

Kentucky Department for Medicaid Services

1915(c) Home and Community Based Services Waiver Programs

Official Response to Formal Public Comment from August 14, 2024 – September 13, 2024



Between August 14, 2024 – September 13, 2024, the Department for Medicaid Services (DMS) received formal public comments on behalf of the Kentucky Cabinet for Health and Family Services (the Cabinet) regarding Kentucky’s 1915(c) Home and Community Based Services (HCBS) waiver programs:

- Acquired Brain Injury (ABI)
- Acquired Brain Injury (ABI LTC)
- Home and Community Based (HCB)
- Model II Waiver (MIIW)
- Michelle P. Waiver (MPW)
- Supports for Community Living (SCL)

To implement rate increases, the Cabinet must submit amended waivers to the Centers for Medicare and Medicaid Services (CMS). The Cabinet held the formal public comment period to allow stakeholders to provide feedback on updates proposed in all six amended waiver applications. This document provides the Cabinet response to all stakeholder comments submitted during the formal public comment period.

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.

**1915(c) HCBS Waiver Public Comment Response
August 14, 2024 – September 13, 2024**

Covered Services				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
CS1	Multiple	Commenter requests technology-assisted residential services be made available in the ABI, ABI LTC, and HCB waivers.	The Cabinet appreciates the suggestion. DMS will be compiling commenter requests for service additions to 1915(c) HCBS waiver programs and considering those in 2025. The Cabinet's next opportunity to request funding for service additions will be during the next biennium budget cycle.	
CS2	Provider	Commenter requests that Community Guide be added to all waivers.	The Cabinet appreciates the suggestion. DMS will be compiling commenter requests for service additions to 1915(c) HCBS waiver programs and considering those in 2025. New services will require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to request funding for service additions will be during the next biennium budget cycle.	
CS3	Multiple	Commenter requests that therapy services remain in ABI and ABI-LTC waivers and to make them a waiver-only service (remove from extended state plan). Commenter requests that limits be added to the Medicaid State Plan service. One commenter notes that transition can be difficult for the ABI population and participants may be negatively impacted by	The Cabinet appreciates the suggestion. No changes were made to therapy services in this amendment.	

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		transitioning from waiver to the Medicaid State Plan.		
CS4	Provider	Commenter seeks additional information about service limit changes for respite in HCB.	The Cabinet updated the Respite service in HCB from a cost-based service limit to a unit-based service limit. The new limit is 42 units per day and 1,000 units per year, which is equivalent to \$244 per day and \$5,920 per year. The prior limit for HCB was \$200 per day and \$4,840 per level of care year. This change is intended to account for an increase in respite rates.	
CS5	Multiple	Commenter requests an increase to the daily and yearly service limits for Respite in HCB. Some commenters suggested unit limits of \$350/day and \$4,000/year.	The Cabinet changed respite service limits from dollar-based limits to unit-based limits as part of this amendment. The new limit is 42 units per day and 1,000 units per year, which is equivalent to \$244 per day and \$5,920 per year for non-specialized respite.	
CS6	Provider	Commenter requests for participants in SCL Residential Level II to be able to choose Community Access or Personal Assistance for those who do not want Day Training.	The Cabinet appreciates this suggestion. Individuals receiving residential services are not eligible for Personal Assistance as this would be a duplication of services. Residential Level II provides up to 24 hours a day of care. Individuals receiving SCL Residential Level II can receive	

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			Community Access services, however, this is intended to be a time-limited service of helping someone become integrated into a community activity, not an ongoing means of supervision and support comparable to those provided with residential services.	
CS7	Provider	Commenter requests that telehealth limits be removed from Consultative Clinical and Therapeutic (CCT) Services in SCL and Behavioral Supports in ABI, ABI LTC, and MPW. One commenter proposes a mandate for regular documentation of physical health metrics every six months which would include metrics such as height, weight, BMI, waist circumference, and relevant lab values, which can be obtained from the client's doctor or clinic visits when providers use telehealth.	The Cabinet appreciates this suggestion. Positive behavior supports involves evaluation and assessment of the participant, the environment, and the system of support, and provides for modifications to the environment, training of caregivers, etc. All these tasks cannot be adequately completed via telehealth. The requested information provided by a physician does not replace in-person observation and training needs. The frequency of medical evaluations and the information collected should be determined by the individual and their medical care providers.	
CS8	Provider	Commenter requests separate unit limits for each CCT service and increased limits where possible.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for service limit changes for the 1915(c) HCBS waiver programs and considering those in 2025. Service providers can already access increased service limits through the Exceptional Supports Services request	

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			protocol. Increasing service limits would require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to modify service limits will be during the next biennium budget cycle.	
CS9	Provider	Commenter requests nursing services be added to the SCL waiver.	The Cabinet appreciates the suggestion. Nursing services are presently available to SCL participants through the Medicaid State Plan. Participants also have access to home health services to assist with addressing their needs.	
CS10	Provider	Commenter requests that the Cabinet add personal assistance to Technology Assisted Residential.	Thank you for the suggestion. As part of the definition of Technology Assisted Residential, the provider is expected to meet the participant's personal assistance needs.	
CS11	Provider	Commenter requests increased service limits for Attendant Care in HCB. Commenter requests that the limit be based on units rather than cost, or that the language be changed to "A maximum of the standard rate for an 8-hour day reflecting any	The Cabinet appreciates the suggestion. Currently, the service limit for Attendant Care in HCB is either 45 hours per week alone or in combination with Adult Day Health Care, or a maximum of \$200 per day in combination with Adult Day Health Care services. The Cabinet will reevaluate service limits based on public comment requests in the future.	

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		provided rate increase or inflationary rise."	As increases to service limits may require additional program budget and changes to Kentucky Administrative Regulation, the Cabinet will evaluate any necessary changes in advance of the next budget cycle and subsequent legislative session.	
CS12	Provider	Commenter requests counseling be added as a service in MPW and HCB.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for service additions to 1915(c) waiver programs and considering those in 2025. New services will require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to request funding for service additions will be during the next biennium budget cycle.	
CS13	Provider	Commenter requests Durable Medical Equipment be added to waivers.	The Cabinet appreciates the suggestion. Medical Supplies, Equipment, and Appliances are available via the Medicaid State Plan, which states, "The department will reimburse suppliers of medical supplies, equipment, and appliances for manually priced items in the Medicaid program durable medical equipment fee schedule".	

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CS14	Caregiver	Commenter asks for respite to be added to the HCB waiver for paid family members or legal guardians.	The Cabinet confirms that respite is included in the HCB waiver to address respite needs, including when a participant uses the PDS model of service delivery and employs a family member, legally responsible individual, or legal guardian. The service is called "Non-specialized respite" and it is defined as "short-term care due to an absence or need for relief of the primary caregiver and be utilized for participants who are unable to independently manage or execute self-care." The Cabinet is currently working on updating the KAR to reflect this waiver policy.	
CS15	Other Stakeholder	Commenter requests that assisted living services/fees be included in the HCB waiver.	Thank you for the suggestion. Per the <i>Application for a §1915(c) Home and Community-Based Waiver Instructions, Technical Guide and Review Criteria</i> , a state may not use federal Medicaid funds to cover room and board expenses of waiver participants. Room and board expenses must be met from participant resources or through other sources.	
CS16	Provider	Commenter requests that the Adult Day Health Care service in HCB be 9 hours per day instead of dollar value limits.	The Cabinet appreciates the suggestion. Currently, the service limit for Attendant Care in HCB is either 45 hours per week alone or in combination with Adult Day Health Care, or a maximum of \$200 per day	

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			in combination with Adult Day Health Care services. The Cabinet will reevaluate service limits based on public comment requests in the future. As increases to service limits may require additional program budget and changes to Kentucky Administrative Regulation, the Cabinet will evaluate any necessary changes in advance of the next budget cycle and subsequent legislative session.	
CS17	Provider	Commenter seeks clarity on goods and services in the HCB waiver service and whether it is available to participants.	All HCB participants are eligible for Goods and Services through the waiver when the goods and/or services support goals as documented in the person-centered service plan and align to meet assessed needs based on the participant's disability. Specific goods and services are determined as allowable if they meet the criteria described in the service definition, which states: "the item or service would decrease the need for other Medicaid services; AND/OR promote inclusion in the community; AND/OR increase the participant's safety in the home environment; AND, the participant does not have the funds to purchase the item or service or the item or service is not available through another source."	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
CS18	Provider	Commenter requests that Natural Support Training be allowed in a group setting.	The Cabinet appreciates the suggestion and is currently assessing how the Natural Supports Training service is defined. The Cabinet will release further guidance in Winter 2024 / 2025.	
CS19	Provider	Commenter requests nutrition services be added to other waivers.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for service additions to 1915(c) waiver programs and considering those in 2025. New services will require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to request funding for service additions will be during the next biennium budget cycle.	
CS20	Provider	Commenter suggests that flexibilities available during the COVID-19 public health emergency for Attendant Care in HCB and MPW be made permanent in both waivers.	Thank you for the suggestion. The Cabinet is compiling commenter suggestions for waiver updates and will consider those when making future waiver amendments.	
CS21	Other Stakeholder	Commenter suggests converting Supported Employment from a 15-minute unit to a long-term support payment system based upon the number of hours the	The Cabinet appreciates the suggestion. Currently, the service limit for Supported Employment will remain at a quarter unit hour of service. The Cabinet will reevaluate service limits based on public comment requests in	

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		participant works in the community.	the future. Increasing service limits would require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to modify service limits will be during the next biennium budget cycle.	
CS22	Provider	Commenter requests that meals be covered twice a day for seven days per week instead of five days per week.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for service limit changes for the 1915(c) HCBS waiver programs and considering those in 2025. Increases to service limits would require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to modify service limits will be during the next biennium budget cycle.	
CS23	Provider	Commenter seeks increased limits for nutrition services in SCL.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for service limit changes for the 1915(c) HCBS waiver programs and considering those in 2025. Increases to service limits would require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to modify service limits will	

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			be during the next biennium budget cycle.	
CS24	Other Stakeholder	Commenter notes appreciation for changes made to Appendix C in HCB.	The Cabinet appreciates the commenter's feedback.	
CS25	Provider	Commenter does not believe it is in the best interest of participants or the Cabinet for the cabinet to attempt to add the Family Home Provider/Adult Foster Care service in the ABI and ABI LTC waivers.	Thank you for the comment. The Cabinet notes that no change was made in this waiver amendment that added or removed services from the ABI and ABI-LTC waivers. Family Home Providers and Adult Foster Care are currently available only in the SCL waiver.	
CS26	Multiple	Commenter requests that the Cabinet establish specialized waiver-specific therapy services. This includes amending the definition of existing therapy services to incorporate cognitive and neuro-rehabilitation services. Commenter also requests a neurorehabilitative code or modifier to indicate the specialized nature of these services.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for service additions to 1915(c) waiver programs and considering those in 2025. New services will require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to request funding for service additions will be during the next biennium budget cycle.	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
CS27	Provider	Commenter requests that DMS provide clarity and additional details regarding the Group Counseling service listed under the Extended State Plan information on page 43 of the ABI waiver application.	The Cabinet appreciates the clarifying question. CMS considers group counseling an extended state plan service as the service is provided to individuals age 21 and over. Behavioral services are a covered service for children under age 21 are covered in the state plan within the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. All waiver participants can access this service if it meets the needs documented in their person-centered service plan through the Medicaid State Plan or waiver.	
CS28	Provider	Commenter requests that telehealth be allowable for Medicaid State Plan behavioral services.	The Cabinet appreciates the suggestion. The policies governing waivers are tailored to the 1915(c) waivers. Behavioral Services in the waiver do allow telehealth. For a description of telehealth services available through Medicaid, see 907 KAR 3:170 https://apps.legislature.ky.gov/law/kar/titles/907/003/170/ and the Medicaid COVID-19 FAQ, questions 1 and 2 (available here: https://www.chfs.ky.gov/agencies/dms/Documents/ProviderFAQs.pdf).	

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CS29	Provider	Commenter recommends that the Cabinet adopt a program tailored to the needs of individuals who access ABI waivers.	The Cabinet welcomes public input at any time with specific suggestions for how the ABI and ABI-LTC programs may need to be further tailored to address the needs of individuals with an acquired brain injury. Additional feedback can be provided by sending an email to MedicaidPublicComment@ky.gov .	
CS30	Other Stakeholder	Commenter requests that the Cabinet seek federal approval to establish the Family Home Provider/Adult Foster Care service in the ABI and ABI LTC waivers.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for service additions to 1915(c) waiver programs and considering those in 2025. New services will require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to request funding for service additions will be during the next biennium budget cycle.	
CS31	Other Stakeholder	Commenter requests that the Cabinet establish crisis residential services in SCL, ABI, and ABI-LTC.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for service additions to 1915(c) waiver programs and considering those in 2025. New services will require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to request funding for service additions will be during the next biennium budget cycle.	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
CS32	Other Stakeholder	Commenter suggests that the Cabinet establish an SCL waiver service for participants who have significant, long-term support needs while also retaining an overhauled exceptional support system.	The Cabinet appreciates the suggestion. The Cabinet will be compiling commenter requests for service additions to 1915(c) waiver programs and considering those in 2025. New services will require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to request funding for service additions will be during the next biennium budget cycle.	
CS33	Other Stakeholder	Commenter expresses appreciation for the Cabinet refining the Person-Centered Planning service definition.	The Cabinet appreciates the commenter's feedback.	
CS34	Other Stakeholder	Commenter requests that the Cabinet eliminate annual and lifetime caps on all services, including goods and services, assistive technology, home modifications, and vehicle adaptations.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for service limit changes for the 1915(c) HCBS waiver programs and considering those in 2025. Increasing service limits will require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to request funding for service limit changes will be during the next biennium budget cycle.	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
CS35	Other Stakeholder	Commenter requests increased limits for Community Living Supports.	Thank you for the suggestion. Thank you for the suggestion. The Cabinet will be compiling commenter requests for service limit changes for the 1915(c) HCBS waiver programs and considering those in 2025. Increasing service limits will require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to request funding for more rate increases will be during the next biennium budget cycle.	
CS36	Other Stakeholder	Commenter requests a new SCL residential category for "Live In Support" in addition to Shared Living.	The Cabinet appreciates the suggestion. The Shared Living service overlaps with what a Live-in Support service would offer. Adding both services to a waiver would create duplication, which CMS has noted is not federally allowable.	
CS37	Other Stakeholder	Commenter suggests that the Cabinet eliminate respite services and instead use Personal Assistance.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for service modifications to 1915(c) waiver programs and considering those in 2025. New services will require additional program budget and changes in Kentucky Administrative Regulations. The Cabinet's next opportunity to request	

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			funding for service additions will be during the next biennium budget cycle.	

Eligibility and Enrollment				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
EE1	Provider	Commenter asks the Cabinet to remove the need for a MAP-10 after the initial Level of Care for ABI and MPW participants	The Cabinet appreciates the suggestion. The Cabinet is taking this comment into advisement and will consider changes to MAP-10-related procedures in future waiver amendments.	
EE2	Multiple	Commenter recommends the Cabinet implement emergency criteria for all 1915 (c) waivers in the event of a waitlist. All 1915 (c) waivers should have standardized waitlist policies, procedures, and regulations. This includes the ability for a waiver slot to be reallocated in the event of a waiver enrollee's death or voluntary permanent relinquishment by an individual of their waiver slot.	<p>The Cabinet is actively reviewing waitlist processes and procedures. For example, the Cabinet recently updated waiver policy to allow slots to be reallocated before the end of the waiver year upon a participant's death.</p> <p>Any additional policy updates will be completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final. The Cabinet anticipates sharing information on</p>	

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Eligibility and Enrollment				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
			proposed changes beginning in Spring/Summer 2025.	
EE3	Other Stakeholder	Commenter seeks clarity on the slot count for SCL, specifically whether the 5,166 slots listed in the waiver application include the slots from House Bill 6 for SFY 25-26, whether additional funding will be requested and allocated to address the current waitlist, and whether Money Follows the Person slots are covered under the existing budget.	<p>The amended slot count in the proposed SCL waiver application did not include the 250 slots given for SFY 25-26. The Cabinet will add those slots before submitting the waiver to CMS for approval. The slots will become available on July 1, 2025. 10 slots per year are reserved for Money Follows the Person.</p> <p>The Cabinet's next opportunity to request additional waiver slots will be during the next biennium budget cycle.</p>	The Cabinet added 250 slots to the SCL waiver application as outlined in House Bill 6 before submission to CMS.
EE4	Other Stakeholder	Commenter requests that psychological evaluations only be required in SCL "if available and needed."	The Cabinet appreciates the suggestion. The Cabinet will continue to require psychological evaluations as a component of evaluating waiver eligibility. Psychological testing is necessary to obtain a valid diagnosis and measure of intellectual and adaptive functioning.	
EE5	Other Stakeholder	Commenter recommends that wait list management should be incorporated as a fundamental component of all waivers and	The Cabinet is actively reviewing waitlist processes and procedures. Any updates will be completed through future KAR changes accompanied by a	

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Eligibility and Enrollment				
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		supports, with standardized waitlist management policies, procedures, and regulations. This waitlist management plan should address how many individual placements should be funded on an annual basis to ensure prompt services and supports. Some commenters recommend that participants be eligible for services within 8 years of being placed on the waitlist. One commenter noted that "unofficial" waitlists should also be addressed.	waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final. The Cabinet anticipates sharing information on proposed changes beginning in Spring/Summer 2025.	
EE6	Other Stakeholder	<p>Commenter seeks clarity on the slot count for MPW, specifically whether the 10,600 slots listed in the waiver application include the slots</p> <p>from House Bill 6 for SFY 25-26 and whether additional funding will be requested and allocated to address the current waitlist.</p>	<p>The amended slot count in the proposed MPW application did not include the 500 slots given for SFY 25-26. The Cabinet will add those slots before submitting the waiver to CMS for approval. The slots will become available on July 1, 2025. The Cabinet's next opportunity to request additional waiver slots will be during the next biennium budget cycle.</p>	<p>The Cabinet added 500 slots to the MPW application as outlined in House Bill 6 before submission to CMS.</p>
EE7	Other Stakeholder	<p>Commenter seeks clarity on the slot count for HCB, specifically whether the 17,300 slots listed in the waiver application include</p>	<p>The amended slot count in the proposed HCB application did not include the 500 slots given for SFY 25-26. The Cabinet will add those slots before submitting the waiver to CMS</p>	<p>The Cabinet added 500 slots to the HCB application as outlined in House Bill 6 before submission to CMS.</p>

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		the slots from House Bill 6 for SFY 25-26 and whether Money Follows the Person slots are covered under the existing budget.	for approval. The slots will become available on July 1, 2025. The Cabinet's next opportunity to request additional waiver slots will be during the next biennium budget cycle. 150 slots are reserved for Money Follows the person.	
EE8	Provider	Commenter requests clarification regarding the age when an individual may access the service listed on page 73 of the ABI waiver application, as some services are 18 while others are 21.	<p>The service listed on page 73 of the proposed ABI waiver application is Behavior Services. Because Behavior Services are available through the Medicaid State Plan Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, participants age 21 and younger must receive the services covered by that benefit. Participants over age 21 should receive Behavior Services through the Medicaid State Plan. The waiver covers services not available in the state plan or when a participant exhausts the state plan limit.</p> <p>ABI participants who seek EPSDT services can request assistance from their case manager and/or contact member services for assistance.</p>	
EE9	Provider	On page 31 of the ABI waiver application, DMS reduces the required number of services a waiver participant would need to	The Cabinet confirms that this policy was not adjusted within the waiver amendment and was previously established in prior waiver	

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Eligibility and Enrollment				
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		qualify for an ABI waiver slot from 2 services down to 1 service. Commenter recommends against this change to the ABI waiver.	amendments. The Cabinet acknowledges that one hands-on service is required to be eligible for services on the ABI waiver and will continue to monitor the effectiveness of this waiver eligibility process.	
EE10	Other Stakeholder	Commenter agrees with adding reserved SCL waiver slots for Money Follows the Person individuals.	The Cabinet appreciates the commenter's feedback.	

Case Management				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
CM1	Provider	Commenter requests that quarterly case management reviews be removed from ABI case management requirements.	Thank you for your comment. The Cabinet considers quarterly case management reviews for the ABI waiver essential to achieving the Cabinet's goal of participant-first service delivery and care plan design. Case management reviews are necessary for the Cabinet to promote case management best practices and care plan development that is responsive to the needs of participants	

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			and reflects any changes to participants' goals and assessed needs as they receive services within the person-centered service plan.	
CM2	Provider	Commenter requests that case management be considered an allowable service when a participant is in the hospital, rehab or long-term care to help to manage continuity of care for their inpatient stay and help with discharge planning.	Thank you for your comment. When a participant receives in-patient care, the in-patient facility treating the participant is responsible for discharge planning in accordance with the condition treated and the treatment delivered. Case managers are encouraged to coordinate with the participant and their discharge planner to support the participant's transition to home. The case management rate includes assumptions for time spent on anticipated but non-billable activities as a cost in the course of delivering the service.	
CM3	Provider	Commenter requests that telehealth limits be removed from Case Management, and/or that case managers work with participants to determine individual telehealth allowances.	The Cabinet does not plan to remove telehealth limits from the case management service. Telehealth will remain allowed in tandem with a minimum of one in-person case management visit with a participant every other month. The Cabinet is defining a minimum standard of in-person case management services to assure that comprehensive oversight of the person-centered plan occurs. In-	

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			person contact also aids in monitoring of unreported critical incidents and continuous assessment of a participant's health and welfare via routine risk monitoring and management.	
CM4	Caregiver	Commenter requests that the Cabinet develop clear, uniform guidelines that all case managers must adhere to, ensuring that while services are personalized, the basic operational rules are consistent.	Thank you for this comment. The Cabinet agrees and is working to align guidelines across waivers while assessing areas for improvement in current service delivery management processes and supports.	
CM5	Caregiver	Commenter requests that the Cabinet implement regular training sessions and oversight to ensure that all case managers interpret and apply the rules uniformly.	Thank you for this comment. The Cabinet agrees and is working to align guidelines across waivers while assessing areas for improvement in current service delivery management processes and supports.	
CM6	Caregiver	Commenter seeks community integration by requesting that the Cabinet encourage and support case managers in facilitating community engagement rather than inadvertently promoting home confinement.	Thank you for this comment. The Cabinet is committed to encouraging community integration and is working to assess and address areas for improvement in current service delivery management processes and supports such as case management	

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			guidelines, best practices, trainings, and defined responsibilities.	
CM7	Provider	Commenter requests that the paperwork for Legally Responsible Individuals (LRIs) be offered online. Commenter notes that the process for LRI approval feels like "busy work" as they have not seen any denials and the paperwork feels redundant.	Thank you for this comment. The Cabinet updated the process for submitting a Legally Responsible Individual (LRI) review to an electronic form on July 1, 2024, and is continuing to monitor these processes for further improvements. LRI provider reviews are required for compliance with CMS guidelines and adherence to national best practices that demonstrate limiting LRIs from receiving payment for services except for instances of "extraordinary care."	
CM8	Provider	Commenter notes that federal guidelines have changed so that providers cannot classify case managers as salaried employees, and therefore case managers may only work 37.5 hours per week before overtime. Because agencies do not have funds to pay overtime, case managers have to be able to do their jobs in 37.5 hours each week.	Thank you for this comment. While the Cabinet sets policies and regulations around how the service is delivered, individual providers are responsible for observing applicable labor laws specific to their employees in the course of delivering the service.	

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Case Management				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
CM9	Provider	Commenter requests that case managers have fewer requirements around incident reporting, given that there are many incidents to report. Commenter notes that reporting within hours of notification is not realistic.	Thank you for this comment. The Cabinet has designed incident reporting requirements in line with the importance of robust mechanisms for monitoring potential exploitation, abuse, and neglect and preparing for remediation. The incident reporting requirements also reflect adherence to Commonwealth and CMS standards. The Cabinet will continue to work to examine incident reporting practices and regulations to determine efficient policies that align with the goals of and need for effective incident reporting while adhering to regulatory requirements.	
CM10	Provider	Commenter explains that attendant care services create additional work for case managers. Commenter requests that attendant care training be submitted directly rather than through the case manager.	The Cabinet appreciates the suggestion. PDS Attendant Care provider trainings are required to comply with State and CMS requirements and to promote high quality service delivery. Given that the case manager is in direct contact with a participant and their providers, as well as the case manager's responsibility to deliver training and documentation to the FMAs, the case manager is responsible for monitoring and reporting on attendant care	

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Case Management				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
			provider training compliance to the Cabinet.	
CM11	Provider	Commenter notes that changing the HCB case management unit from "Quarterly" to "Monthly" will increase the workload of case managers.	The unit for the case management service in the Home and Community Based Waiver has not changed. Case management was delivered via monthly units in the previous waiver version and will continue to be delivered via monthly units according to the updated rates and waiver amendments.	
CM12	Other Stakeholder	Commenter notes that based upon the waiver application, it appears that case management has an oversight and supervisory function over providers of other waiver services. Is this a correct interpretation, and if so, what is the scope of that responsibility?	Case managers are responsible for assessing the effectiveness of a participant's person-centered service plan in advancing the person's goals and addressing assessed needs. Case managers' responsibilities include reviewing the services delivered to the participants they support to monitor for effective service delivery. Case managers are not responsible for direct supervision of other waiver service providers.	

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Individual Budgeting				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
IB1	Provider	Commenter requests direction for determining individual budgets, such as a formula. Commenter suggests three levels of care based off of the assessment to be reimbursed a certain amount each day for the care provided.	Participants do not receive individual budgets. The set of services approved for each participant is based on the participant's assessed needs and their goals as identified in the person-centered service planning process. The services included in the person-centered service plan and any service amounts are individualized to the needs of the person, subject to overall waiver limits.	

Participant-Directed Services				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PDS1	Provider	Commenter requests allowing PDS SCL and PDS MPW participants to utilize respite, even when the primary caregiver is paid through PDS.	Respite services are currently allowable for participants enrolled in the PDS model of service delivery for both SCL and MPW. The Cabinet is currently working on updating the KAR to reflect this waiver policy.	
PDS2	Caregiver	Commenter requests that multiple caregivers be eligible to receive payment for the full 40 hours per week of services.	Participants do not receive individual budgets. The set of services approved for each participant is based on the participant's assessed needs and the person's goals as identified in the	

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Participant-Directed Services				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
			person-centered service planning process. The services included in the person-centered service plan and any service amounts are individualized to the need of the person, subject to waiver service limits. The volume of employees a participant employs is not a factor used to establish the amount of service hours included in a plan.	
PDS3	Other Stakeholder	Commenter observes that PDS case management services are expected to increase by twenty individuals each year of the five (5) year waiver period from 453 in Year 1 to 533 in Year 5 while the total number of persons served and supported by the SCL waiver upper limit remains flat at 5,166 individuals per year.	The Cabinet appreciates the commenter's observation. The Cabinet anticipates individuals who are currently waiver enrolled and receive services from traditional providers have the option to and may elect to self-direct via participant-directed services in the future. The Cabinet will continue to evaluate trends to inform future waiver amendments.	
PDS4	Other Stakeholder	Commenter expresses concern about the estimated increases in the PDS delivery model in MPW and requests that the Cabinet convene a workgroup for providers, including financial management administrators, to prepare for these increases.	Thank you for the suggestion. The Cabinet is currently working with CMS to explore the best options for changes to the FMS model within the state's participant-directed services delivery system. As the Cabinet considers changes to these services, the Cabinet will continue to engage stakeholders in a variety of settings (e.g. town halls,	

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Participant-Directed Services				
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			trainings) to gather feedback and provide updates. Additionally, the public will again have the chance to provide comments on proposed changes to potential FMS changes through any future public comment periods.	
PDS5	Other Stakeholder	Commenter expresses appreciation for the change to identify PDS case managers as "case managers" rather than "support brokers."	The Cabinet appreciates the commenter's feedback.	
PDS6	Other Stakeholder	Commenter expresses appreciation that First Aid and CPR certification is now at the discretion of the PDS participant employer.	The Cabinet appreciates the commenter's feedback.	
PDS7	Other Stakeholder	Commenter seeks additional opportunities for PDS employees, such as recruitment bonuses, retainment bonuses, paid time off, shift differentials, seniority differentials, level of care differentials, transportation expenses, workman's compensation coverage, activity fee reimbursement, and stipends	Thank you for the suggestion. As PDS employees are employed by the participant, the participant is responsible for additional employee benefits beyond the reimbursement rate. The Cabinet will continue to evaluate options for supporting PDS employee recruitment and retention in the future.	

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Participant-Directed Services				
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		towards health insurance/dental insurance/life insurance.		
PDS8	Other Stakeholder	Commenter seeks a mechanism to share employees amongst multiple PDS participants with shared onboarding and eligibility.	Thank you for the suggestion. The Cabinet will continue to evaluate options to make the onboarding process easier in the future.	
PDS9	Other Stakeholder	Commenter seeks changes to PDS administration. Specifically, commenter requests establishments of PDS associations to serve as the financial manager, find providers, approve time sheets, offer onboarding, and offering other benefits.	Thank you for the suggestion. The Cabinet is currently working with CMS to explore the best options for changes to the delivery of FMS within the PDS delivery model. When the Cabinet makes additional changes to these services, the public will again have the chance to provide comments on those changes.	
PDS10	Other Stakeholder	Commenter suggests improved communications with PDS participants.	Thank you for this comment. The Cabinet always welcomes feedback on ways to improve communications with program participants and stakeholders. Additional feedback can be provided by sending an email to MedicaidPublicComment@ky.gov.	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PRS1	Provider	<p>Commenter seeks clarification on the 85% pass-through of funds to Direct Service Professionals and the Rate Planned for Implementation. Commenters seek confirmation on:</p> <ul style="list-style-type: none"> • DSP payment dollar amounts, • Whether providers can choose to bill at the standard or enhanced rate based on the DSP, and • whether the 85% pass-through is on the entire rate or only the enhancement. <p>Commenter seeks information as to why only traditional agencies can participate in the enhanced rate.</p>	<p>To receive the 50% rate increase for eligible services, providers must have submitted a signed attestation when Appendix K was active. The attestation requires providers to pass through 85% of the increased reimbursement amount to direct service professionals (DSP) in the form of compensation increases or hiring, retention, and other reimbursement-related incentives to recruit and retain a sufficient workforce. This pass-through amount will differ for each eligible service, based on the base rate for that service. Billing of the 50% is based on the service provided, not the DSP providing the service. Providers who submitted an attestation will be paid at the higher rate of 50%.</p> <p>PDS employees are not eligible for the enhanced rate as they receive the entirety of the reimbursement rate and therefore would not need to pass-through any amount.</p>	
PRS2	Multiple	<p>Commenter expresses appreciation for the rate study methodology and for the proposed rate increases.</p>	<p>The Cabinet appreciates the commenter's feedback.</p>	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PRS3	Other Stakeholder	Commenter requests increased rates for Shared Living.	<p>The Cabinet will take this comment under consideration. The Shared Living service received a 20% increase in the 2022-2024 state budget.</p> <p>The current approved program budget does not allow for additional rate increases at this time. Future changes may be considered based on the newly implemented rate methodology subject to additional program funds in the state budget. The Cabinet's next opportunity to request funding for more rate increases will be during the next biennium budget cycle.</p>	
PRS4	Other Stakeholder	Commenter requests increased rates for Technology Assisted Residential Services.	<p>The Cabinet will take this comment under consideration. The Technology Assisted Residential service received a 20% increase in the 2022-2024 state budget.</p> <p>The current approved program budget does not allow for additional rate increases at this time. Future changes may be considered based on the newly implemented rate methodology subject to additional programs fund in the state budget. The Cabinet's next opportunity to request funding for more rate increases will be during the next biennium budget cycle.</p>	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PRS5	Provider	Commenter seeks clarity on rate disparity for Financial Management Services between HCB and other waivers.	The Cabinet is opting to implement 70% of the rate study benchmark rate in instances where that rate is higher than the previously approved rate for that service by waiver. This policy decision was made to avoid reductions to previously approved rates for all waivers and covered services. In the case of Financial Management Services, the previously approved rate for all waivers is higher than 70% of the benchmark, so rates for this service will remain the same, leading to differentiated rates for Financial Management across waivers.	
PRS6	Provider	Commenter requests a rate study for non-waiver services including Applied Behavior Analysis (ABA). The provider expresses concerns about federal compliance and provider adequacy without such rate increases.	The Cabinet will take this comment under consideration as it falls outside of a 1915(c) waiver amendment and thanks the commenter for the suggestion.	
PRS7	Multiple	Commenter requests that the Commonwealth fund rate study results at least 100% of the recommended benchmarks. Some Commenters note the impact of lower rates (70% of benchmarks) may include:	The Cabinet will take this comment under consideration. The current approved program budget does not allow for additional rate increases at this time. Future rate adjustments may be considered. Future adjustments would be made based on the newly	

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		issues with access to care, difficulty sustaining a provider pool, reduced quality and care of workforce, and potential negative impact on vulnerable populations.	implemented rate methodology subject to additional program funds in the state budget. The Cabinet's next opportunity to request funding for more rate increases will be during the next biennium budget cycle.	
PRS8	Provider	Commenter opposes any pass-through rate requirements. Commenter suggests use of mandatory DSP wage minimums instead.	The 85% pass-through component of the proposed rate methodology is intended to help providers recruit and retain a qualified and adequate direct service provider workforce. The 85% gives providers the flexibility to attract and retain workers through wage increases, bonuses, hiring bonuses, or through other financial means. We affirm that continuing this policy decision was important to minimize disruption to the provider network to maintain participant access to quality services. Providers are not required to participate in the enhanced rate that includes a DSP pass-through.	
PRS9	Provider	Commenter requests that all team members be allowed to bill for time spent in Plan of Care meetings.	The new rate methodology proposed as part of this waiver amendment includes a billable time ratio to account for time spent on anticipated non-billable responsibilities, including meetings and record keeping. For more information please refer to the rate study report posted online:	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
			https://www.chfs.ky.gov/agencies/dms/dca/waivers/HCBSRateStudyFinalReport.pdf	
PRS10	Provider	Commenter requests increased rates for Community Access.	The Cabinet will take this comment under consideration. The current approved program budget does not allow for additional rate increases at this time. Future changes may be considered. Future rate adjustments will be based on the newly implemented rate methodology subject to additional program funds in the state budget. The Cabinet's next opportunity to request funding for more rate increases will be during the next biennium budget cycle.	
PRS11	Provider	Commenter requests that MIIW rates for Nursing Services provided by an LPN be increased to more closely match rates for Nursing Services provided by an RN.	The Cabinet will take this comment under consideration. The current approved program budget does not allow for additional rate increases at this time. Future changes may be considered. Future rate adjustments will be based on the newly implemented rate methodology subject to additional program funds in the state budget. The Cabinet's next opportunity to request funding for more rate increases will be during the next biennium budget cycle.	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PRS12	Provider	Commenter requests that the Cabinet review the units for nursing services in MIIW, specifically requesting 15-minute units instead of hourly units.	The Cabinet agrees that 15-minute units for nursing services in MIIW would be most appropriate for the services provided. The Cabinet has updated the waiver accordingly and will work with our Medicaid Management Information System (MMIS), Medicaid Waiver Management Application (MWMA), and Electronic Visit Verification (EVV) systems to make changes. The Cabinet will share additional information with providers when this change is implemented.	The Cabinet changed all services in MIIW from hourly units to 15-minute units.
PRS13	Provider	Commenter requests financial support for required staff trainings.	The new rate methodology proposed as part of this waiver amendment includes a billable time ratio to account for time spent on anticipated non-billable responsibilities, including training, meetings, and record keeping. In addition, the rate methodology for residential services included substitute hours to accommodate staff that is out for training or time off. For more information please refer to the rate study report posted online: https://www.chfs.ky.gov/agencies/dms/dca/waivers/HCBSRateStudyFinalReport.pdf	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PRS14	Provider	Commenter suggests increased rates for PDS case management compared to traditional agency case management.	The Cabinet has elected to keep service rates consistent across the traditional model of service delivery versus the participant-directed model of service delivery. The decision is intended to avoid financially disincentivizing a specific service delivery model, which could occur if there is a differentiated rate.	
PRS15	Provider	Commenter requests increased rates for Day Training.	The Cabinet will take this comment under consideration. The current approved program budget does not allow for additional rate increases at this time. Future changes may be considered. Future rate adjustments will be based on the newly implemented rate methodology subject to additional program funds in the state budget. The Cabinet's next opportunity to request funding for more rate increases will be during the next biennium budget cycle.	
PRS16	Multiple	Commenter requests increased rates for Supported Employment.	The Cabinet will take this comment under consideration. The current approved program budget does not allow for additional rate increases at this time. Future changes may be considered. Future rate adjustments will be based on the newly implemented rate methodology subject	

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			to additional program funds in the state budget. The Cabinet's next opportunity to request funding for more rate increases will be during the next biennium budget cycle.	
PRS17	Provider	Commenter seeks more information on why rates for PDS service delivery match those for traditional agencies. Commenter suggests higher rates for traditional agencies.	The Cabinet has elected to keep service rates consistent across the traditional model of service delivery versus the participant-directed model of service delivery. The decision is intended to avoid financially disincentivizing a specific service delivery model, which could occur if there is a differentiated rate.	
PRS18	Multiple	Commenter requests increased rates for Community Guide services.	The Cabinet will take this comment under consideration. The current approved program budget does not allow for additional rate increases at this time. Future changes may be considered. Future rate adjustments will be based on the newly implemented rate methodology and subject to additional program funds in the state budget. The Cabinet's next opportunity to request funding for more rate increases will be during the next biennium budget cycle.	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PRS19	Provider	Commenter requests that financial management services in HCB be paid at \$196.63.	The Cabinet is opting to implement 70% of the rate study benchmark rate in instances where that rate is higher than the previously approved rate for that service by waiver. This policy decision was made to avoid reductions to previously approved rates for all waiver covered services. In the case of HCB Financial Management, the previously approved rate is \$196.63, so that rate will remain in place.	
PRS20	Provider	Commenter requests that the Cabinet assist waiver service providers and participants with the costs associated with onboarding employees, including required background checks, drug screenings, and PDS provider training.	The new rate methodology proposed as part of this waiver amendment includes the cost of training and onboarding employees, background checks, and drug screenings. For more information please refer to the rate study report posted online: https://www.chfs.ky.gov/agencies/dms/dca/waivers/HCBRateStudyFinalReport.pdf	
PRS21	Provider	Commenter requests that case management receive a rate increase in MPW. Commenter requests that case management rates match across all waivers.	The Cabinet is opting to implement 70% of the rate study benchmark rate in instances where that rate is higher than the previously approved rate for that service by waiver. This policy decision was made to avoid reductions to previously approved rates for all waivers and covered services. For Case Management services, the	

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			previously approved rate for ABI, ABI-LTC, and SCL is higher than 70% of the benchmark, so rates for this service will remain the same. To reduce rate disparity across waivers, the Cabinet opted to bring the case management rate for MPW and HCB to meet that of SCL.	
PRS22	Other Stakeholder	Commenter requests additional information about why SCL case management will be funded at 100% of benchmark but other services will not be.	The Cabinet is opting to implement 70% of the rate study benchmark rate in instances where that rate is higher than the previously approved rate for that service by waiver. This policy decision was made to avoid reductions to previously approved rates for all waivers and covered services. Case management rates for all waivers are above 100% of benchmark, with HCB, MPW, and SCL paid at 127% of benchmark rates, ABI LTC paid at 135% of benchmark rates, ABI paid at 156% of benchmark rates.	
PRS23	Other Stakeholder	Commenter requests that rates be adjusted for inflation each year over the five-year waiver period or a Cost of Living Adjustment be added to the rates in future years.	The Cabinet will take this comment under consideration. Current approved program budget does not allow for additional rate adjustments at this time. Future rate adjustments may be considered. Future adjustments would be made based on the newly implemented rate methodology subject to additional program funds in the state	

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			budget. The Cabinet’s next opportunity to request funding for more rate increases will be during the next biennium budget cycle.	
PRS24	Other Stakeholder	Commenter requests that rates be adjusted for individuals with greater support needs, such as a tiered rate system.	The Cabinet will take this comment under consideration. The current approved program budget does not allow for additional rate adjustments at this time. Future adjustments to rate methodology may be considered. As the Cabinet considers changes to these services, the public will again have the chance to provide comments on proposed changes.	
PRS25	Other Stakeholder	Commenter requests additional financial management rate adjustments for participants with multiple employees.	The new rate methodology proposed as part of this waiver amendment a comprehensive build-up that addresses a series of costs anticipated to deliver the service as it is defined. It is at the discretion of individual providers to structure their business model based on anticipated reimbursement. For more information about the independent rate model approach, please refer to the rate study report posted online: https://www.chfs.ky.gov/agencies/dms/dca/waivers/HCBSRateStudyFinalReport.pdf	

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Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PRS25	Provider	Commenter requests that the Cabinet not decrease the rate for Community Living Support services.	The Cabinet is not decreasing any rates as part of this waiver amendment. The Cabinet is opting to implement 70% of the rate study benchmark rate in instances where that rate is higher than the previously approved rate for that service by waiver. This policy decision was made to avoid reductions to previously approved rates for all waivers and covered services. In the case of Community Living Supports, the previously approved rate for all waivers is higher than 70% of benchmark, so rates for this service will remain the same.	
PRS26	Participant	Commenter notes that there should be a limit on the budget for waivers to acknowledge that funds are not unlimited.	The Cabinet operates the 1915(c) HCBS within a budget determined by state and federal funding. The SFY 25-26 budget for 1915(c) HCBS waiver programs includes the following appropriations: \$47,051,700 in SFY 25 and \$47,167,500 in SFY 26 for a total budget of \$94,219,200.	
PRS27	Provider	Commenter requests that the Cabinet cease issuing unfunded mandates to providers, such as	The new rate methodology proposed as part of this waiver amendment includes a billable time ratio to account for time spent on anticipated non-billable responsibilities, including time spent administering required tools. For	

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		required use of the Health Risk Screening Tool (HRST).	more information please refer to the rate study report posted online: https://www.chfs.ky.gov/agencies/dms/dca/waivers/HCBSRateStudyFinalReport.pdf	
PRS28	Provider	Commenter notes concern that the Cabinet did not include ABI therapy services in the rate study and requests that a rate study be completed for these services to reflect increased rates.	Thank you for the suggestion. The Cabinet will be compiling commenter requests for additional rate changes for the 1915(c) HCBS waiver programs and considering those in 2025. The Cabinet's next opportunity to request funding for more rate increases will be during the next biennium budget cycle.	
PRS29	Multiple	Commenter notes that the rate study did not achieve its stated objective of rate parity across waivers for like services.	The Cabinet elected to maintain historical rate increases where those rates were higher than 70% of the benchmark rates. This policy decision was made to avoid reductions to previously approved rates for all waivers and covered services, leading to differentiated rates for some services across waivers.	
PRS30	Other Stakeholder	Commenter suggests that the budget bill (House Bill 6) included enough funding to implement 100% of the rate study rates. Commenter noted that 70% of benchmark rates	The existing budget is not sufficient to cover 100% of the benchmark or Appendix-K-related rate increases. The SFY 25-26 budget for 1915(c) HCBS waiver programs includes the following appropriations: \$47,051,700 in SFY 25	

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		results in less than the \$94 million appropriated by the General Assembly.	and \$47,167,500 in SFY 26 for a total budget of \$94,219,200.	
PRS31	Other Stakeholder	<p>Commenter notes that they could not find the inflation factor used to inflate rates in the Rate Study report. Commenter questions whether wage inflation from May 2021 to February 2022 was applied, as well as whether general inflation from February 2022 to July 2023 was applied. Commenter questions why wage figures only incorporate the first inflation factor.</p>	<p>Inflation factor-related information can be found in Section B.3.3 of the rate study report (page 10-11). Specifically, from page 11: "DMS decided to use the inflation rate of 7.76% yielded from the Current Employment Statistics data source for the initial inflation adjustment from May 2021 wages to February 2022 wages... Guidehouse used actuarial methods to find a trend factor from the analysis time period to the originally anticipated implementation period (July 2023). As such, DMS leveraged an inflation rate of 7.65% to inflate wage data from February 2022 to July 2023."</p> <p>The Cabinet confirms that benchmark rates include inflation factors, with one inflation factor for the wages and one inflation factor for the rates as a whole. Preliminary wages presented in the Rate Study Work Group and the rate study report are equal to the mean from the Bureau of Labor Statistics plus the Current Employment Statistics Inflation Factor plus a supplemental pay percentage.</p>	

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			As described in the report, the Cabinet confirms that a second inflation factor of 7.65% to account for changes from February 2022 to July 2023 is later applied to the entirety of the rates.	
PRS32	Other Stakeholder	Commenter expresses appreciation for the Cabinet continuing to allow limited waiver services to be provided to participants in acute hospital settings when the hospital cannot meet the participant's immediate health, safety, and welfare needs.	The Cabinet appreciates the commenter's feedback.	
PRS33	Other Stakeholder	Commenter notes the rate for the Behavior Supports service in the MPW application is \$40.23, which is one cent less than the current rate of \$40.24.	The Cabinet acknowledges the error and will continue to offer a rate of \$40.24.	DMS updated the rate for Behavior Supports from \$40.23 to \$40.24.
PRS34	Provider	Commenter notes the importance of continuing the 50% enhanced pass-through rate for Attendant Care providers.	The Cabinet notes that the 50% enhanced rate will remain in place for all eligible services, including Attendant Care. To receive the 50% rate increase for eligible services, providers must have submitted a signed attestation when Appendix K	

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			was active. The attestation requires providers to pass-through 85% of the increased reimbursement amount to direct service professionals (DSP) in the form of compensation increases or hiring, retention, and other reimbursement-related incentives to recruit and retain a sufficient workforce. This pass-through amount will differ for each eligible service, based on the base rate for that service.	

Quality Improvement				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
QI1	Other Stakeholder	Commenter requests that Appendix C Quality Improvement include an analysis of independent case management or conflict-free case management. The analysis should attempt to determine if independent case management or conflict-free case management results in improved outcomes for individuals served and supported	Conflict-free case management is required by federal law (42 CFR 441.301(c)(1)(vi)). The state does not plan to evaluate the effectiveness of a federal requirement.	

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Quality Improvement				
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		and is both more effective and efficient.		
Q12	Provider	Commenter requests the Cabinet share information on its quality management activities by either posting it on the DMS website or sending it directly to providers quarterly.	The Cabinet appreciates this suggestion and seeks to be transparent to its providers. The Cabinet will consider how to best share information on quality management with providers.	
Q13	Other Stakeholder	Commenter requests the Cabinet establish training programs for: 1) legally responsible individuals who act as paid caregivers, 2) family members who have individuals receiving 1915(c) waiver services residing in their home, and 3) PDS representatives.	The Cabinet appreciates this suggestion and is actively working to develop additional HCBS waiver trainings. The Cabinet will incorporate these suggestions into upcoming training topics and opportunities. The Cabinet will release additional details regarding the trainings and their delivery in Winter 2024 / 2025.	
Q14	Other Stakeholder	Commenter suggests that the Cabinet offer additional oversight of financial management administrators. Commenter also notes that there are not enough financial management providers for those seeking participant directed services.	Thank you for the suggestion. The Cabinet is currently working with CMS to explore the best options for changes to the delivery of FMS within the PDS delivery model. When the Cabinet makes additional changes to these services, the public will again have the chance to provide comments on proposed changes.	

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Regulatory Compliance				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
RC1	Provider	Commenter seeks clearer waiver applications and regulations to follow.	The Cabinet appreciates the commenter addressing this topic. There is currently a discrepancy between the waiver application language and the current Kentucky Administrative Regulations. The Cabinet plans to promulgate revised administrative regulations in the coming months to align the Kentucky Administrative Regulation with the waiver application.	
RC2	Other Stakeholder	Commenter seeks clarity around how rate changes comply with the Access Rule provisions that require procedural changes for Rate Reductions and Restructuring.	The Cabinet appreciates this comment and understands that the Rate Reduction and Restructuring section of the Access Rule (42 CFR 447.203(c)) applies when rates are reduced or the payment structure changes. For this waiver amendment, rates remain the same or are increasing and payment structures have not changed.	
RC3	Other Stakeholder	Commenter appreciates additional language in the waivers around compliance with the federal HCBS Settings Rule.	The Cabinet appreciates the commenter's feedback.	
RC4	Other Stakeholder	Commenter suggests that the Cabinet choose a 3-year	The Cabinet recognizes that waiver amendments may be needed outside CMS' standard five-year renewal cycle. The need for waiver amendments will	

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Regulatory Compliance				
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		approval instead of a 5-year approval for all waivers.	be continuously evaluated based on the need for timely adjustments in program rules and requirements.	

Stakeholder Engagement and Information Sharing				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
SE1	Provider	Commenter notes concern with the differences between Version 2 and Version 3 of the rate study report ("Summary Report and Benchmark Rates"), specifically the removal of fiscal impact information. Commenter feels that stakeholders were not given sufficient time to review the new version and provide comments, and notes concerns with lack of transparency.	Version 2 was a draft version. Version 3 is the final version and for transparency, is still available online for review at https://www.chfs.ky.gov/agencies/dms/dca/waivers/HCBSRateStudyFinalReport.pdf . Additionally, DMS has made rate study-related information available via publicly posting rate study workgroup meetings to foster transparency. The workgroup included Cabinet staff, providers, participant advocates, and state legislators. A list is available at https://www.chfs.ky.gov/agencies/dms/dca/Documents/RateStudyWorkGroupMembers.pdf .	

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Stakeholder Engagement and Information Sharing				
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			Links to the meeting information are available at https://www.chfs.ky.gov/agencies/dms/dca/Pages/arpa.aspx .	
SE2	Provider	Commenter recommends that the Cabinet engage with stakeholders as it revises the Kentucky Administrative Regulations.	The Cabinet will engage with stakeholders as it revises the Kentucky Administrative Regulations through a public comment period where all interested parties are encouraged to provide input before the draft regulations are submitted to the Administration Regulation Review Subcommittee (ARRS) for their initial review.	
SE3	Provider	Commenter requests that the Cabinet share provider and participant survey data with the stakeholder community to improve providers' efforts to offer best practice services.	Thank you for this suggestion. The Cabinet always welcomes feedback on ways to improve communications with program participants and stakeholders. Additional feedback can be provided by sending an email to MedicaidPublicComment@ky.gov .	
SE4	Multiple	Commenter expresses appreciation for a continued policy of stakeholder partnership.	The Cabinet appreciates the commenter's feedback.	

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Stakeholder Engagement and Information Sharing				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
SE5	Other Stakeholder	Commenter requests participant satisfaction surveys for financial management to comply with page 179 of the SCL waiver application.	The Cabinet appreciates the comment. The Cabinet currently conducts surveys for PDS participants. The Cabinet will review the questions included in participant surveys and adjust to further assess FMS provider satisfaction and more fully align with the language included in the approved waiver application.	

Universal Assessment				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
UA1	Provider	Commenter recommends that the Cabinet consider streamlining and clarifying the physician-directed eligibility determination criteria, such as by using a physician-directed assessment and incorporating the level of care into the initial eligibility determination or to match the SCL eligibility process.	Thank you for the suggestion. The Cabinet will consider reviewing the physician-directed eligibility determination criteria in the future.	

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Participant Safeguards				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PS1	Provider	Commenter seeks clarification as to whether Crisis Prevention Plans or Risk Management plans will be in place for SCL.	The Cabinet appreciates the comment. Crisis Prevention and Risk Management plans are already encompassed in the SCL waiver. They are part of the "additional data and documentation" section in MWMA that must be completed to submit a person-centered service plan.	
PS2	Provider	Commenter seeks clarification as to whether all participants require a safety plan or only those with "alone time"?	The Cabinet appreciates the comment. Section 4(16)(c)1 of 907 KAR 12:010 states that "for a participant approved for unsupervised time, a safety plan shall be included in the participant's person-centered service plan based upon the participant's assessed need."	
PS3	Provider	Commenter requests that the Cabinet amend training and other requirements for all individuals in the home for SCL Residential Level II services and instead specify that "all adult individuals in the home are required to complete first aid, CPR, crisis, and medication administration training, and meet background check requirements in order to be alone with a waiver participant for a period in	The Cabinet appreciates the comment. As indicated on page 112 of the approved SCL waiver, all adult individuals in the home are required to complete first aid, CPR, crisis, and medication administration training, and meet background check requirements in order to be alone with a waiver participant	

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Participant Safeguards				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
		excess of the participant’s approved alone time.”		

Appeals and Grievances				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
AG1	Caregiver	Commenter requests that the Cabinet establish straightforward processes for clients to appeal or seek clarification on rules that seem overly restrictive or misaligned with the waiver's intent.	<p>To seek clarity on existing waiver policy, individuals and providers should contact the appropriate waiver operating agency listed below:</p> <p>ABI, ABI LTC, or MIIW Department for Medicaid Services (844) 784-5614 1915cWaiverHelpDesk@ky.gov</p> <p>HCBS or Participant Directed Services Delivery Method Department for Aging and Independent Living (877) 315-0589 HCBSInquiries@ky.gov</p> <p>MPW or SCL Department for Behavioral Health, Developmental and Intellectual Disabilities</p>	

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Appeals and Grievances				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
			(502) 564-7700 DDID.Info@ky.gov	
AG2	Caregiver	Commenter requests that the Cabinet review and expedite the resolution of grievances, ensuring that clients receive timely feedback and resolution.	The Cabinet appreciates the suggestion. The Cabinet follows a defined process for internally reviewing and addressing each grievance, as outlined in the waiver application. The process includes initiating an investigation and notifying the appropriate parties within 7 calendar days. Resolution within the 7 calendar days isn't required but the Cabinet always attempts to address grievances as timely as possible. In cases where additional parties are involved in the review process, timelines may be extended to promote the most accurate and beneficial response possible for the participant. For more details, please refer to Appendix F in the waiver application.	
AG3	Provider	Commenter requests additional information about what the existing grievance and appeals process includes and how to access them, based on page 184 of the ABI waiver application.	The Cabinet has a grievance process in place for individuals that wish to report dissatisfaction with their waiver services, a provider, or with the Cabinet. A copy of the Waiver Grievance Form as well as procedures on how to submit the completed form can be found on the Cabinet website by using the following link:	

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Appeals and Grievances				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
			https://www.chfs.ky.gov/agencies/dms/dca/Documents/1915(c)grievanceform.pdf	

Provider Access and Quality Management				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PA1	Provider	Commenter requests that Kentucky allow licensed Personal Service Agencies (PSA) to participate directly in HCBS waiver programs.	Thank you for the suggestion. The Cabinet is presently in the process of introducing a new provider type for the HCBS waiver programs, allowing PSA agencies to participate in the waiver directly. The Cabinet has updated the waiver amendments and will share additional information about next steps as available.	
PA2	Multiple	Commenter notes that accessing therapy services in ABI and ABI-LTC under the Medicaid state plan is difficult due to a limited number of state plan therapy providers and/or due to lower rates for therapy providers under the Medicaid state plan. Commenter requests increased	Thank you for the suggestion. Waiver providers have the option to become a Medicaid state plan provider in addition to offering services through the waiver. This will expand the pool of Medicaid state plan therapy providers and consequently enhance access for participants. As of September 19, 2024, there are more than 3,500	

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Provider Access and Quality Management				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
		rates for Medicaid state plan therapy services.	<p>therapy providers certified under the Medicaid state plan:</p> <ul style="list-style-type: none"> • 977 speech pathologists • 1,004 occupational therapists, and 1,631 physical therapists. <p>The Cabinet will be compiling commenter requests for additional rate changes for the 1915(c) HCBS waiver programs and considering those in 2025. The Cabinet’s next opportunity to request funding for more rate increases will be during the next biennium budget cycle.</p>	
PA3	Provider	Commenter requests that the following licensures be allowed to offer therapy and counseling services: LPCA, LPP, MFT-A, and CSW. Commenter requests that clinicians who are not yet fully licensed but instead are under the supervision of mental health therapist be able to provide therapy and counseling services. Commenter requests clarification about which licensee types are approved for counseling services.	Thank you for the suggestion. Due to the dynamic and often complex needs that exist within the population who access HCBS, the Cabinet requires that the current licensure requirements are strictly adhered to by all involved parties. Having active licensure is essential to promote high quality services for participants receiving 1915(c) waiver funded therapy and counseling services.	

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Provider Access and Quality Management				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PA4	Provider	Commenter requests reduced training requirements for MPW Personal Assistance and Respite.	<p>Thank you for the suggestion. Due to the dynamic and often complex needs of individuals who access HCBS, the Cabinet requires training to support providers in offering the highest quality of individualized care to participants. At this time, there are no plans to make changes to the existing training requirements in this waiver amendment. Specific input on new or modified trainings that would assist providers can be sent to the appropriate waiver operating agency listed below:</p> <p>ABI, ABI LTC, or MIIW Department for Medicaid Services (844) 784-5614 1915cWaiverHelpDesk@ky.gov</p> <p>HCB or Participant Directed Services Delivery Method Department for Aging and Independent Living (877) 315-0589 HCBInquiries@ky.gov</p> <p>MPW or SCL Department for Behavioral Health, Developmental and Intellectual Disabilities</p>	

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Provider Access and Quality Management				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
			(502) 564-7700 DDID.Info@ky.gov	
PA5	Provider	Commenter requests that requirements for Behavior Support Specialists be the same in MPW and SCL. Commenter requested that the requirements for experience with the I/DD population be reduced. Commenter requested that the requirement for continuing education be removed.	<p>The Cabinet appreciates the suggestion. The Cabinet acknowledges the need for consistent requirements for the Behavior Support Specialists across both the Michelle P. and the SCL waivers. Currently, the waiver regulations are being revised to ensure uniformity in the requirements.</p> <p>At this time, the experience requirements for the I/DD population will remain unchanged to promote the health, safety, and welfare of waiver participants.</p>	
PA6	Provider	Commenter requests that Behavioral Support Specialists have a licensure requirement given that behavior supports is the only therapeutic service that can be provided by someone without a professional license.	The Cabinet appreciates the suggestion. Individuals with licensure in behavior analysis can provide positive behavior supports (PBS), however, there is no specific licensure that exists for providers of positive behavior supports. The PBS model can be implemented by individuals other than a behavior analyst.	

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Provider Access and Quality Management				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PA7	Provider	Commenter seeks clarity on requirements for adult household member training and CPR for Residential Level II in SCL.	The Cabinet appreciates the comment. As indicated on page 112 of the approved SCL waiver, all adult individuals in the home are required to complete first aid, CPR, crisis, and medication administration training, and meet background check requirements in order to be alone with a waiver participant.	
PA8	Multiple	Commenter requests that the Cabinet move Community Guide to vendor status and register once with each Fiscal Management Agency (FMA) instead of for each individual participant, receive a 1099 for taxes, and submit invoices, in line with national standards.	Thank you for the suggestion. The Cabinet is currently in discussions with CMS to explore the best options for changes to the Participant-directed Services (PDS) model. As the Cabinet considers changes to services offered through PDS, the public will again have the chance to provide comments on proposed changes.	
PA9	Multiple	Commenter requests that the Cabinet allow Community Guides to provide multiple services to different participants while maintaining conflict-free services.	Thank you for the suggestion. The Cabinet is currently in discussions with CMS to explore the best options for changes to the Participant-directed Services (PDS) model. As the Cabinet considers changes to services offered through PDS, the public will again have the chance to provide comments on proposed changes.	

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Provider Access and Quality Management				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
PA10	Multiple	Commenter notes that there are not enough Community Guides.	The Cabinet is aware that there are concerns about challenges in accessing Community Guides statewide. The Cabinet has made Appendix K-related rate increases permanent to promote a larger provider network and improve provider access for waiver participants across Kentucky.	
PA11	Provider	Commenter notes that it can be difficult for HCB participants to find mental and dental healthcare and that the providers listed on the website do not accept Medicaid.	Thank you for the input. Participants who seek mental and dental healthcare services can request assistance from their case manager and/or contact member services for assistance accessing non-waiver Medicaid services. For information on non-waiver Medicaid services call (502) 564-6890.	
PA12	Other Stakeholder	Commenter requests that there be a conflict-free exemption process for financial management.	Conflict-free case management is required by federal law (42 CFR 431.301(c)(1)(vi)) and exemptions from of a federal requirement are not planned by the State.	
PA13	Other Stakeholder	Commenter requests more information about a statewide Financial Management provider	The Cabinet is currently in discussions CMS to explore the best options for changes to the Participant-directed Services (PDS) model, including access to financial management. As	

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Provider Access and Quality Management				
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		to address concerns about financial management access.	the Cabinet considers changes to services offered through PDS, the public will again have the chance to provide comments on proposed changes.	
PA14	Provider	Commenter requests that additional language be added to provider qualifications for Attendant Care: Has a high school diploma or GED "and/or has the ability to read, understand, and implement written and oral instructions."	The HCB waiver currently states that one of the requirements of an Attendant Care provider is: "Read, understand, and implement written and oral instructions". The Cabinet does not plan to make changes to provider qualifications for this service at this time.	
PA15	Other Stakeholder	Commenter recommends that new language be included under Financial Management indicating that the financial management services provider is not responsible for ensuring that hours reported both accurately reflect hours worked and aligns with the individual's personal service plan or to delineate responsibilities between case managers and FMAs.	The Cabinet is currently in discussions with CMS to explore the best options for changes to the Participant-directed Services (PDS) model, including access to financial management. As the Cabinet considers changes to services offered through PDS, the public will again have the chance to provide comments on proposed changes.	
PA16	Other Stakeholder	Commenter suggests that conflict free case management should be suspended with the	Conflict-free case management is required by federal law (42 CFR 431.301(c)(1)(vi)) and suspension of a	

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		individual served and supported or the individual's representative expressly indicates through the person -entered service plan process the desire to have case management and other services provided by the same organization.	federal requirement cannot be authorized by the State.	
PA17	Provider	Commenter expresses struggles with retention and general labor shortages, and requests the Cabinet make solving this critical workforce shortage a top priority.	The Cabinet recognizes the challenges providers face in recruiting and retaining a quality direct service provider workforce. The Cabinet is implementing rate increases as part of this amendment to help address access to providers across Kentucky and continues to evaluate other methods for improving provider network adequacy.	
PA18	Provider	Commenter recommends the Cabinet cease the practice of regulating residential providers according to standards for licensed long-term care facilities and notes that waiver providers are non-medical community-based programs.	The Cabinet appreciates the comment. Waiver residential providers are not regulated according to standards for licensed long-term care facilities. The requirements regarding prescriptions are to ensure the health/safety/welfare of program participants. The Cabinet requires providers to have a system to make sure staff who administer medication know, at the time of	

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			administration, that the prescription is current and accurate and have a system to account for medications not given (such as when a person is hospitalized and therefore receiving medication through the hospital).	
PA19	Other Stakeholder	Commenter agrees with the Cabinet's decision to expand case management provider qualifications.	The Cabinet appreciates the commenter's feedback.	
PA20	Other Stakeholder	Commenter appreciates the reduction in age requirement for respite, personal assistance, and residential staff from 21 to 18.	The Cabinet appreciates the commenter's feedback.	
PA21	Other Stakeholder	Commenter requests that the Cabinet remove the restrictive language requiring contractors of Home Modifications to be "licensed and registered".	Thank you for the suggestion. Due to the dynamic and often complex needs of the people who access HCBS, the Cabinet requires that the current licensure requirements are strictly adhered to by all involved parties. Adhering to licensing and registration requirements is essential to ensure the safety and well-being of the participants receiving HCBS services.	

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PA22	Other Stakeholder	Commenter requests that vehicle adaptation be allowable through private sellers.	Thank you for the suggestion. Due to the dynamic and often complex needs of the people who access HCBS, the Cabinet requires that the current licensure requirements are strictly adhered to by all involved parties. Adhering to licensing and registration requirements is essential to ensure the safety and well-being of the participants receiving HCBS services.	

Other				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
O1	Provider	Commenter requests that the Cabinet remove the Community Guide service from the MPW 40 hour per week maximum of allowed services.	While Community Guide is listed in the MPW waiver application, it is not included in the MPW KAR and is not available to participants. DMS is required to keep this service in the waiver application temporarily to comply with federal Maintenance of Effort (MOE) guidelines for the expenditure of American Rescue Plan Act (ARPA) funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove this service after all MOE	

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			<p>requirements have been met to address any stakeholder confusion about the availability of the service.</p> <p>Many of the services that Community Guide might provide are available to participants via Case Management, including the determination of relevant services based on participant needs. These services are similar to the services a Community Guide would provide and facilitate independence and promote integration into the community.</p>	
O2	Other Stakeholder	<p>Commenter does not support expanding ABI and ABI LTC residential services to allow 5 participants per house. Commenter suggests leaving the limit at 3 participants per house.</p>	<p>ABI and ABI LTC residential homes are permitted to have up to five residents, but DMS does not require each home to have five residents. Residential Services should be based on the individual needs of the participants living there, and as such, the number of participants residing in an individual home will vary.</p>	
O3	Provider	<p>Commenter requests clarity be added to regulations for SCL specifically for the Community Access service.</p>	<p>The Cabinet appreciates the suggestion. The Cabinet is actively working to update the Kentucky Administrative Regulation (KAR). The Cabinet will engage with stakeholders</p>	

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			as it revises the KARs through a public comment period where all interested parties are encouraged to provide input prior to the draft KARs being submitted to the Administration Regulation Review Subcommittee (ARRS) for their initial review.	
O4	Provider	Commenter requests that the Cabinet remove the requirement for a monthly note for Person Centered Coaching Services in SCL Waiver	The Cabinet appreciates the suggestion. Currently, the Cabinet does not intend to modify the documentation requirements for person-centered coaching services in SCL. As specified on page 60 of the approved waiver application, the Cabinet requires a note documenting each contact and a monthly summary.	
O5	Provider	Commenter requests clarity around "alone time" allowances for Level I and Level II residential support in SCL.	The Cabinet appreciates the comment. Regarding Level I Residential, this is not a modification. Alone time has consistently been limited to 5 hours in the current regulation. As for Level II Residential, it allows both >12 of service or <12 hours of service. Individuals may be unsupervised in their homes for an unspecified amount of time.	

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			Similarly, for the safety plan for alone time, there are no changes. It has always been articulated in this way in the current regulation.	
O6	Multiple	Commenter requests that exceptional supports be added for Community Guide.	The Cabinet is currently in discussions with CMS to explore the best options for changes to the Participant-directed Services (PDS) model. As the Cabinet considers changes to services offered through PDS, the public will again have the chance to provide comments on proposed changes.	
O7	Multiple	Commenter requests that the Cabinet integrate Community Guides fully into the interdisciplinary team, so they can collaborate effectively with other care providers, including Case Managers and Financial Management Agencies.	During the person-centered team meeting, a representative from each provider agency delivering services to the participant should be present. This would include Community Guide, if the participant receives Community Guide Services.	
O8	Provider	Commenter prefers the Information and Assistance service be called "Support Broker" instead of "Community Guide" to align with national standards.	The Cabinet is currently in discussions with CMS to explore the best options for changes to the Participant-directed Services (PDS) model. As the Cabinet considers changes to services offered through PDS, the public will again	

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			have the chance to provide comments on proposed changes.	
O9	Multiple	Commenter requests that Community Guide service be allowed to use Community Guide services prior to hiring a PDS employee.	The Cabinet is currently working with CMS to explore the best options for changes to the Participant-directed Services (PDS) model. As the Cabinet considers changes to services offered through PDS, the public will again have the chance to provide comments on proposed changes.	
O10	Provider	Commenter notes that participants may have difficulty accessing technology needed for EVV.	Individuals experiencing challenges with accessing technology needed for EVV are encouraged to visit the EVV page on the Cabinet website for additional support and resources. The site can be accessed at https://www.chfs.ky.gov/agencies/dms/dca/Pages/evv.aspx	
O11	Provider	Commenter notes it can be difficult to connect DMS, KYMMIS and MWMA when there are technical issues.	For KYMMIS, please email questions or support requests to the EDI helpdesk at KY_EDI_Helpdesk@dxc.com or call toll-free at (800) 205-4696. For more information and resources, please visit the Cabinet's website at https://www.chfs.ky.gov/agencies/dms/Pages/kyhealthnet.aspx	

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			For technical issues, system error messages or have general questions about MWMA, please email the MWMA Technical Contact Center at MedicaidPartnerPortal.info@ky.gov or call toll-free at (844) 784-5614, option #1. Issues not resolved by the Technical Contact Center will be escalated to the MWMA production support team.	
O12	Provider	Commenter notes difficulty around entering case notes within 10 days.	The Cabinet is not planning to change the timeliness requirements for case documentation at this time. Timely documentation is essential to promote the accuracy and completeness of case notes, as an important part of the case management record.	
O13	Provider	Commenter requests that the Cabinet continue to implement recommendations from the 1915(c) Home & Community Based Services Waiver Redesign Task Force.	The Cabinet appreciates the suggestion. The Cabinet has initiated and/or completed several activities specified in the 1915(c) HCBS Waiver Task Force Report. The Cabinet continues to evaluate and/or implement the activities identified in the report as resources allow.	

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O14	Provider	<p>Commenter observes that the average units per participant in Appendix J exceed the available units for case management and residential services in SCL. Commenter also expresses confusion about the cost per unit listed in Appendix J and why it differs from the rates planned for implementation in SCL and MPW.</p>	<p>The Cabinet recognizes that estimated units for case management and residential services in SCL exceeded the limit for those services and has updated Appendix J accordingly.</p> <p>Appendix J represents an average cost per unit, which is not expected to always be the same as the effective rates. This is because the average cost per unit represents an average between historical rates in place in a given waiver year and the rates planned for implementation. In addition, the average cost per unit also reflects instances for several services which have an enhanced rate based on passing through 85% of increases to providers.</p>	<p>The Cabinet updated the units for Case Management and Residential in SCL Appendix J.</p>
O15	Provider	<p>Commenter recommends the Cabinet establish a helpline or designate an individual to field questions and answer inquiries from participants and providers who have questions about waiver provisions, billing, or otherwise.</p>	<p>For assistance with waiver policy or case-specific questions, individuals and providers should contact the appropriate waiver operating agency listed below:</p> <p>ABI, ABI LTC, or MIIW Department for Medicaid Services (844) 784-5614 1915cWaiverHelpDesk@ky.gov</p>	

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Other				
Reference #	Commenter Type	Comment	Cabinet Response	Change to the Waiver
			<p>HCBS or Participant Directed Services Delivery Method Department for Aging and Independent Living (877) 315-0589 HCBIquiries@ky.gov</p> <p>MPW or SCL Department for Behavioral Health, Developmental and Intellectual Disabilities (502) 564-7700 DDID.Info@ky.gov</p> <p>Providers seeking support with questions related to billing may call or email Gainwell Technologies.</p> <p>(800) 807-1232 KY_Provider_Inquiry@gainwelltechnologies.com</p> <p>Additional Provider information and resources are located on the Cabinet's website at https://www.chfs.ky.gov/agencies/dms/provider/Pages/default.aspx</p>	
O16	Multiple	Commenter expresses the importance of participants being able to transition from one waiver to another when needed (e.g., from ABI to ABI-LTC or	The Cabinet will take this comment under consideration and evaluate future opportunities to develop	

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		from MPW to SCL when residential services are needed). Commenter also expresses the need for emergency transition help.	methods that better support transition between waivers.	
O17	Other Stakeholder	Commenter supports the operation of the SCL and MPW waivers remaining under DBHDID.	The Cabinet appreciates the commenter's feedback.	
O18	Other Stakeholder	Commenter supports the operation of HCB remaining under DAIL.	The Cabinet appreciates the commenter's feedback.	
O19	Provider	Commenter requests that the Cabinet provide for a Multi Therapy Service Exemption on the same day to address access to care, potential transportation, and level of care issues in ABI.	Thank you for the suggestion. The Cabinet is compiling commenter suggestions for waiver updates and will consider those when making future waiver amendments.	
O21	Other Stakeholder	Commenter seeks information on why data used for Appendix J is outdated.	Estimates for Appendix J, such as total users, average units per user, and average cost per user are taken from the most recently available CMS 372 Report at the time of development, which is described in Appendix J-2-c of the waiver amendment. Because there is a lag between dates of service and when reporting is compiled, supporting	

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			data used for Appendix J estimates are trended forwarded to the appropriate waiver year.	