their local school (i.e. early enrollment in preschool programs, receiving supports for their diagnosis through school). If the child has significant difficulty accessing supports outside the home, it may be essential to have the child's case manager set up in-home services that	The CHILD waiver will have up to 100 slots available to support eligible children and youth who meet the level of care for an inpatient psychiatric facility for individuals under 21 or an intermediate care facility for individuals with intellectual disabilities (ICF/IID). This aligns with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions. The CHILD waiver does not allow parents/legal guardians to be paid service providers at this time due to the short-term nature of the benefit, the level of service intensity required, and the administrative requirements involved with participant directed services (PDS). In terms of policies and services, this new waiver stands alone from the already approved	

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			the child could participate in to ensure they are promoting the child's improvement in their well-being, skills and development.	1915(c) programs serving children (e.g. Michelle P. waiver). The Cabinet agrees that all children and youth should have access to and receive medically necessary services and therapies to support their ability to live safely in their communities.	
CS3	CHILD	Other Stakeholder	Commenter is concerned that the Community Living Supports' 80-unit (20-hour) weekly limit is insufficient and asks how this limit was determined. The commenter urges the Cabinet to provide an evidence-based rationale, disclose clinical or stakeholder input for the limit, and request flexible supports tailored to children's individual needs rather than fixed service hours.	The Cabinet proposes to limit Community Living Supports to 448 15-minute units, or 112 hours per week with a maximum limitation of no more than 16 hours per day delivered. The Cabinet is also proposing to use an exceptional review process for an enrolled child who has a demonstrated need for more hours of Community Living Supports. Only in instances when an enrolled child is actively receiving Supervised Residential Care and is working to reintegrate back into a family (including a foster parent's home) is Community Living Supports limited to a total of 80, 15-minute units. This is the equivalent of 20 hours per week. This limitation is based on the assumption that the child is residing at the Supervised Residential Care setting at least 88% of the week. Supervised Residential Care providers are responsible for all aspects of a child's care when the child is residing in the setting.	

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CS4	CHILD	Provider	Commenter asks what services will be available through this waiver (i.e. attendant care, supplies, mental health, ABA, meals?	The CHILD waiver will include the following services: • Case Management • Respite • Community Living Supports • Environmental and Minor Home Modifications • Clinical Therapeutic Services • Supervised Residential Care	
CS5	CHILD	Provider	Commenter supports inclusion of "Community Consultation and Training (CCT)" services under the CHILD waiver and is particularly supportive of provider requirements for delivering this service.	To support the intent of this waiver, the CHILD waiver will include the following services: • Case Management • Respite • Community Living Supports • Environmental and Minor Home Modifications • Clinical Therapeutic Services • Supervised Residential Care All proposed CHILD waiver services will be carefully managed through a case management and person-centered-planning process that focuses on the immediate therapeutic supports and stabilization services needed for the child to successfully transition into other long-term care services and supports.	
CS6	CHILD	Caregiver	Commenter strongly supports the CHILD waiver and wants to ensure that it includes behavioral and therapeutic supports tailored to neurodivergent and physically	To support the intent of this waiver, the CHILD waiver will include Clinical Therapeutic Services, which are designed to provide family crisis prevention and stabilization supports, with a particular	

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			disabled children and services that are trauma-informed and culturally sensitive.	emphasis on children who are "stepping down" from institutional care or who are transitioning between residential settings. Additionally, all proposed CHILD waiver services will be carefully managed through a case management and person-centered-planning process that takes into account the child's background and whole care needs.	
CS7	CHILD	Provider	Commenter requests clarification on why the Cabinet specified an estimated average of 800 units per user for Clinical Therapeutic Services when there is a limitation of 160 units per user per year included in the service definition.	The projected number of units specified in Appendix J for Clinical Therapeutic Services is for the purposes of the Cabinet's demonstration of cost-neutrality to the Centers for Medicare and Medicaid (CMS). The estimate assumes individuals will utilize the exceptional review process when additional hours are needed.	
CS8	CHILD	Multiple	Commenters believe the CHILD waiver is a much-needed program and offer the following: 1. Rewrite the description of Clinical Therapeutic Services to include and make available at least 3 hours/week of individual and family therapy, along with training, guidance, and consultation or clarify that the Clinical Therapeutic Service units are available for those clinicians billing State Plan Medicaid so that the same clinicians providing treatment can provide the coordination, training, and	1. Clinical Therapeutic Services are designed to provide family crisis prevention and stabilization supports, with a particular emphasis on children who are "stepping down" from institutional care or who are transitioning between residential settings. The service provides "training for primary caregivers in trauma-informed methods for preventing crisis" and "parental and family support." Any provider in good standing with DMS, who meets provider qualification criteria for Clinical Therapeutic Services, and obtains certification status from the Department of Behavioral Health, Developmental & Intellectual Disabilities may enroll as a CHILD waiver provider.	

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			consultation needed by the child's caregivers and team members. Are clinicians who are practicing under the supervision of another practitioner eligible to provide Clinical Therapeutic Services? 2. The service definition of Clinical Therapeutic Service does not provide for the formal process of conducting a Functional Assessment (FA) or the creation of a Behavior Support Plan (BSP). Administration of the CANS Assessment is used to determine the child's needs and services necessary to address those needs, however, behavior analysts cannot rely on an assessment performed by another individual and must start out with the process of conducting an assessment to determine the function of the child's identified problematic behaviors and to draft formal behavioral interventions for treatment team members to follow. 3. The definition of Community Living Supports/Personal Assistance (CLS/PA) is generous and broad. Commenter suggests the adoption of language allowing the CLS/PA to work in conjunction with the licensed	2. No further update to the Clinical Therapeutic Service definition will be made at this time. The current content addresses functional assessments or behavior support plans with the following: "Activities provided under the Clinical Therapeutic Services include identification of behavioral triggers through reviews of the CANS assessment and other clinical/therapeutic documentation to identify behavioral triggers that may lead to crisis situations and/or escalated negative behaviors." 3. The primary intent of Community Living Supports is to provide assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Community Living Supports include medication monitoring and non-medical care which do not involve the intervention of a nurse or physician. Modification will not be made to the definition of Community Living Supports; however, a Community Living Support provider may participate in the training and implementation of behavioral techniques via the allowances provided under Clinical Therapeutic Services.	

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			professionals on the team to provide assistance to the child in learning and using emotion regulation skills, coping skills, and interpersonal skills as well as clarifying that CLS/PA's can assist in implementing any behavior techniques recommended by the licensed professional.		
CS9	CHILD	Caregiver	Commenter says that the CHILD waiver should include the ability to do community engagement and activities with children to support their needs, which is not allowed on the HCB waiver.	The new CHILD waiver is intentionally designed to support extremely high-needs individuals for whom needed intensive services and residential placements have not been or are no longer available. Community engagement activities as identified in a child or youth's person-centered service plan may be provided as part of authorized Community Living Supports.	
CS10	CHILD	Provider	Commenters encourage consideration of nutrition supports through home delivered meals as the service would further the state's goals of preventing institutional placement, supporting care continuity, and promoting the health and stability of families raising children with high medical and behavioral needs.	Home delivered meals will not be included in the CHILD waiver, which is a short-term stabilization benefit, intentionally designed to support up to 100 eligible, extremely high-needs individuals for whom needed intensive services and residential placements have not been or are no longer available. The Cabinet will note this request for future waiver updates.	
CS11	CHILD	Other Stakeholder	Commenter supports the limited allowance for Community Living Supports services for youth in	1. Participants on the CHILD waiver have the ability to access State Plan services, including all required services under Early and Periodic Screening, Diagnostic, and	School hours will be defined in Kentucky Administrative

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			Supervised Residential Care who are actively working to transition back to the community and the Cabinet's commitment to Community Living Supports services for youth in Supervised Residential Care who are actively working to transition back to the community. Commenter makes two service-related requests: 1. Provide assurances that the proposed waiver will not replace existing Medicaid services or restrict access to necessary care and confirm that recipients will still have full access to services under EPSDT. 2. Retain language to reflect that services may be authorized during school hours in limited circumstances if the student is not concurrently attending school or receiving educational services due to a disciplinary exclusion or the nature of the educational placement (i.e. partial school day, home-hospital, etc.).	Treatment guidelines when medically necessary, provided they are not duplicative of other services being provided. 2. School hours will be defined in Kentucky Administrative Regulations, but adjustments were made to the application to reflect the Cabinet's intent with authorizing services during school hours.	Regulations; however, adjustments were made to the application to reflect the Cabinet's intent with authorizing services during school hours.
CS12	CHILD	Multiple	Commenters note the shortage of most provider types who can enroll in Medicaid and provide community based services and recommends that DMS allow providers to hire lower	Provider requirements are developed to ensure high-quality services are consistently delivered and provided by staff who are equipped to respond to an individual's high intensity needs. The Cabinet is committed to	

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			level providers or uncertified (but trained) staff to perform certain roles under supervision, even if those staff cannot be enrolled in Medicaid, or DMS should expand the types of service providers who can enroll in Medicaid.	supporting a sustainable workforce across the Commonwealth and will continue to explore alternative methods to bolster direct service provider capacity.	
CS13	CHILD	Multiple	Commenter supports the inclusion of telehealth services in the CHILD waiver. Other feedback is as follows: 1. Commenters request inclusion of behavior support services performed by a behavior support specialist and crisis services or rapid response services in the CHILD waiver. Commenter also requests clarification on why intensive in-home services and individual/family therapy are not included in the CHILD waiver benefit. 2. Commenter suggests that the Clinical Therapeutic Services (CTS) service description is unclear and likely to be used to combine multiple services with shared units. Instead, Commenter recommends clearly defining separate and distinct service descriptions and unit limits, which should include Positive Behavior Supports, Nutrition Service,	1. At this time, the Cabinet is proposing the following services be provided under the CHILD waiver: • Case management • Respite • Community Living Supports • Environmental and Minor Home Modifications • Clinical Therapeutic Services • Supervised Residential Care The Cabinet will note the request to include Behavior Support Services for future waiver updates. 2. Clinical Therapeutic Services are designed to provide family crisis prevention and stabilization supports, with a particular emphasis on children who are "stepping down" from institutional care or who are transitioning between residential settings. Activities provided through the service include:	No more than 3 individuals may be supported in a Supervised Residential Care setting. The Cabinet will revise the waiver application to ensure consistency.

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			Psychological Services, Occupational Therapy, Physical Therapy, and Speech Therapy. 3. Commenters have the following feedback on Supervised Residential Care: a.) Clarification needed on the number of individuals able to be supported per residential setting. b.) Clarification needed on whether OIG licensure is required. c.) Creation of an exceptional supports process for the supervised residential care service in the CHILD waiver. d.) Clarification on who is responsible for signing the lease agreement between the residential services provider and the individual receiving residential services. e.) Clarification on whether Supervised Residential Care (SRC) services may be provisioned in provider-owned or leased settings.	• Identification of behavioral triggers to help prevent crisis situations and/or negative behaviors. • Primary caregiver training. • Development and incorporation of individualized wraparound support plans. • Parental and family supports. • Assistance to the child in the acquisition, retainment, or improvement of age-appropriate behavior and social skills necessary to help avoid institutionalization. • Support for establishing or re-establishing the child back in a family or foster home, or other community-based setting. • Implementation of specialized behavior management techniques. • Other activities as deemed appropriate by members of the child's care team. The service will be provided in the home of a relative, foster care family and/or in the community. Participants on the CHILD waiver are able to access State Plan services when medically necessary and are authorized by the care plan, provided they are not duplicative of other services provided. 3. a.) No more than 3 individuals may be supported in an SRC setting. The Cabinet will revise the waiver application to ensure consistency.	

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			f.) Commenter suggests a discrepancy in age requirements between the draft provider qualifications for SRC and Private Child Care (PCC) regulations.	b.) SRC providers must follow all provider qualifications as set forth in the CHILD waiver application. c.) SRC is established as a one unit per day service, so an exceptional review process is not required. The service is not time-limited and is open to any child in need of services in a structured setting. d.) Any legal guardian of a child or youth is responsible for signing a lease agreement on behalf of a CHILD waiver enrollee, unless the waiver enrollee is considered an adult under Kentucky state laws and is their own legal guardian. In this instance, the CHILD waiver enrollee is responsible for signing the agreement with the SRC provider. e.) SRC may be delivered in provider-owned or leased settings. As part of provider certification and enrollment with the Department for Behavioral Health, Developmental & Intellectual Disabilities, providers will be required to demonstrate evidence of compliance with Home and Community-Based settings requirements as specified in 42 CFR §441.301, all applicable Kentucky Administrative Regulations, and the approved CHILD waiver application. f.) The Cabinet is currently working on provider certification standards, requirements, and onboarding training and will be able to release more information in the future.	

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CS14	CHILD	Other Stakeholder	Commenter requests clarification on whether a CHILD waiver provider will be required to support a child following transition from the CHILD waiver.	CHILD waiver providers will not be required to support children and youth following transition from the CHILD waiver. As specified in B-1-c, at least 120 calendar days preceding the date a participant reaches the age of 21, case managers will meet with the participant and their support system to plan for transitioning to another program funded through Kentucky's Medicaid program. During the transition planning process, case managers will engage with a child's waiver providers to develop a plan to safely shift service delivery from CHILD waiver providers to new providers selected to support the child post-transition.	
CS15	CHILD	Other Stakeholder	Commenter recommends: 1) Including within Appendix C a distinct service for care coordination or intensive care planning with clear descriptions of scope, qualifications, caseload expectations, and role relative to other services (e.g., case management through the MCO); 2) Defining care coordination as a distinct, tiered service with staffing expectations and clarifying how it relates to Medicaid State Plan case management; and 3) Embedding transition support as a service with coordinated pre-transfer eligibility screening.	At this time, the Cabinet is proposing the following services be provided under the CHILD waiver: • Case management • Respite • Community Living Supports • Environmental and Minor Home Modifications • Clinical Therapeutic Services • Supervised Residential Care The CHILD waiver includes Case Management and Clinical Therapeutic Supports as distinct line items within the waiver application. The role of the CHILD waiver case manager is to provide care coordination between services funded by the	

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				Medicaid program and among multiple entities serving a child. Additionally, Clinical Therapeutic Supports includes development and incorporation of individualized wraparound support plans to further address the complex, multisystem needs within the care planning and delivery processes. Any child receiving care coordination through a managed care organization (MCO) will continue to do so; the care coordination provided by an MCO is expected to complement and supplement the case management provided under the CHILD waiver. As specified in B-1-c, at least 120 calendar days preceding the date a participant reaches the age of 21, case managers will meet with the participant and their support system to plan for transitioning to another program funded through Kentucky's Medicaid program.	
CS16	CHILD	Other Stakeholder	Commenter requests assurance that this waiver includes timely access to services and that children do not fall through the cracks due to administrative or system delays. Additionally, the waiver must explicitly include training and oversight requirements to ensure providers offer culturally competent, trauma-	State staff employed with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) will be responsible for conducting initial and re-evaluation level of care (LOC) assessments. All proposed CHILD waiver services will be carefully managed through a case management and person-centered-planning	

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			informed services. Finally, commenter requests to add respite care, mental health services for caregivers, and advocacy support in the waiver to promote family stability and prevent burnout.	process that takes into account the child's background and whole care service needs. The child and their legal guardian will be involved in the selection and assignment of service providers. At this time, the CHILD waiver will include the following services: • Case Management • Respite • Community Living Supports • Environmental and Minor Home Modifications • Clinical Therapeutic Services • Supervised Residential Care The Cabinet is currently working on provider certification standards, requirements, and onboarding training and will be able to release more information in the future.	
CS17	CHILD	Other Stakeholder	Commenter requests that the Cabinet either establish specialized waiver-specific therapy services for each 1915(c) waiver or increase reimbursement rates for state plan therapy services. Commenter suggests that not including therapy services in the CHILD waiver will continue to cause concerns about access to services throughout Kentucky.	Clinical Therapeutic Services are designed to provide family crisis prevention and stabilization supports, with a particular emphasis on children who are "stepping down" from institutional care or who are transitioning between residential settings. Participants on the CHILD waiver have the ability to access State Plan services when medically necessary and are authorized under a plan of care, provided they are not duplicative of other services being provided. The Cabinet will retain the feedback	

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				concerning State plan reimbursement rates for future consideration.	
CS18	CHILD	Multiple	Several commenters requested a change in the number of authorized hours allowed for Clinical Therapeutic Services, as they believe 160 units a year is not sufficient to support the anticipated needs of youth who will enroll on the CHILD waiver.	Clinical Therapeutic Services are designed to provide family crisis prevention and stabilization supports, with a particular emphasis on children who are "stepping down" from institutional care or who are transitioning between residential settings. The 160 units per year limit is established to support services utilized only in specific, time-limited scenarios, for which a review process is available to address situations requiring additional hours of this service to be authorized to support a child, their families, and providers. Participants on the CHILD waiver have the ability to access State Plan services when medically necessary and are authorized under a plan of care, provided they are not duplicative of other services being provided. The Cabinet will retain the feedback concerning the nature of the exceptional review process to explore how improvements may be made in the future.	

Eligibility and Enrollment					
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EE1	CHILD	Multiple	Several commenters expressed a desire to ensure the CHILD waiver may be used by children with specific conditions as well as to alleviate immediate challenges faced by their families.	The CHILD waiver will have up to 100 slots available to support eligible children and youth who meet the level of care for an inpatient psychiatric facility for individuals under 21 or intermediate care facility for individuals with intellectual disabilities (ICF/IID). This aligns with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions. The addition of this new waiver will not reduce or change the services provided through any of the current waiver programs.	
EE2	CHILD	Caregiver	Commenter is concerned that the new CHILD waiver will adversely impact services that are already being received through another waiver.	The new CHILD waiver is a short-term stabilization benefit, intentionally designed to serve up to 100 eligible individuals whose complex needs for intensive services and residential placements are not met by the existing service array. The Cabinet agrees that the waiver program should be focused on the needs of the individual and provide the services and supports identified during the collaborative person-centered care planning process. The addition of this new waiver will not reduce or change the	

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				services provided through any of the current waiver programs.	
EE3	CHILD	Caregiver	Commenter expressed opposition to the restrictiveness of the CHILD waiver due to concerns that the CHILD waiver will exclude or displace the waiver services currently available to children with complex physical disabilities like cerebral palsy and requests revision of the level-of-care criteria to include physical and medical complexity.	The new CHILD waiver is a short-term stabilization benefit, intentionally designed to serve up to 100 eligible individuals whose complex needs for intensive services and residential placements are not met by the existing service array. The Cabinet agrees that the waiver program should be focused on the needs of the individual and provide the services and supports identified during the collaborative person-centered care planning process. The addition of this new waiver will not reduce or change the services provided through any of the current waiver programs.	
EE4	CHILD	Multiple	Multiple commenters provided feedback concerning the establishment of a priority enrollment process for the CHILD waiver. Commenters had specific recommendations regarding the suggested process the Cabinet could adopt, including but not limited to mirroring existing processes already in place across other 1915(c) waivers. Other commenters also expressed concern about prioritizing enrollment to children exhibiting	The CHILD waiver is open for application to children who meet the LOC specified in the draft application and who exhibit a high-risk characteristic (e.g. being or at risk of being unhoused, involved with at least two foster care placements in the last year as a direct result of the intensity of their disability, at least five interactions with law enforcement within the last year as a direct result of their disability, and/or discharge from a facility in the next 45 days).	

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			specific characteristics and risk behaviors and/or who are in the custody of the State.		
EE5	CHILD	Caregiver	Commenter is actively seeking intensive services to support their child who has multiple and extensive mental health diagnoses and recommends consistent dissemination of information among agencies, training for coordination of services, and development/availability of a database that encompasses all levels of care and catalogs the available services.	In addition to the CHILD waiver, the Cabinet continues to explore other future program options to expand services to children in need. The Cabinet will consider your comments as it reviews how to better support education and dissemination of information to families who are navigating access to home and community-based services.	
EE6	CHILD	Other Stakeholder	Commenter expresses concern regarding the CHILD waiver's ability to meet the needs of children who are at risk of homelessness or displacement because of a lack of services and/or who are on the Michelle P. Waiver waiting list.	The new CHILD waiver is a short-term stabilization benefit, intentionally designed to serve up to 100 eligible individuals whose complex needs for intensive services and residential placements are not met by the existing service array. This aligns with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions.	

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				The Cabinet understands the statewide need for services and is currently researching other future program options to ensure the best supports available to high-needs children and youth. Additionally, the Cabinet is committed to reviewing the need for additional slots under the CHILD waiver program, once approved by CMS. The Cabinet makes regular requests to the Kentucky Legislature for additional slots in the 1915(c) HCBS waiver programs. The Cabinet's next opportunity to request more waiver slots is during the 2026 legislative session when the Kentucky Legislature approves the state budget for 2026-2028. Individuals can play a role in the process by advocating for waiver slots to their state house and senate representatives.	
EE7	CHILD	Other Stakeholder	Commenter is concerned with the lack of detail in the proposed application regarding the selection, training, and oversight of CANS assessors and requests information on who is responsible for conducting the CANS LOC assessments and what oversight mechanisms will be in place.	State staff employed with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) are responsible for conducting initial and re-evaluation level of care (LOC) assessments. The draft CHILD waiver application (Appendix B-6-c and B-6-h) specifies that these staff must meet the following standards:	

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				• Hold a bachelor's degree or higher in a human services field from an accredited college or university, OR • Hold a bachelor's degree in any other field from an accredited college or university, with at least one year of experience working with children with an I/DD (inclusive of autism), mental illness, or SED and have evidence of training in trauma-informed care; OR • Hold a bachelor's degree in any other field from an accredited college or university, with at least two years of experience working with children in foster care or former foster children and youth; OR • Hold a license as a Registered Nurse in accordance with State of Kentucky regulations and have at least one year of experience as a Registered Nurse. In addition to meeting the above standards, the Cabinet requires all staff to be trained in CANS administration prior to administering assessments for the CHILD waiver.	
EE8	CHILD	Other Stakeholder	Commenter seeks confirmation that children with Autism or developmental disabilities living in their natural or adoptive family homes, and not in state custody or foster care, are fully eligible for	The CHILD waiver is specifically designed to keep children, youth, and young adults with multi-system needs and complexities safe, healthy, and to the extent feasible, independent, within their communities and families.	

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			Community Living Supports and other waiver services since the application does not explicitly identify family-based settings outside the custody system. Family preservation and in-home support are important. Commenter requests clear guidance in public-facing materials and program guidance to ensure that families are not discouraged from applying or incorrectly told they do not qualify.	Additionally, the CHILD is dedicated to a holistic approach to addressing high-intensity needs with a support system as determined by the enrolled participant. This aligns with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions. The Cabinet will consider this comment as it reviews how to better support education and dissemination of information to families who are navigating access to home and community-based services.	
EE9	CHILD	Provider	Commenter thinks adding waiver spots will only work if more spots are open for more involved clients who are over the age of 21, on the waiting list for years, and receive no other services. Commenter points out that children up to the age of 21 have access to public education and school services by law, so Medicaid needs to put that money towards other waiver programs and give public schools funding for birth to 21 and hold them accountable.	The new CHILD waiver is a short-term stabilization benefit, intentionally designed to serve up to 100 eligible individuals whose complex needs for intensive services and residential placements are not met by the existing service array. The development of the CHILD waiver is aligned with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions. Additionally, the children and youth anticipated to be served by the CHILD waiver require supports	

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				above and beyond those typically received through their families (including foster families) and their communities because of their complex conditions. The Cabinet will retain the feedback regarding additional opportunities to improve supports and services for individuals aged 21 and older.	
EE10	CHILD	Provider	Commenter asked the following questions: • From here on out, will a child having an application being completed be considered for all waivers applicable? • What will be the main difference in waivers with the child waiver and HCB other than mental/psychological/developmental vs. physical? • Will the application process work the same and have same Medicaid eligibility and LOC requirements?	Unlike the other 1915(c) waivers, the new CHILD waiver is a short-term stabilization benefit, intentionally designed to support eligible individuals whose complex needs for intensive and residential placements are not met by the existing service array. The CHILD waiver will have up to 100 slots available to support eligible children and youth who meet the level of care for an inpatient psychiatric facility for individuals under 21 or intermediate care facility for individuals with intellectual disabilities (ICF/IID). This aligns with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions.	

Eligibility and Enrollment					
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				The Cabinet uses one Medicaid waiver application for all 1915(c) waivers (including the new CHILD waiver). The Medicaid waiver application process will be the same as for the other 1915(c) waivers; children who apply for the CHILD or any other Medicaid waiver program using the Medicaid waiver application will be assessed for Medicaid and level of care eligibility for the program to which they are applying. The Cabinet is proposing to use the CANS assessment for the CHILD waiver and the assessment processes may differ between the proposed CHILD waiver and other 1915(c) programs. As described in the draft CHILD waiver application, the Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID) is responsible for making contact with an individual within seven days of receipt of referral for initial evaluation and for administering the LOC tool and collecting supporting documentation from members of the individual's support system (to include but not be limited to: physician's, current care team providers, schools, etc.). LOC re-evaluations will be conducted at least thirty days prior to	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				the end of an enrolled individual's waiver year. Once DBHDID renders a final LOC determination (either initial or upon re-evaluation), the individual will be notified of the outcome. Due process is issued, and hearing rights are provided in the event of an adverse decision for initial or re-evaluated LOC.	
EE11	CHILD	Caregiver	Commenter strongly supports the CHILD waiver and wants to ensure that it includes a clear pathway for families to apply and understand their eligibility.	The Cabinet thanks you for your support and will consider your comment as it reviews how to better support education and dissemination of information to families who are navigating access to home and community-based services.	
EE12	CHILD	Caregiver	Commenter hopes that the CHILD waiver will be able to help their two children who have serious mental health needs, have required several admissions to psychiatric hospitals, and one to a PRTF.	The new CHILD waiver is a short-term stabilization benefit, intentionally designed to serve up to 100 eligible individuals whose complex needs for intensive services and residential placements are not met by the existing service array. The CHILD waiver will support children and youth who meet the level of care for an inpatient psychiatric facility for individuals under 21 or intermediate care facility for individuals with intellectual disabilities (ICF/IID). It includes an array of services that are designed to provide family crisis prevention and stabilization supports, with a particular emphasis on children who are	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				"stepping down" from institutional care or who are transitioning between residential settings. All proposed CHILD waiver services will be carefully managed through a case management and person-centered-planning process that focuses on the immediate therapeutic supports and stabilization services needed for the child to successfully transition into other long-term care services and supports. The Cabinet understands the statewide need for services and continues to research other future program options to ensure the best support available to high-needs children and youth and their caregivers.	
EE13	CHILD	Provider	Commenter asks in how many calendar days does a comprehensive initial functional assessment need to be completed once requested.	The CHILD waiver application states that the Department for Behavioral Health, Developmental & Intellectual Disabilities must make contact with an individual within seven days of receipt of referral for initial evaluation.	
EE14	CHILD	Multiple	Commenters expressed concerns that the Cabinet should give individuals on the waiver waitlists opportunities before opening a new program. Some commenters also discussed the impacts to existing waiver waitlists, and how these may	The Cabinet understands the statewide need for services and is currently researching other future program options to ensure the best supports are available to high-needs children and youth.	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			change because of the implementation of the CHILD waiver.	If the child applicant is on a waitlist for an existing 1915(c) waiver, a new application must be submitted specifically for the CHILD waiver. The Cabinet uses one Medicaid waiver application for all 1915(c) waivers (including the new CHILD waiver). The Medicaid waiver application process will be the same as for the other 1915(c) waivers; children who apply for the CHILD or any other Medicaid waiver program using the Medicaid waiver application will be assessed for Medicaid and level of care eligibility for the program to which they are applying. The Cabinet is in the process of determining a waitlist strategy for the CHILD waiver and will note the recommendation to model the waitlist process after other existing 1915(c) waivers. The Cabinet intends to review waitlist processes and procedures for all other 1915(c), including options that prioritize applicants by need. Any waitlist updates will be completed through future Kentucky Administrative Regulation changes, accompanied by a waiver amendment. The public will have the opportunity to review and comment on future regulations and	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				waiver amendments before they are final.	
EE15	CHILD	Caregiver	Commenter supports the CHILD waiver and has questions concerning children who are currently on existing waiver programs: 1. Will children aged 21 and under who are currently on the HCB waiver and who meet the criteria of the new youth-focused waiver be automatically transitioned into the new waiver program? 2. When a child turns 21, will they be automatically enrolled into another appropriate waiver program (such as HCBS, Michelle P, SCL, etc.), or will they be placed on a waiting list and risk losing critical services? 3. Will a statewide parent coalition be formed to ensure family voices are heard across various regions? 4. There are challenges in adequately meeting the clinical and	1.Families with children on another 1915(c) waiver may submit a new application for the CHILD waiver if they feel their current waiver is not meeting the child's needs. The new CHILD waiver is a short-term stabilization benefit, intentionally designed to serve up to 100 eligible individuals whose complex needs for intensive services and residential placements are not met by the existing service array. The CHILD waiver will support children and youth who meet the level of care for an inpatient psychiatric facility for individuals under 21 or intermediate care facility for individuals with intellectual disabilities (ICF/IID). This aligns with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions.	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			therapeutic needs of youth, particularly in underserved regions, such as multi-year waiting lists for vital services such as BCBA support, occupational therapy, and speech therapy. Please consider infrastructure needs and access when planning to serve the "whole child."	2. As specified in B-1-c, at least 120 calendar days preceding the date a participant reaches the age of 21, case managers will meet with the participant and their support system to plan for transitioning to another program funded through Kentucky's Medicaid program. Available programs that may potentially meet a CHILD participant's needs will be evaluated and discussed with the participant and their support system prior to transitioning out of the CHILD waiver. 3. The Cabinet is listening to families and others who have expressed interest in the 1915(c) programs under Kentucky's Medicaid program. The Cabinet is committed to engaging families in a structured forum to address how best to incorporate lived experiences into programs, which will translate to meaningful services for their children, regardless of their location. An example of a forum in which individuals may participate is the Beneficiary Advisory Council, whose objective is to ensure people with lived experiences can voice opinions and	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				feedback on Kentucky's Medicaid program. 4. The Cabinet continues to explore other future program options to expand services to children in need and will retain feedback regarding other approved 1915(c) waiver programs offered in Kentucky to evaluate future initiatives aimed at strengthening these programs.	
EE16	CHILD	Other Stakeholder	Commenter believes the CHILD waiver duplicates the current 1915(c) HCBS waivers in Kentucky and believes it should focus on early childhood therapeutic interventions for improved skill development. The commenter is especially concerned that use of the phrase “regardless of custody arrangement” in the eligibility language could cause parents to feel they have to give up custody of their child to qualify and lead to unnecessary institutionalization	The CHILD waiver is not intended to support the institutionalization of children and is intentionally designed to be a short-term stabilization benefit to support up to 100 eligible individuals whose complex needs for intensive services and residential placements are not met by the existing service array. Children must receive these services in the community and not in an institutional setting. The CHILD waiver development aligns with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions. The House Bill language requires that this new program be another waiver offered as a 1915(c) waiver.	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				The service array was uniquely designed to support the needs of the children anticipated to enroll on the CHILD waiver. These services are: • Case Management • Respite • Community Living Supports • Environmental and Minor Home Modifications • Clinical Therapeutic Services • Supervised Residential Care The CHILD waiver will serve any eligible child. The residential setting of the child is not a determining factor for enrollment (e.g. a child could live in a biological family home, kinship home, or foster care home). The CHILD waiver is targeted to children exhibiting the highest needs and risks as listed in B-1-b of the draft waiver application.	
EE17	CHILD	Other Stakeholder	Commenter requests confirmation on the age of enrollment to the CHILD waiver and seeks clarity on how CHFS defines “unhoused” for children and youth under 18. Commenter asks for evidence/documentation needed to show that a child or youth under 18 with a parent or guardian qualifies as unhoused or at risk of being unhoused.	The Cabinet confirms that the CHILD waiver covers individuals up to age 21 and will review and update the draft application to correct inconsistencies. For the purposes of the CHILD waiver, the term unhoused will be defined as the term "homeless children and youth" as defined in 42 U.S. Code §11434a - Definitions. DBHDID staff will review available documentation and will meet with the child and involved persons to	The Cabinet confirms that the CHILD waiver covers individuals up to age 21 and will review and update the draft application to correct inconsistencies.

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				determine if the child meets the definition of "unhoused" as part of the additional enrollment criteria under the CHILD waiver.	
EE18	CHILD	Multiple	Commenter requests the Cabinet to clarify and protect standards for children who meet PRTF or ICF/IID level of care from the broader thresholds allowed in House Resolution 1 by providing detailed documentation of how CHILD waiver level of care criteria compare to existing Michelle P. and other waiver programs, and publishing assessment instruments and scoring criteria for public review.	At this time, the provisions under Public Law No: 119-21 (07/04/2025) pertaining to home and community-based services will not impact the proposed CHILD waiver application. The Cabinet has selected the Child and Adolescent Needs and Strengths (CANS) tool as the level of care (LOC) assessment instrument for the CHILD waiver. The CHILD waiver is open for application of children who meet LOC as specified in the draft application and who exhibit a high-risk characteristic (e.g. being or at risk of being unhoused, involved with at least two foster care placements in the last year as a direct result of the intensity of their disability, at least five interactions with law enforcement within the last year as a direct result of their disability, and/or discharge from a facility in the next 45 days).	
EE19	CHILD	Multiple	Commenters believe that the eligibility requirements are too narrow and should be expanded to include children/youth who: meet the specified level of care, reside in a household with limited incomes, and	The CHILD waiver application aligns with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			who have severe disabilities, Autism, or who exhibit other risk behaviors. These comments suggest that children with significant needs may be denied services because they do not meet strict institutional-level criteria, and they request the CHILD waiver allow for flexibility in determining eligibility based on functional needs and quality-of-life impact. Additionally, commenters mention that the majority of waiver funds should be used for community based care and not just residential facilities.	and related conditions. The House Bill language requires that this new program be another waiver offered as part of the available 1915(c) waiver array within Kentucky. The residential setting of the child is not a determining factor for enrollment (e.g. a child could live in a biological family home, kinship home, or foster care home). The CHILD waiver is targeted to children exhibiting the highest needs and risks as listed in B-1-b of the draft waiver application. As with all 1915(c) waivers, the CHILD waiver is not intended to support the institutionalization of enrolled participants. It is intentionally designed to support up to 100 eligible individuals whose complex needs for intensive services and residential placements are not met by the existing service array. Children must receive these services in the community and not in an institutional setting. This includes Supervised Residential Care, which must be provided in a setting which meets home and community-based standards.	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
EE20	CHILD	Multiple	Several commenters expressed concern about the proposed slot capacity of 100 for each waiver year of the CHILD waiver, and how the capacity estimates were developed. Some commenters expressing concerns suggested recommendations for increasing slots and/or reviewing slot capacity needs.	The Cabinet is proposing 100 slots for each of the first five years of the CHILD waiver, due primarily to the allocations made for the development of the program in House Bill 6 (2024). The Cabinet understands the statewide need for services and is currently researching other future program options to ensure the best supports available to high-needs children and youth. Additionally, the Cabinet is committed to reviewing the need for additional slots under the CHILD waiver program, once approved by CMS. The Cabinet makes regular requests to the Kentucky Legislature for additional slots in the 1915(c) HCBS waiver programs. The Cabinet's next opportunity to request more waiver slots is during the 2026 legislative session when the Kentucky Legislature approves the state budget for 2026-2028. Individuals can play a role in the process by advocating for waiver slots to their state house and senate representatives.	
EE21	CHILD	Other Stakeholder	Commenter requests a proposed implementation schedule for potential participants, families, advocates and providers to allow interested partners time to prepare. Commenter asks	The Cabinet anticipates submitting the draft CHILD waiver application to CMS in August 2025 and is proposing an effective date of January 1, 2026. The Cabinet will be communicating	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			what anticipated service and support options will be available to CHILD waiver participants following exit from the CHILD Waiver.	additional details on the CHILD waiver and its implementation plan between August 2025 and January 2026 to inform families, providers, and other interested parties. As specified in B-1-c of the CHILD waiver, at least 120 calendar days preceding the date a participant reaches the age of 21, case managers will meet with the participant and their support system to plan for transitioning to another program funded through Kentucky's Medicaid program. The Cabinet understands the statewide need for services and is currently researching other future program options to ensure the best supports available to high-needs children and youth.	
EE22	CHILD	Other Stakeholder	Commenter says the current waiver design inadvertently creates institutional-like care through overly rigid level-of-care (LOC) structures that risk re-creating ICF/IID (Level 1) or PRTF (Level 2) placements under the guise of HCBS. Both levels should allow for flexible, community-based service delivery regardless of diagnosis or impairment type.	The CHILD waiver is not intended to support the institutionalization of children - it is intentionally designed to support up to 100 eligible, extremely high-needs individuals for whom needed intensive services and residential placements have not been or are no longer available within a community, not institutional setting. The Cabinet has selected the Child and Adolescent Needs and Strengths	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			Commenter also recommends investing in the workforce pipeline and provider readiness for IID and SED.	(CANS) tool as the level of care (LOC) assessment instrument for the CHILD waiver. At this time, no modifications will be made regarding the level of care instrument for the Cabinets' other child serving waivers; however, the comment will be retained for future consideration. The Cabinet is committed to supporting a sustainable workforce across the Commonwealth and will continue to explore alternative methods to bolster direct service provider capacity. Furthermore, the Cabinet will be engaging providers interested in enrolling as CHILD waiver providers in training and technical assistance to ensure readiness and quality.	
EE23	CHILD	Other Stakeholder	Commenter seeks clarification on three aspects of the application process: • What criteria or standards will be used to determine if applicants have "exhausted other services and supports"? Does this include being on a waitlist or unable to access waiver services? What documentation is required to demonstrate efforts?	To enroll in the CHILD waiver, children and youth must have used all available funding avenues (Medicaid and non-Medicaid) to support their ability to remain safely in the community. A law enforcement contact is defined as "any incident involving at least five contacts with a police department, sheriff's office, emergency services, or fire department, within the last year as a direct result of the intensity of their disability and care needs." In both cases, DBHDID staff will review	

Eligibility and Enrollment					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			• What constitutes a service or a law enforcement contact, and what are the documentation requirements? • The application specifies a child or youth who is “discharging from a PRTF, ICF/IDD, or other similar institution”. Does "other similar institution" include psychiatric hospitals, Private Child Caring Facilities, Qualified Residential Treatment Facilities, Emergency Shelters, or Alternatives to Detention programs.	available documentation to determine whether the child meets these additional enrollment criteria as specified in the CHILD waiver. Yes, similar institutions may include psychiatric hospitals, private child caring facilities, qualified residential treatment facilities, and emergency shelters, or alternatives to detention centers.	

Case Management and Person-Centered Planning					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
CM1	CHILD	Provider	Commenter requests assurance that case managers support and coordinate other in-home services needed by a child who may have a family member as a paid caregiver.	Unlike the other 1915(c) waivers, the new CHILD waiver will provide short-term, high-intensity services for up to 100 eligible children who are in need of immediate residential placement and whose needs cannot be met in a PRTF or ICF/IID setting. All proposed CHILD waiver services will be carefully managed through a case management and person-centered-planning process that focuses on the immediate	

Case Management and Person-Centered Planning					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				therapeutic supports and stabilization services needed for the child to successfully transition into other long-term care services and supports. The new CHILD waiver will not allow parents/legal guardians to be paid service providers at this time due to the short-term nature of the program, the level of service intensity required, and the administrative requirements involved with participant directed services (PDS). The Cabinet is interested in and currently researching other future program options to ensure the best support available to high-needs children and youth.	
CM2	CHILD	Provider	Commenters asked if HCB waiver case managers will be able to manage children on this waiver, and what the enrollment process is for agencies wishing to administer case management services.	Case management will be provided by certified agency waiver providers who meet all provider standards as listed in the draft CHILD waiver application. Providers will need to enroll as a specific provider type. Any current waiver provider will also need to be certified for the CHILD waiver.	
CM3	CHILD	Caregiver	Commenter strongly supports the CHILD waiver and wants to ensure that it includes flexibility for families to participate in care planning and coordination with school systems and other providers for continuity of care.	The Cabinet appreciates the support offered for the CHILD waiver. As with any 1915(c) waiver, families and other members of an enrolled individuals support team (schools, other providers, managed care organizations, as applicable, etc.) are encouraged to	

Case Management and Person-Centered Planning					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				participate in person-centered planning discussions.	
CM4	CHILD	Provider	Commenter asks the following case management and person-centered planning related questions: 1. What is the DMS-approved case management training that is required for case managers? 2. Do case managers complete LOC evaluations and re-evaluations or does a separate agency complete those? 3. It is stated that case management services will require home visits and Telehealth options are allowed. What is the frequency of home visits and how often can Telehealth be utilized? 4. What is the deadline for providers to enroll to provide case management services under the waiver? 5. What forms are required for the person-centered service plan?	1. DMS-approved case management training includes the following: a.) First aid and cardiopulmonary resuscitation certification by a nationally accredited entity. b.1.) Department of Behavioral Health, Developmental and Intellectually Disabilities' (DBHDID) crisis prevention and intervention training; or b.2) Crisis prevention and intervention training that is: competency based; is nationally accredited; excludes restraints; and is approved by DBHDID. c.) Successful completion of all required training modules in the Department-approved system. d.) Individualized instruction about the person-centered service plan of the participant to whom the trainee provides supports. e.) Verification of trainee competency as demonstrated by pre- and post-training assessments, competency checklists, and post-training observations or evaluations. 2. DBHDID will complete all level of care evaluations for the CHILD waiver.	

Case Management and Person-Centered Planning					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				3. In-person case management must be provided whenever possible. Case management delivered through telehealth is limited to only those CHILD waiver participants for whom remote case management is authorized in their person-centered service plan (PCSP). 4. Provider applications for the CHILD waiver are received and evaluated on an ongoing basis. There is no deadline to apply to become a CHILD waiver provider. 5. Case managers will be required to submit a PCSP developed in coordination with the CHILD waiver enrollee, their families (including foster care families), and other support system team members. The PCSP must be entered into MWMA.	
CM5	CHILD	Provider	Commenter noted the following statement from the waiver application "…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. This will be accomplished through case manager review of	It is the responsibility of the SRC 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.	The Cabinet will amend the waiver application to better address this responsibility.

Case Management and Person-Centered Planning					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			individual PCSPs and health risk screening results…" and asked if the case manager is responsible to review the PCSPs and health risk screening results of all participants in a residence before placing a child there.		
CM6	CHILD	Other Stakeholder	Commenter suggests that participants should receive Targeted Case Management (TCM) as defined by 908 KAR 2:260, rather than generic case management services and advised that increasing the billable unit limit for case management services may help to address the complexity of participants' care needs.	At this time, case management for the CHILD waiver will be received as a 1915(c) waiver benefit, rather than offered through the Medicaid state plan as Targeted Case Management (TCM). The Cabinet will implement an exceptional review process for case management services to authorize additional hours when necessary to support the child, their families, and providers.	
CM7	CHILD	Other Stakeholder	Commenter is concerned about how the limited number of qualified, available case managers will be located and trained in the short time before waiver implementation. Commenter also notes that neither the method for families/participants to remain connected with and engaged with case managers is outlined, nor is the manner in which participants, particularly those who are nonverbal or require other types	The Cabinet is committed to supporting a sustainable workforce across the Commonwealth. As such, the Cabinet is developing a provider enrollment and certification strategy, which will include leveraging existing provider pools to quickly support implementation of the CHILD waiver. The CHILD waiver application in Appendix D-1-c notes that the person-centered planning process must "Reflect the cultural and educational considerations of the participant and is conducted by	

Case Management and Person-Centered Planning					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			of translation, will be engaged in decision-making, case data collection, and the re-certification process.	providing information in plain language and in a manner that is accessible to participants with disabilities and participants who have limited proficiency with the English language, consistent with 42 CFR 435.905(b)." As with any 1915(c) waiver, families and other members of an enrolled individual's support team (schools, other providers, etc.) are encouraged to participate in person-centered planning discussions. Further, all providers supporting individuals who have communication challenges will be required to engage with the individual in a person-centered way by incorporating their preferred methods of communication within planning sessions or other such conversations.	
CM8	CHILD	Other Stakeholder	Commenters request clarification on why case management is provided through the CHILD waiver when there are already established avenues to provide case management to children. Further, a commenter says conflict-free case management adds costs to service providers and requires many to decide whether they will deliver case management or other services. The commenter requested information on	The Cabinet is required to adhere to conflict-free case management standards as specified in CFR §441.301 (c)(1)(vi). The same expectation applies to all 1915(c) waiver case managers. The CHILD waiver includes case management as a covered waiver service to provide case management to all CHILD waiver enrollees and to meet the specific 1915(c) requirements	

Case Management and Person-Centered Planning					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			how conflict-free case management will not duplicate care coordination or case management for those enrolled in an MCO.	regarding person-centered planning and conflict of interest standards. As noted in the CHILD waiver "The assigned CHILD case manager holds responsibility for coordinating the provision of care with other involved case management entities who may be involved in the participant's care." It is the expectation of the Cabinet that case managers serving children and youth enrolled on the CHILD waiver coordinate waiver services and work with other case management entities supporting the child to ensure non-waiver needs are met. For children and youth who are not connected to a MCO, CHILD waiver case managers are expected to connect the child to waiver, Medicaid state plan, and community resources. The Cabinet is committed to providing technical assistance and education to all providers serving Kentucky Medicaid members.	
CM9	CHILD	Other Stakeholder	Commenter notes that families often struggle to understand and coordinate between multiple systems and requests that families have access to high-quality, consistent	The Cabinet proposes providing case management as a CHILD waiver service. All proposed CHILD waiver services will be carefully managed through a case management and person-centered-planning process that focuses on the immediate therapeutic	

Case Management and Person-Centered Planning					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			case management to help navigate services and resources effectively.	supports and stabilization services needed for the child to successfully transition into other long-term care services and supports. DMS and DBHDID will work closely together to assist families in navigating services provided by the Cabinet.	
CM10	CHILD	Multiple	Commenters provide feedback regarding transition planning for children/youth who age out of the CHILD waiver or are otherwise disenrolled from the waiver program. Commenters suggested process revisions to provide clarity for transition planning, which includes changes to the time period in which transition planning should begin and analyzing transitions from the waiver to assist in potential changes to slot capacity for the CHILD and other programs supporting children/youth following transitions.	As specified in B-1-c of the CHILD waiver, at least 120 calendar days preceding the date a participant reaches the age of 21, case managers will meet with the participant and their support system to plan for transitioning to another program funded through Kentucky's Medicaid program. As such, no changes will be made to the CHILD waiver at this time. The Cabinet acknowledges the importance of person-centered planning to include unique considerations to meet a child or youth's specific needs and will incorporate these principles within transition planning procedures. Furthermore, the Cabinet understands the statewide need for services and is currently researching other future program options to ensure the best supports available to high-needs children and youth. DMS and DBHDID work closely together to mitigate any disruption in	Based on commenter feedback, the Cabinet will amend the draft language in the CHILD waiver to indicate the following: "Participants who do not meet eligibility for another 1915(c) waiver or the 1915(i) RISE program but do meet general Medicaid program requirements, will remain enrolled in the Kentucky Medicaid program and will continue to receive medically necessary Medicaid services through their managed care organization (MCO)."

Case Management and Person-Centered Planning					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				service for all individuals as a result of Medicaid and disability redeterminations. This will continue to be the practice of both Departments for those individuals enrolled in the CHILD waiver.	

Participant Directed Services					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
PDS1	CHILD	Multiple	Commenters express concerns that PDS with payment of family caregivers is an essential service that is not available in this waiver. Some appeared to be confused that exclusion of PDS from the new CHILD waiver will impact availability of PDS in other existing 1915(c) waivers.	The CHILD waiver is a new waiver program, which will not impact or change policies such as participant-directed and family-paid caregivers, included within the other waiver programs. Unlike the other 1915(c) waivers, the CHILD waiver will provide short-term, high-intensity services for up to 100 eligible children who are in need of immediate residential placement and whose needs cannot be met in a PRTF or ICF/IID setting. Once stabilized, they will be transitioned to other long-term care services and supports.	

Participant Directed Services					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				The new CHILD waiver will not allow parents/legal guardians to be paid service providers at this time due to the short-term nature of the program, the level of service intensity required, and the administrative requirements involved with participant directed services (PDS). The Cabinet is interested in and currently researching other future program options to ensure the best support available to high-needs children and youth.	
PDS2	CHILD	Multiple	Commenters state that PDS and payment of family caregivers is an essential service element, especially for rural communities due to lack of available providers and for providers unwilling to serve children with exceptional behavioral health needs. Some commenters also requested that the Cabinet consider allowing narrow exceptions per CMS guidance, particularly for respite or skills training in underserved regions.	Unlike the other 1915(c) waivers, the new CHILD waiver will provide short-term, high-intensity services for up to 100 eligible children in need of immediate residential placement and whose needs cannot be met in a PRTF or ICF/IID setting. Once stabilized, they will be transitioned to other long-term care services and supports. The CHILD waiver will not allow parents/legal guardians to be paid service providers at this time due to the short-term nature of the program, the level of service intensity required, and the administrative requirements involved with participant directed services (PDS).	

Participant Directed Services					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				The Cabinet is interested in and currently researching other future program options to ensure the best support available to high-needs children and youth. The Cabinet is also committed to supporting a sustainable workforce across the Commonwealth and will continue to explore alternative methods to bolster direct service provider capacity in rural areas.	
PDS3	CHILD	Provider	Commenter emphasizes the importance of ensuring that families provide appropriate care and therapies for their children under the new CHILD waiver, which could be included in the annual nursing intake for the child. The commenter says that parents who are paid caregivers must ensure that their child receives services such as speech, occupational, physical, feeding, behavior therapies, counseling, or school-based supports. Commenter suggests that if a child has difficulty accessing supports outside the home, the case manager should arrange for in-home services to promote the child's development and well-being.	The Cabinet shares your concerns and is aware of the extensive nature of children's needs. Certified agency waiver providers will offer case management, which will help to connect children with essential services to ensure comprehensive care. The CHILD waiver is a new waiver program, which will not impact or change any of the services, such as participant-directed and family paid caregivers, included within the other waiver programs. Unlike the other 1915(c) waivers, the CHILD waiver does not allow parents/legal guardians to be paid service providers at this time due to the short-term nature of the program, the service intensity level required, and the administrative requirements	

Participant Directed Services					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				involved with participant directed services (PDS). In terms of policies and services, this new waiver stands alone from the already approved 1915(c) programs serving children (e.g. Michelle P. waiver). The Cabinet agrees that all children and youth should have access to and receive medically necessary services and therapies to support their ability to live safely in their communities. The Cabinet continues to explore additional future program options to provide the best possible support for high-needs children and youth.	
PDS4	CHILD	Provider	Commenter asks how independent providers are hired if PDS is not an option.	The Cabinet thanks you for this question. The reference to independent providers within the definition of Community Living Supports is an error and will be removed prior to submitting the application to the Centers for Medicare and Medicaid for approval.	The reference to independent providers within the definition of Community Living Supports is an error and will be removed prior to submitting the application to the Centers for Medicare and Medicaid for approval.
PDS5	CHILD	Other Stakeholder	Commenter notes that the Kentucky Independence Plus Program statute requires all Medicaid waiver programs to provide Participant Directed Services (PDS), allowing participants to direct their own care, including hiring and training service providers,	The new CHILD waiver is a new waiver program, which will not impact or change any of the services, such as participant-directed and family paid caregivers, included within the other waiver programs. Unlike the other 1915(c) waivers, the CHILD waiver does not allow parents/legal	

Participant Directed Services					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			so CHFS cannot decline to provide or allow PDS services within the CHILD waiver and requests the application to be updated in accordance with Independence Plus and federal law.	guardians to be paid service providers at this time due to the short-term nature of the program, the level of service intensity required, and the administrative requirements involved with participant directed services (PDS).	
PDS6	CHILD	Multiple	Commenters believe that PDS should be added to enable participants to control the direction and delivery across all aspects of their health care, community living, and LTSS and to ensure that caregivers are known and trusted. Some expressed understanding of the reasons to specifically exclude parents as paid caregivers.	The Cabinet developed the CHILD waiver in response to House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions. Up to 100 children who are enrolled in the waiver will be authorized to receive services that meet their assessed needs without additional limits such as a prospective individual or acuity-based budget. The CHILD waiver is a new waiver program, which will not impact or change any of the services, such as participant-directed and family paid caregivers, included within the other waiver programs. Unlike the other 1915(c) waivers, the CHILD waiver does not allow parents/legal guardians to be paid service providers at this time due to the	

Participant Directed Services					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				short-term nature of the program, the level of service intensity required, and the administrative requirements involved with participant directed services (PDS).	
PDS7	CHILD	Other Stakeholder	Commenters note that Appendix E specifies that waiver services can be offered only by qualified, certified Medicaid-enrolled providers, excluding relatives, parents, foster-care parents, or guardians, which conflicts with CMS's recommendation for participant-directed services and the results of past focus groups conducted by the Cabinet.	Unlike the other 1915(c) waivers, the CHILD waiver will provide short-term, high-intensity services for up to 100 eligible children who are in need of immediate residential placement and whose needs cannot be met in a PRTF or ICF/IID setting. Once stabilized, they will be transitioned to other long-term care services and supports. The CHILD waiver will not allow parents/legal guardians to be paid service providers at this time due to the short-term nature of the program, the level of service intensity required, and the administrative requirements involved with the participant directed services (PDS) model. The Cabinet is interested in and currently researching other future program options to ensure the best support available to high-needs children and youth.	

Payment and Rate Setting					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
PRS1	CHILD	Other Stakeholder	Commenters request details regarding the cost neutrality estimates, particularly year-over-year growth, and the development of units for services for the draft CHILD waiver.	The Cabinet developed the CHILD waiver in response to House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions. Up to 100 children who are enrolled in the waiver will be authorized to receive services that meet their assessed needs without additional limits such as a prospective individual or acuity-based budget. When developing the cost neutrality estimates, which are provided in the draft CHILD waiver released for public comment in Appendix J, the Cabinet relied on utilization experience seen in other child-serving Kentucky 1915(c) waivers and data known about the target population of children projected to be served in this program. The Cabinet will review the cost-neutrality demonstrations following approval by CMS to determine if adjustments are required to align more closely with actual service utilization and/or to the slot capacity allowed under the CHILD waiver.	

Payment and Rate Setting					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
PRS2	CHILD	Other Stakeholder	Commenter requests information on per-participant budgeting, administrative costs, and funding allocation between a provider's direct service line and their overhead. Commenter also requests transparency regarding rate methodology modeling, stakeholder feedback, and cost-benefit analysis in the Cabinet's decision to develop a standalone waiver.	The Cabinet is proposing to leverage existing rates paid for similar services currently available under the Supports for Community Living (SCL) and Acquired Brain Injury (ABI) waivers to support the CHILD waiver. As a result, the rate methodologies specified in Appendix I-2-a of the draft CHILD waiver application align with previous work undertaken by the Cabinet to develop rates paid under the SCL and ABI programs. As detailed in the draft waiver application, cost report data and stakeholder feedback were considered as part of the rate development process. The State is required to adhere to monitoring the percent of a service rate paid to direct support professionals, as specified under the federal CMS Access Rule (Code of Federal Regulation [CFR] §441.302 (k)(3) and CFR §441.311(e)).	
PRS3	CHILD	Provider	Commenter says the proposed Clinical Therapeutic Services rate of $29.95 per unit and per unit limits are too low to find willing providers.	The Cabinet will retain your feedback and consider your comment in the future when it examines potential adjustments to CHILD waiver service rates.	

Payment and Rate Setting					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
PRS4	CHILD	Provider	Commenter requests that if individual and family therapy is excluded under the CHILD waiver, the same clinicians who bill State Plan Medicaid for individual and family therapy should be able to access the units in the CHILD waiver to provide the training, guidance, and consultation across settings. While the State Plan Medicaid technically pays for collateral services, those are intended for clinicians to provide consultation to caregivers who are not parents including educators, and other providers, and supported by a pay rate that is too low.	Any provider in good standing with DMS, regardless of funding source, may enroll as a CHILD waiver provider when they demonstrate the ability to meet all provider qualifications and are certified by the Department for Behavioral Health, Developmental & Intellectual Disabilities to enroll as a CHILD waiver provider. Children may receive services provided under the Medicaid State plan and the CHILD waiver when those services are deemed medically necessary and authorized under a plan of care. It is prohibited to duplicate services between the Medicaid State plan and the CHILD waiver.	
PRS5	CHILD	Other Stakeholder	Commenter requests clarification on Supervised Residential Services rate language on page 81 of the CHILD waiver application, which appears to use variable rates depending on assessed need as the norm rather than the exception. Commenter supports that approach but requests the language to be clarified if it is an incorrect interpretation.	There is no variable rate for Supervised Residential Care services under the CHILD waiver.	The Cabinet will make modifications to the service definition within the waiver application to clarify setting size limitations for providers serving children and youth enrolled on the CHILD waiver.

Payment and Rate Setting					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
PRS6	CHILD	Other Stakeholder	Commenter raises the following five questions: 1) Requests clarification on the anticipated number of children who shall participate in CHILD waiver services and supports in the second half of SFY 2026 and SFY 2027. 2) Will the 3.0% annual increase based on the IHS Market Basket Data be applied to all existing 1915(c) waivers and the new 1915(i) RISE Waiver. 3) Requests a copy of the approved rate methodology referenced in Appendix I, measure I3 (page 185) of the CHILD waiver application with advocates and providers. 4) Requests clarification on why the Appendix I, I-3 box indicates that the state does not make supplemental or enhanced payments for Waiver services, and recommends checking the YES box to ensure access to CHILD Waiver services and supports for children and their families who have greater support and service	The Cabinet anticipates the first waiver year of the CHILD waiver to align with calendar year 2026, which spans SFY26 and SFY27, so total enrollment for waiver year one (calendar year 2026) will be capped at 100 slots, or individuals. The Cabinet makes regular requests to the Kentucky Legislature for additional slots in the 1915(c) HCBS waiver programs. The Cabinet's next opportunity to request more waiver slots is during the 2026 legislative session when the Kentucky Legislature approves the state budget for 2026-2028. Individuals can play a role in the process by advocating for waiver slots to their state house and senate representatives. At this time, no modifications will be made to the cost neutrality demonstrations of other approved 1915(c) waivers or to the rate methodologies specified in the 1915(i) RISE applications. Supplemental or enhanced payments are made to waiver providers and are in addition to the amount billed by and paid to the providers. The	

Payment and Rate Setting					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			needs and to eliminate the need to submit an amendment in Year 2 or 3. 5) Requests rate reconsideration for Environmental and Minor Home Modifications because it does not meet the current market prices.	Cabinet will not make modifications to the allowances provided under Appendix I to provide supplemental or enhanced payments for CHILD waiver services at this time, the selection of which is consistent with Kentucky's other approved 1915(c) waiver applications. Environmental and Minor Home Modifications are purchased at cost up to the lifetime limit defined in the waiver application; there is no specified rate for Environmental and Minor Home Modifications under the CHILD waiver.	
PRS7	CHILD	Other Stakeholder	Commenter believes that care coordination rates for youth with complex care needs are too low and requests development of detailed rates that align with comparable services in other 1915(c) waivers. Commenter also notes that services such as peer support, respite, and intensive coordination often face provider shortages due to low rates, so the Cabinet should ensure rates account for workforce demands (e.g., 1:10 care coordination caseloads), consider rural delivery and travel time,	The Cabinet is proposing to leverage existing rates paid for similar services currently available under the Supports for Community Living (SCL) and Acquired Brain Injury (ABI) waivers to support the CHILD waiver. As a result, the rate methodologies specified in Appendix I-2-a of the draft CHILD waiver application align with previous work undertaken by the Cabinet to develop rates paid under the SCL and ABI programs. As detailed in the draft waiver application, cost report data and stakeholder feedback were considered as part of the rate	

Payment and Rate Setting					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			and reflect provider qualifications and training costs.	development process, therefore the Cabinet does not have plans to change any of the service rates at this time. The Cabinet is required to adhere to monitoring the percent of a service rate paid to direct support professionals, as specified under the federal CMS Access Rule (Code of Federal Regulation [CFR] §441.302 (k)(3) and CFR §441.311(e)) and will retain your feedback for future consideration.	
PRS8	CHILD	Other Stakeholder	Commenter notes that Appendix J estimates the Year 1 cost of the CHILD waiver at over $14 million, with 68% consistently allocated to Supervised Residential Care annually. Combined with restrictive criteria and lack of participant direction, commenter is concerned that the funds will primarily benefit children already in CHFS custody, excluding the general public. Commenter requests assurance that waiver funds will be available to eligible community children and outline procedures to prioritize new enrollees, monitor trends, and ensure transparent fund allocation.	The projections specified in Appendix J are projections for the purposes of the Cabinet's demonstration of cost-neutrality to the Centers for Medicare and Medicaid (CMS). No service is limited to the estimated number of users specified in Appendix J, nor are the cost projections specific to either level of care or risk characteristics used for determining enrollment to the CHILD waiver. The CHILD waiver is open for application to children who meet the LOC as specified in the draft application and who exhibit a high-risk characteristic (e.g. being or at risk of being unhoused, involved with	

Payment and Rate Setting					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				at least two foster care placements in the last year as a direct result of the intensity of their disability, at least five interactions with law enforcement within the last year as a direct result of their disability, and/or discharge from a facility in the next 45 days).	
PRS9	CHILD	Other Stakeholder	Commenter requests clarification on the portion of the proposed Supervised Residential Care (SRC) service definition that relates to responsibility for the provisioning of, and costs associated with health care costs.	The Supervised Residential Care rate includes the cost for staff performing the service, general administration, and overhead. Health care related to preventive or specialty medical care, durable medical equipment, pharmacy, or other medical supplies may be covered through a child's MCO or through fee-for-service Medicaid.	
PRS10	CHILD	Other Stakeholder	Commenter requests clarification on the entity responsible for room and board payments for children receiving Supervised Residential Care.	As with all 1915(c) waiver services, the rate paid to Supervised Residential Care providers excludes room and board. Room and board are handled on a case-by-case basis, depending on a child's unique services, though DCBS may use Title IV-E funding to pay for room and board for children in the state's custody. The Cabinet is currently working on provider certification standards and requirements and will be able to	

Payment and Rate Setting					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				release more information in the future.	
PRS11	CHILD	Other Stakeholder	Commenter seeks clarification on whether behavioral health therapies and supports are included in the Supervised Residential Care rates.	The Supervised Residential Care rate includes the cost for staff performing the service, general administration, and overhead. Behavioral health therapies may be covered through other waiver services, Kentucky's Medicaid state plan (either fee-for-service or through an MCO), or a private health insurer.	
PRS12	CHILD	Other Stakeholder	Commenter requests changing the billing unit for Respite from 15-minute units to one unit equaling a day of service due to administrative burden.	At this time the Cabinet will not change the unit paid for respite from 15-minutes to daily, as the 15-minute unit aligns with the respite reimbursement methodology in other 1915(c) waivers. The Cabinet will retain your feedback for future consideration.	

Quality Improvement					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
QI1	CHILD	Other Stakeholder	Commenter is concerned that the quality strategy focuses on process and compliance rather than child/family outcomes. Commenter	The Cabinet thanks you for your feedback and will consider your comment in the future when it examines	

Quality Improvement					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			recommends CHFS track the following metrics: o By level (IDD vs. SED), including indicators like school attendance, functional gains, reduction in crisis episodes, or family satisfaction. o Reduced inpatient admissions or ER use o Stability in placement o Family-reported satisfaction and functioning o Youth goal attainment Commenter also suggests inclusion of a continuous quality improvement (CQI) process with family/youth voice embedded in policy and service design.	potential adjustments to CHILD waiver quality strategy.	

Participant Safeguards					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
PS1	CHILD	Other Stakeholder	Commenter applauds the participant safeguards included within the CHILD waiver, especially the commitment to fostering a restraint and seclusion free environment for waiver participants and the requirements that behavior support plans support the use of PRNs for behavior management and restrictive interventions may only be used when a participant poses an imminent risk of harm to self or others and only as a last resort.	The Cabinet appreciates the support of the participant safeguards included within the CHILD waiver.	
PS2	CHILD	Other Stakeholder	Commenter requests clarification on whether Safe Crisis Management (SCM) practices are allowed under the CHILD waiver.	SCM is prohibited but is permissible only as a last resort and when Cabinet procedures are followed to maintain health, safety, and welfare.	

Appeals and Grievances					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
AG1	CHILD	Other Stakeholder	Commenter requests clarification on the provision within Appendix F that the “Office of the Ombudsman is an “entity authorized to assist participants with filing an administrative hearing	The Department for Medicaid Services receives administrative hearing requests and verifies their timeliness before they are sent to a third-party contractor for processing. The Office of the Ombudsman is	

Appeals and Grievances					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			request", which contradicts the DMS decision to discontinue using the COO to process Medicaid hearing request following the July 1, 2024, removal of the COO from CHFS and relocation under the Auditor of Public Accounts. Commenter notes that other agencies within CHFS continue to use the COO.	listed as an organization that can help individuals who require assistance with the process of submitting the administrative hearing request.	

Other					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
O1	CHILD	Other Stakeholder	Commenter is a teacher at a specialized school that serves students with severe cognitive disabilities and complex behavioral needs and writes to express strong support of the proposed CHILD Waiver and thanks DMS for their commitment to children.	The Cabinet thanks you for your feedback and support of the benefits of the waiver programs, and we appreciate the role that you fill in teaching children who have extremely challenging and intensive care needs.	
O2	CHILD	Caregiver	Commenter recently left employment to care for a high-needs child who is on the HCB and MPW waitlists and hopes that a waiver program will become available to provide needed services and relieve financial burden.	The Cabinet recognizes the need to improve access to services. In addition to developing the CHILD waiver, the Cabinet is interested in and currently researching other future program options to ensure the best support available to high-needs children and youth, including those on the HCB and MPW waitlists.	

Other					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
O3	CHILD	Caregiver	Commenter submitted two separate comments to express that this program would be very important to her as a single mother who receives no support for her special needs child who needs assistance with all daily activities and to indicate that the child is currently on a waiver wait list.	The Cabinet recognizes the need to improve access to services. In addition to developing the CHILD waiver, the Cabinet is interested in and currently researching other future program options to ensure the best support available to high-needs children and youth, including those on the HCB and MPW waitlists.	
O4	CHILD	Caregiver	Commenter urges DMS to prioritize the proposed CHILD Waiver implementation and expresses the need to improve access for families who face impossible wait times for the Michelle P. Waiver.	The Cabinet recognizes the need to improve access to services. In addition to developing the CHILD waiver, the Cabinet is interested in and currently researching other future program options to ensure the best support available to high-needs children and youth, including those on the HCB and MPW waitlists.	
O5	CHILD	Caregiver	Commenter notes challenges with the Model II Waiver and calls for Medicaid programs to raise pay scales and costs of living, increase funding, and expand waiver program spots to provide essential care.	The new CHILD waiver is a short-term stabilization benefit, intentionally designed to support up to 100 eligible, extremely high-needs individuals for whom needed intensive services and residential placements have not been or are no longer available. This aligns with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions. The Cabinet continues to explore other future program options to expand services to children in need, including those on the	

Other					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				HCB and MPW waitlists and will retain feedback regarding other approved 1915(c) waiver programs offered in Kentucky to evaluate future initiatives aimed at strengthening these programs.	
O6	CHILD	Caregiver	Commenter asks the Cabinet to change the (HCB) policy so that a child who is hospitalized does not lose their waiver coverage.	In the previously approved HCB waiver application, HCB participants must access waiver services within 60 days and can request an extra 60 days for a total of 120 days. The renewed HCB application has been approved, and the 120-day timeframe is effective as of August 1, 2025. If the public has additional questions or concerns about HCB policy, contact the Department for Aging and Independent Living at HCBInquiries@ky.gov or (877) 315-0589.	
O7	CHILD	Provider	Commenter hopes that the state can provide a much-needed resource not only for autistic or disabled children, but also for those who have struggled in state custody due to abandonment, drug difficulties, or foster care, and that the number of available spaces is raised to include everyone in need.	The new CHILD waiver is an additional, short-term stabilization benefit, intentionally designed to support up to 100 eligible, extremely high-needs individuals for whom needed intensive services and residential placements have not been or are no longer available. This aligns with House Bill 6 (2024), which allocates funding to develop a new 1915(c) waiver for children with severe emotional disabilities, autism spectrum disorder, and intellectual disabilities and related conditions. The Cabinet makes regular requests to the Kentucky Legislature for additional slots in the 1915(c) HCBS waiver programs. The	

Other					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				Cabinet's next opportunity to request more waiver slots is during the 2026 legislative session when the Kentucky Legislature approves the state budget for 2026-2028. Individuals can play a role in the process by advocating for waiver slots to their state house and senate representatives.	
O8	CHILD	Other Stakeholder	Commenter points out perceived inequities regarding children with mental health concerns, which include: 1. Children with mental health needs/concerns are not being allowed to participate in sports in Fayette County. 2. Fathers and males are excluded from providing services in Kentucky. 3. There are not enough community-based services to provide needed services. 4.There are continuous exclusions of minorities as LCSW.	Thank you for sharing your concerns. The Cabinet for Health and Family Services strives to provide equitable support to protect and promote the health and well-being of all Kentuckians. We apply these values when improving existing programs and developing new programs, such as the CHILD waiver. Families or other natural supports of 1915(c) HCBS waivers, including fathers or male caregivers, are encouraged to take an active role in their loved one's care so long as it is wanted by the participant. We recognize your concerns about non-Medicaid services and encourage you to contact the organizations overseeing those services (such as the City of Lexington and the Kentucky Board of Social Work) to address the issues you have identified.	
O9	CHILD	Other Stakeholder	Commenter requests improving transparency and accountability by providing regular public reporting on waitlist numbers, service utilization, and outcomes; and creating mechanisms for	The Cabinet will continue to update interested parties on the implementation of the CHILD waiver, including ongoing updates regarding the establishment of a waiting list (if applicable), service utilization,	

Other					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			ongoing stakeholder input and waiver modifications.	and expected outcomes. All future CHILD waiver amendments will be released for public comment in accordance with federal requirements, prior to submission to CMS. Individuals who want to receive updates about the CHILD waiver can self-subscribe to email updates at https://bit.ly/GetKYLTSSUpdates or email MedicaidPublicComment@ky.gov. The Cabinet makes regular requests to the Kentucky Legislature for additional slots in the 1915(c) HCBS waiver programs. The Cabinet's next opportunity to request more waiver slots is during the 2026 legislative session when the Kentucky Legislature approves the state budget for 2026-2028. Individuals can play a role in the process by advocating for waiver slots to their state house and senate representatives.	
O10	CHILD	Multiple	Commenters expressed support for the CHILD waiver generally and for the following reasons: • The limited allowance for Community Living Supports services for youth in Supervised Residential Care who are actively working to transition back to the community, and the Cabinet's commitment to Community Living Supports services for youth in Supervised Residential Care who are	The Cabinet appreciates your support and thanks you for your feedback.	

Other					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			actively working to transition back to the community. • The CHILD Waiver recognizes the layered needs of children like mine—not just their diagnoses, but also the social, behavioral, and environmental challenges they face. It offers a coordinated model that emphasizes keeping children in their homes and communities, which is not only more humane but more effective long-term. • The thoughtfulness of the proposed CHILD waiver and the tremendous effort that went into designing the proposed services: Commenter expresses appreciation of the Cabinet's continued partnership with stakeholders. • The inclusion of telehealth services in the CHILD waiver. • The new waiver will open more spots in existing programs for participants over the age of 21. • It aligns with best practices for supporting individuals with complex needs in the least restrictive environment possible. • The specialized population served by this waiver will encourage providers to advance their skills and education in caring for individuals with psychiatric disorders and raise the level of		

Other					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			expertise and quality of services across Kentucky. • With more children and youth safely supported at home, facilities will have open beds for individuals with more advanced or acute care needs. • Ensuring children and youth can continue receiving outpatient care from their trusted practitioners preserves vital therapeutic relationships and supports better health outcomes for these individuals. • The program will follow the child until the age of 21 and prioritizes the mental health of our youth. • The CHILD waiver will serve a high-needs, difficult to serve population. • Respite will be a relief for foster parents, families, or institutions. • Community Living Supports will encourage socializing, relationship building, and prepare children and youth for actual living in the community or environment. • Supervised Residential Care for Children and Youth will take care of those who require 24-hour intensive residential treatment. • Clinical Therapeutic Services will promote family support at an early age, the identification of behavioral triggers, and the mental health therapies		

Other					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
			required for trauma prevention, risk reduction, and recovery. • Environmental and minor home modifications will guarantee the health, welfare, and safety of a child or youth in their private or family residence. They will have access to the necessary equipment, installation, and home adjustments.		
O11	CHILD	Other Stakeholder	Commenter is concerned about the projected number of users detailed in Appendix J for Clinical Therapeutic Services and Community Living Supports, asks if the CHILD waiver is anticipated to impact PRTF programs, and suggests that the average length of stay included in Appendix J of the CHILD draft waivers is too short to support children and youth with complex needs.	The projected number of users specified in Appendix J for Clinical Therapeutic Services and Community Living Supports is a projection for the purposes of the Cabinet's demonstration of cost-neutrality to the Centers for Medicare and Medicaid (CMS). No service is limited to the estimated number of users specified in Appendix J. The CHILD waiver is not anticipated to have any impact on Kentucky's PRTF programs. The CHILD waiver is intended to support children and youth who may be served safely in the community, to include those children/youth stepping down from a facility such as a PRTF. Unlike the other 1915(c) waivers, the new CHILD waiver will provide short-term, high-intensity services for up to 100 eligible children who are in need of immediate	

Other					
Reference #	**Waiver**	**Commenter Type**	**Comment**	**Cabinet Response**	**Change to the Waiver**
				residential placement and whose needs cannot be met in a PRTF or ICF/IID setting. The average length of stay is used to develop cost neutrality estimates for the CHILD waiver and will not impact a child or youth's ability to remain on the waiver for a period of greater than 350 days if needed, to support stabilization and plans for transitioning into other long-term care services and supports.	
O12	CHILD	Other Stakeholder	Commenter recommends utilization of the CANS assessment for all children on all waivers.	The Cabinet has selected the Child and Adolescent Needs and Strengths (CANS) tool as the level of care (LOC) assessment instrument for the CHILD waiver. At this time, no modifications will be made regarding the level of care instrument for the Cabinets' other child serving waivers; however, the comment will be retained for future consideration.	
O13	CHILD	Provider	Commenter identifies challenges with meeting incident report timeframes due to participant delays in notifying the case manager and out of the office at times for home visits. Commenter states that MWMA sometimes mis-classifies critical incident reports as "non-critical" and cannot be changed once prompted to make a selection.	The Cabinet appreciates the feedback provided relative to incident reporting timeframes. The feedback will be retained and considered for future improvements to 1915(c) waiver programs.	