TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

October 2026

1915(c) Home- and Community-Based Services Waiver Program Welcome Packet

Presented by the Kentucky Cabinet for Health and Family Services

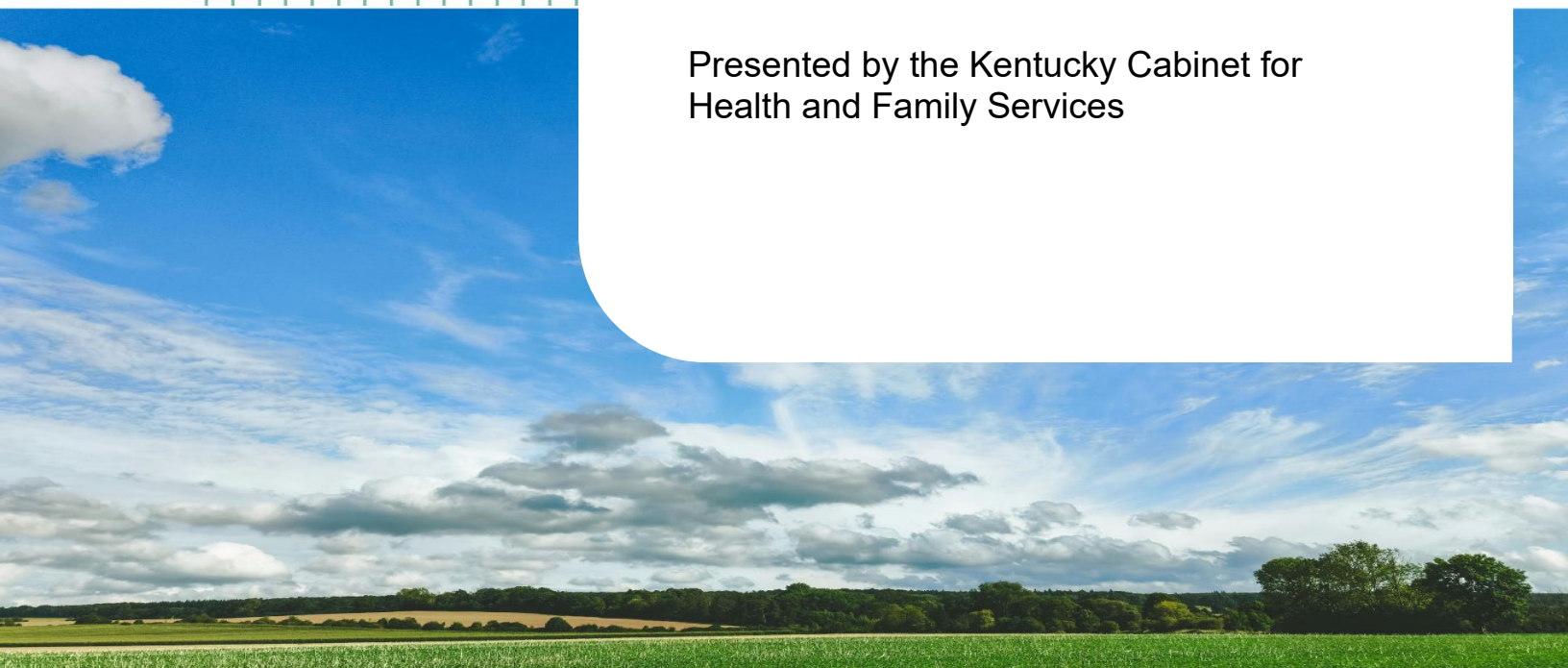


TABLE OF CONTENTS

Executive Summary **6**

Introduction **8**

What is the purpose of the Welcome Packet? 8

What are Home- and Community-Based Services? 8

What is the HCBS Settings Rule? 8

Kentucky 1915(c) HCBS Waiver Programs 8

Who Oversees the Waiver Programs? 11

Where can I get more information on the HCBS waiver programs? 12

Your Rights and Responsibilities **14**

Request a Reconsideration or a Fair Hearing 14

File Complaints or Grievances 16

Report and Receive Timely Response to Critical and Non-Critical Incidents 18

What are your rights as a participant or representative? 19

Other Waiver Participant Responsibilities 20

What Services are Available to You? **22**

How Can You Access Services? **30**

Eligibility and Enrollment Process 30

Applying for 1915(c) Waiver Services 32

From Waiver Application to Receiving Services 35

HCBS Waiver Waitlists 37

Service Delivery Options 38

Selecting a Case Management Agency 39

Person-Centered Service Planning 40

Provider Information 42

Provider Certification and Recertification Process 43

What Else May be Helpful to Know? 46

How do I sign up for regular HCBS waiver program email updates? 46

What mail or communication might I receive? 46

What if I receive a bill for the Medicaid services that I received? 47

How does HCBS Waiver coverage work with other insurance plans (e.g., Medicare)? 47

What do I do if I move? 48

Are there opportunities to change waiver programs based on my needs? 49

How can I change my waiver service provider? 49

What happens if an HCBS waiver provider will no longer provide services to me? 49

How can I plan for Advance Directives? 50

Who can I contact if I have other questions, comments, or concerns? 50

Key Contact Information 52

Key Terminology, Definitions, and Acronyms 55

Commonly Used Terms 55

Common KY Acronyms 59

Additional Resources 63

Alternative Services 63

Non-Medical Alternative Services 64

Additional CHFS Resources 65

LIST OF TABLES AND FIGURES

Table 1: HCBS Waiver Operating Agency by Waiver Program 11
Table 2: Contact Information for Complaints and Grievances..... 17
Table 3: HCBS Waiver Program Services Available by Waiver 22
Table 4: Eligibility Requirements for Each Waiver 31
Table 5: Applying for Waiver Supportive Medicaid..... 32
Table 6: Submitting a Waiver Application..... 33
Table 7: Waiver Application Documents..... 34
Table 8: Functional Assessment Tools Used to Determine Waiver Eligibility 36
Table 9: Waitlist Processes by Waiver Program 37
Table 10: How Participants Can Receive HCBS Waiver Services..... 38
Table 11: Alternative Services and Descriptions 63
Table 12: Non-Medical Alternative Services and Descriptions..... 64

1 EXECUTIVE SUMMARY



Executive Summary

This Welcome Packet provides essential information about the 1915(c) Home- and Community-Based Services (HCBS) Medicaid waiver programs. These programs aim to help individuals receive care in their homes or communities instead of institutional settings, promoting independence and comfort.

The Cabinet for Health and Family Services (CHFS) offers seven HCBS waiver programs:

1. **Acquired Brain Injury (ABI) Waiver,** which provides intensive rehabilitation services for individuals with brain injuries.
2. **Acquired Brain Injury – Long Term Care (ABI-LTC) Waiver,** which offers maintenance services for individuals with brain injuries who have plateaued in their rehabilitation.
3. **Community Health for Improved Lives and Development (CHILD) Waiver**, which provides home and community-based stabilization and support for children and youth with high-intensity behavioral health or developmental needs.
4. **Home and Community Based (HCB) Waiver**, which supports individuals aged 65 and older or individuals with physical disabilities.
5. **Model II Waiver (MIIW)**, which assists individuals who use a ventilator for 12 or more hours a day or are on an active weaning program.
6. **Michelle P. Waiver (MPW)**, which provides community-based services to individuals with intellectual or other developmental disabilities.
7. **Supports for Community Living (SCL) Waiver**, which provides community-based services to individuals with intellectual or other developmental disabilities to help them live as independently as possible.

Each waiver program has specific eligibility criteria, including age, disability type, and level of care requirements. The enrollment process involves submitting a Medicaid application, a waiver application, and undergoing a functional assessment. Some waivers may have a waitlist for new participants. Services vary by waiver but may include in-home care, day services, case management, behavioral support, and therapeutic services. Participants can choose between traditional services, participant-directed services (PDS), or a blend of both. Participants also have certain rights and responsibilities when they are enrolled in a waiver program. Detailed steps are provided for applying for Medicaid and waiver services, including necessary documentation, receiving waiver services, and contact information for assistance.

The packet also includes an index of frequently asked questions along with key contact information, definitions of terms, and resources for further assistance. For more information or assistance with Medicaid waiver programs, refer to the contact information in **Section 7 on Page 52**. For more information on non-waiver Medicaid services, contact Medicaid member services at (800) 635-2570 or email at MS.Services@ky.gov.

2 INTRODUCTION



Introduction

What is the purpose of the Welcome Packet?

CHFS developed this Welcome Packet to provide key information about the Kentucky 1915(c) home- and community-based services (HCBS) waiver programs. This document includes information on what is available through each waiver, how you can access services, and how to get answers to the questions you may have.

What are Home- and Community-Based Services?

The Medicaid 1915(c) HCBS waiver programs help people get the care they need at home or in their community instead of in a hospital, nursing home, or other institution. One goal of these programs is to provide person-centered services that help people live as independently as possible in their homes and communities where they may feel happier and more comfortable.

What is the HCBS Settings Rule?

The HCBS Settings Rule is a federal requirement that ensures people who receive services and supports through Medicaid's HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting. It protects individuals' autonomy to make choices and to control the decisions in their lives, a right most people take for granted.

- According to the rule, every HCBS setting must:
- Be integrated into and support individuals' full access to the greater community
- Be selected by the individual from setting options, including non-disability-specific settings, and an option for a private unit in a residential setting
- Ensure an individual's rights to privacy, dignity and respect, and freedom from coercion and restraint
- Optimize individual initiative, autonomy, and independence in making life choices
- Facilitate individual choice regarding services and supports and who provides them

Kentucky 1915(c) HCBS Waiver Programs

ACQUIRED BRAIN INJURY (ABI) WAIVER[1]

The ABI waiver program offers intensive rehabilitation services that enable individuals with acquired brain injuries to re-enter or remain in the community and function independently in the least restrictive setting possible. Individuals must be 18 years or older to participate in the ABI program.

The services under the program include but are not limited to:

- In-home services (e.g., community living supports, respite)

- Supervised Residential Care
- Behavioral services (e.g., positive behavior supports plan and family training)
- Case management

ACQUIRED BRAIN INJURY – LONG TERM CARE (ABI-LTC) WAIVER[1]

The ABI-LTC waiver program provides services and supports to individuals with an acquired brain injury who have reached a plateau in their rehabilitation and still require maintenance services to live safely in the community. This program complements Kentucky's other ABI waiver, which is focused on intensive rehabilitation. Individuals must be 18 years or older to participate in the ABI-LTC program.

The services under the program include but are not limited to:

- In-home services (e.g., community living supports, respite)
- Supervised Residential Care
- Day services (e.g., adult day health, adult day training)
- Behavioral services (e.g., positive behavior supports plan, behavior programming)
- Case management
- Supported employment



COMMUNITY HEALTH FOR IMPROVED LIVES AND DEVELOPMENT (CHILD) WAIVER[2]

The CHILD waiver provides home and community-based stabilization and support for children and youth aged 0-21 with high-intensity behavioral health or developmental needs. For those aging out, transition planning will begin at least 120 days before the child's twenty-first birthday.

The services under the program include:

- Case Management
- Clinical Therapeutic Services
- Community Living Supports
- Environmental and Minor Home Modifications
- Respite

- Supervised Residential Care

HOME AND COMMUNITY BASED (HCB) WAIVER[3]

The HCB waiver provides services to help individuals aged 65 or older or adults and children with physical disabilities stay in their homes and remain an integral part of their communities.

The services under the program include but are not limited to:

- In-home services (e.g., attendant care, respite)
- Day services (e.g., adult day health)
- Case management

MODEL II WAIVER (MIIW)[4]

The MIIW offers services to prevent institutionalization for participants who use a ventilator for 12 or more hours a day or are on an active weaning program. MIIW provides in-home skilled services from licensed practical nurses, registered nurses, and respiratory therapists.

MICHELLE P. WAIVER (MPW)[5]

The MPW provides services to individuals with intellectual or other developmental disabilities to help them live in the community as independently as possible. These services are limited to 40 hours per week.

The services under the program include but are not limited to:

- Supported Employment
- Behavioral Supports
- Day Training
- Environmental and Minor Home Adaptation
- Personal Care
- Respite

SUPPORTS FOR COMMUNITY LIVING (SCL) WAIVER[6]

The SCL waiver provides services to individuals with an intellectual or other developmental disability to help them live in the community as independently as possible. The services can be around the clock if needed.

The services under the program include but are not limited to:

- Supported Employment

- Environmental Accessibility Adaptation
- Vehicle Adaptation
- Personal Assistance
- Consultative Clinical and Therapeutic Services
- Residential Support Services

For more information on how eligibility is determined for each program, please refer to **Section 5 on Page 30**.

Who Oversees the Waiver Programs?

The Kentucky Department for Medicaid Services (DMS) is responsible for all seven 1915(c) HCBS waiver programs. Several other departments manage specific waiver programs or parts of the waiver programs. **Table 1** provides a summary of which department is responsible for managing each waiver. Additional contact information is available in **Section 7 on Page 52**.

Table 1: HCBS Waiver Operating Agency by Waiver Program

WAIVER TITLE	PRIMARY OPERATING AGENCY	PHONE NUMBER AND EMAIL
Acquired Brain Injury (ABI) Waiver	Department for Medicaid Services	(844) 784-5614 1915cWaiverHelpDesk@ky.gov
Acquired Brain Injury – Long Term Care (ABI-LTC) Waiver	Department for Medicaid Services	(844) 784-5614 1915cWaiverHelpDesk@ky.gov
Community Health for Improved Lives and Development (CHILD) Waiver	Department for Medicaid Services	(844) 784-5614 1915cWaiverHelpDesk@ky.gov
Home and Community Based (HCB) Waiver	Department for Aging and Independent Living (DAIL)	(877) 315-0589 Participants: DAILHCBWaiverParticipantInquiries@ky.gov Providers: DAILHCBWaiverProviderTechnicalAssistance@ky.gov
Model II Waiver (MIIW)	Department for Medicaid Services	(844) 784-5614 1915cWaiverHelpDesk@ky.gov

WAIVER TITLE	PRIMARY OPERATING AGENCY	PHONE NUMBER AND EMAIL
Michelle P. Waiver (MPW)	Department for Behavioral Health, Developmental, and Intellectual Disabilities	(502) 564-7700 DDID.Info@ky.gov
Support for Community Living (SCL) Waiver	Department for Behavioral Health, Developmental, and Intellectual Disabilities	(502) 564-7700 DDID.Info@ky.gov

Where can I get more information on the HCBS waiver programs?

This document can serve as an initial resource for you to learn more about the waiver programs. It includes key information about the waiver programs, including the services available, how to access services, and answers to common questions.

For additional information, CHFS recommends reviewing the websites below and **Section 9 on Page 65.**

Websites for More Information

Cabinet / Department / Agency Website

1. Website for the Kentucky Cabinet for Health and Family Services[7]
2. Website for Kentucky's 1915(c) Waivers[8]
3. Website for the Kentucky Department for Medicaid Services[9]
4. Website for the Kentucky Department for Aging and Independent Living[10]
5. Website for the Kentucky Department for Behavioral Health, Developmental, and Intellectual Disabilities[11]

The Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for overseeing all HCBS waivers across the United States. CMS manages a webpage with further information on Home & Community Based Services.[12]

3 YOUR RIGHTS AND RESPONSIBILITIES



YOUR RIGHTS AND RESPONSIBILITIES

People who apply to or are accepted to participate in a waiver program have various rights and responsibilities. Your rights and responsibilities do not change based on which waiver program you are interested in or enrolled in.

You have the right to:



- Maintain freedom of choice, which includes choosing your provider(s) and service delivery method.
- Maintain privacy, dignity, and respect.
- Have access to information about your waiver case.
- Report incidents and receive timely responses.
- Use available processes to address problems with your waiver services or when you disagree with a decision made about your waiver case.

With these rights, you can:

- Request a reconsideration.
- Request a fair hearing.
- File complaints or grievances.
- Report and receive a timely response to critical incidents.

More information on each of these processes, including what they are and what they could mean for you, is provided below.

Request a Reconsideration or a Fair Hearing

CHFS informs all individuals who apply for waiver programs of their right to disagree with a decision made about their care if they receive a denial of level of care or services. If you receive an adverse action:

☑ CHFS will send you a letter about the decision. For example, CHFS will tell you if you do not meet requirements, your services are suspended, reduced, or terminated, or your request to hire a legally responsible individual as a participant-directed services (PDS) employee is denied. **Note: Letters are mailed to your address on file with the Department for Community Based Services (DCBS). It is your responsibility to keep that up to date.**

☑ You have the right to request a **reconsideration** and/or a **fair hearing**. The directions for each option will be listed in the letter. A **reconsideration** allows you to ask for a second look at the decision and to submit additional information. **Reconsiderations** can be a quicker way to resolve an **adverse action**. A **fair hearing** allows you to formally challenge an adverse action.



RECONSIDERATION STEPS

1. You, your legal guardian, or your authorized representative can request a reconsideration.
2. The request must be postmarked or received within 14 calendar days of the date on your denial letter.
3. Your case manager can submit the reconsideration request for you in the Medicaid Waiver Management Application (MWMA), or you can mail it yourself to the following address:



Reconsideration Address

Gainwell Technologies
Attn: UM
656 Chamberlin Avenue, Frankfort, Kentucky 40601

4. You should include any additional information that may be helpful for your case.
5. You will receive a letter about the outcome when the reconsideration is complete.

If you use the PDS delivery method, you can request to hire a Legally Responsible Individual (LRI) as your employee. Requests to hire a legally responsible individual as an employee will be reviewed. If the request is denied, you can ask for a reconsideration, but the process is a little different:

1. To ask for a reconsideration of your request to hire a LRI, you must submit your request in writing.
2. The request must be postmarked or received within 14 days of the date on your denial letter.
3. The Cabinet will take a second look at your request.

   You will receive a notice when your reconsideration is complete letting you know what was decided.



FAIR HEARING STEPS

A fair hearing involves three main steps:

1. **Requesting a hearing.**
2. **Presenting a case.**
3. **Receiving a written decision.**

You, your legal guardian, or your authorized representative can request a **fair hearing**. The request must be made in writing within 30 calendar days of the date on your **adverse action** letter.



Administrative Hearing Request

Department for Medicaid Services
ATTN: Administrative Hearing Request
275 E. Main Street, 3E-E
Frankfort, Kentucky 40621
DMS.Hearings@ky.gov

If your request for a **fair hearing** is postmarked or received within 10 calendar days of the date on your **adverse action notice**, your services may continue.

4. If you have questions about the fair hearing process, please call the Administrative Hearing Branch at (502) 564-9394 or email DMS.Hearings@ky.gov.

For more details about your rights, refer to the DMS Your Rights as a Waiver Participant document[13] or **Appendix F** of each waiver application, which are posted to Kentucky's DMS website[14]

File Complaints or Grievances

All participants or their representatives can submit complaints or grievances regarding the waiver program to CHFS, including how providers deliver services or how the program meets their needs. You can file a complaint or grievance at any time. All sides and available facts will be considered. You cannot be treated differently or disenrolled from the waiver for submitting a complaint or grievance.

You or your representative can file a complaint or grievance by filling out the Grievance and Complaint Form[15] and sending it to the operating agency of the waiver or service delivery method in which you are enrolled. See **Table 2** on the next page for the contact information for each waiver.

Table 2: Contact Information for Complaints and Grievances

IF YOU ARE ENROLLED IN…	THEN SEND YOUR COMPLAINT/GRIEVANCE TO…
• Acquired Brain Injury Waiver • Acquired Brain Injury Long-Term Care Waiver • Community Health for Improved Lives and Development (CHILD) Waiver • Model II Waiver	Department for Medicaid Services 1915cWaiverHelpDesk@ky.gov (844) 784-5614
• Home and Community Based Waiver	Department for Aging and Independent Living HCBInquiries@ky.gov (877) 315-0589
• Michelle P. Waiver • Supports for Community Living Waiver	Department for Behavioral Health, Developmental, and Intellectual Disabilities DDID.info@ky.gov (502) 564-7700

Based on the information you or your representative provide, CHFS will determine if it should be considered a **complaint** or a **grievance**. The differences between each are defined below:

Complaint	• Does not require follow up by CHFS. • CHFS will log the complaint in its system and take corrective action as necessary.
Grievance	• May require follow up and resolution by CHFS. • CHFS will respond as soon as possible if your health, safety, or welfare are at risk and communicate with you on the resolution.

You may send your grievance to the following addresses:



For ABI, ABI-LTC, CHILD, or MIIW inquiries, email:

Department for Medicaid Services
1915cWaiverHelpDesk@ky.gov



For HCB inquiries, email:

Department for Aging and Independent Living
HCBInquiries@ky.gov

For MPW or SCL inquiries, call or email:

Department for Behavioral Health Developmental and Intellectual Disabilities
DDID.Info@ky.gov

If you need assistance filing a grievance, you may contact one of Kentucky's four legal aid programs listed on the State's Kentucky Court of Justice Website[16].

CHFS will also determine if the grievance or complaint was an **incident**, and then alert appropriate parties (e.g., law enforcement). See section below for information on reporting incidents for further information.

Report and Receive Timely Response to Critical and Non-Critical Incidents

One of CHFS' top priorities is promoting waiver participant health and welfare. Therefore, CHFS takes incidents that impact waiver participants very seriously.

A waiver participant has the right to:

- Report incidents.
- Participate in interventions.
- Be involved in the incident investigation process.
- Have an advocate present when interviewed for fact-finding activities.

When an incident is reported, CHFS determines whether the incident is critical or non-critical. ***Note:*** *All cases of suspected abuse, neglect, or exploitation are automatically classified as critical incidents.*

Critical	Serious incidents that cause risk to the health, safety, or welfare of the waiver participant or others.
Non-critical	Minor incidents that do not cause risk to the participant's health, safety, or welfare.

For both critical and non-critical incidents, CHFS takes several steps to document what happened and take action to correct it. If you are a waiver participant or you are assisting a waiver participant, you have several responsibilities and rights related to incidents.

What are your responsibilities as a participant or representative?

If you witness or discover an incident, you should immediately report it to your case manager, the on-call case manager, or your caregiver. If an incident is life-threatening or involves criminal activity, notify local law enforcement or call 911.

If you witness or discover a life-threatening incident, report it immediately!

Call: 911

If you witness or discover a non-critical incident, report it to your case manager, the on-call case manager, or your caregiver.

For any instances of abuse, neglect, or exploitation of children or adults, you can call the Child / Adult Abuse Hotline, toll-free at (877) 597-2331. The hotline is open 24/7, including holidays.

Instances of abuse, neglect, or exploitation of children or adults that do not require an emergency response can be reported using the Child / Adult Abuse Online Reporting System[17].

What information should I include when reporting an incident?

- The name, age, and location where the person can be found.
- Any person responsible for the person's care.
- Description of what happened and any evidence.
- Your name and location.
- Any other information that would be helpful to understanding why the incident occurred.

What are your rights as a participant or representative?

- You have the right to report incidents, participate in interventions, be involved in the incident investigation process, and have an advocate present when interviewed for fact-finding activities.
- If an incident occurs and you decline further intervention, the incident must still be reported. Documentation must be kept that shows you declined interventions.
- The case manager should communicate this information to you.
- The reporter should also inform you that their services may be in jeopardy if they are putting themselves or others at risk.
- If a participant experiences a critical incident:
  - Your legal guardian or legal representative must be notified as soon **as possible (no more than 8 hours)** after the incident is witnessed or discovered.
  - The case manager or provider must submit the critical incident report to CHFS the same day the incident is witnessed or discovered or on the next business day if it occurs outside working hours (8am-4:30pm Eastern, Monday-Friday) or on a weekend or holiday. The provider agency must begin an investigation into the incident immediately and write a full report within seven days.

- If a participant experiences a non-critical incident:
  - Your legal guardian or legal representative must be notified **within 24 hours** after the incident is witnessed or discovered.
  - The case manager or provider must submit the non-critical incident report to CHFS within 24 hours of witnessing or discovering the incident or the next business day if the incident is witnessed or discovered on a weekend or holiday.

Providers and case managers use a system called the Medicaid Waiver Management Application or MWMA to submit incident reports to CHFS. For more information on MWMA, please refer to **Section 5 on Page 43**.

Other Waiver Participant Responsibilities

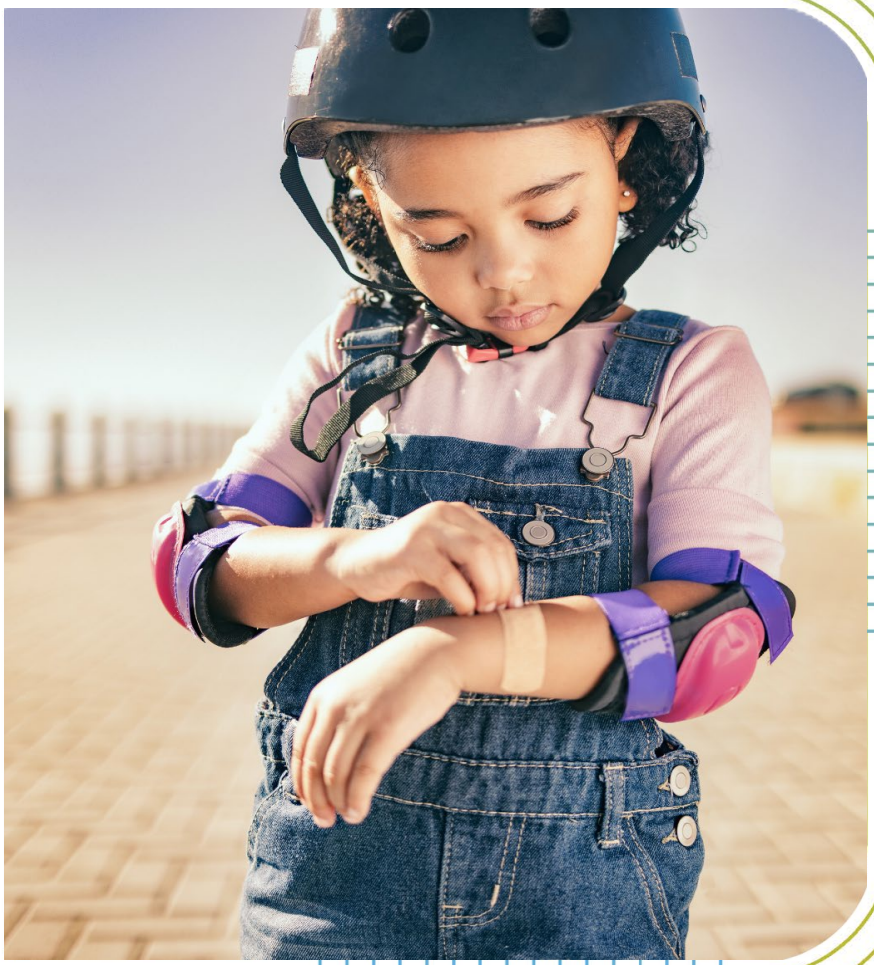
Waiver participants have additional responsibilities when joining an HCBS waiver program. The following list includes some general responsibilities expected of all participants:

1. Work with your case manager to develop/revise your person-centered service plan (PCSP) if necessary.
2. Ensure your address and other contact information is updated with DCBS to receive important information.
3. Direct and actively participate in waiver services as identified in your PCSP.
4. Follow your person-centered service plan, Medicaid rules and regulations, and notify your case manager of any issues. For further information on PCSPs, refer to **Section 5 on Page 39**.
5. Talk to your case manager and waiver provider(s) if you want to change your services.
6. Learn and understand the risk(s) associated with your care decisions.
7. Inform your case manager of all treatments and interventions you utilize and provide the most complete and accurate medical history including all prescribed and over-the-counter medications.
8. Ask questions when you do not understand your services.



9. Optional participation in the annual quality assurance survey.
10. Secure and maintain an appropriate community residence.
11. Do not participate in any criminal behavior.
12. Report any changes in your medical condition, service needs, circumstances, informal and formal supports to your case manager.

4 WHAT SERVICES ARE AVAILABLE TO YOU?



WHAT SERVICES ARE AVAILABLE TO YOU?

CHFS offers a variety of Medicaid programs and services to support individuals in maintaining their health and well-being and may help some individuals remain at home or in the community instead of an institution.

Table 3 includes a brief overview of the services available through each HCBS waiver program. CHFS has posted a document with descriptions of each waiver service.[18]

Table 3: HCBS Waiver Program Services Available by Waiver

SERVICE TITLE	SERVICE DEFINITION	ABI	ABI-LTC	CHILD	HCB	MPW	MIIW	SCL
Adult Day Health Care (ADHC)[a]	Provides services like skilled nursing, meals, and support with daily activities at a day center.		X		X	X		X
Adult Day Training (ADT)	Helps support participants' self-help, socialization, adaptive skills, and involvement in daily, meaningful routines of the community.	X	X			X		X
Attendant Care	Offers participants hands-on help with activities of daily living and managing medical appointments.				X	X		
Behavioral Programming Services/Behavioral Support Service	Uses data from the functional assessment to assist participants with challenges with activities of daily living.	X	X			X		
Behavioral Support Service	Uses data from the functional assessment to assist participants with challenges with activities of daily living.					X		
Case Management	Helps participants manage services and access resources.	X	X	X	X	X	X	X
Case Management - PDS	Helps participants manage services and access resources.	X	X		X	X		X

[a] ADHC is available for ages 21 and over for HCB and ages 18 and over for ABI-LTC and MPW.

SERVICE TITLE	SERVICE DEFINITION	ABI	ABI-LTC	CHILD	HCB	MPW	MIIW	SCL
Consultative Clinical and Therapeutic Services – Nutritional Services	Provides nutritional assessment and intervention.							X
Consultative Clinical and Therapeutic Services – Psychological Services	Provides evaluation, psychotherapy, consultation, and behavioral treatment.			X				X
Consultative Clinical and Therapeutic Services – Positive Behavior Support and Person-Centered Coaching	Provides expertise, training and technical assistance to improve the ability of paid and unpaid caregivers to carry out therapeutic interventions.			X				X
Community Access	Helps participants engage in meaningful routines, events and activities through various community organizations and empowers participants to develop natural supports in the community.							X
Community Guide	Helps an individual who participant directs their services to provide training, technical assistance and support including budget development and implementation in aspects of participant direction.							X
Community Living Supports	Helps participants live on their own and be a part of the community.		X	X		X		
Community Transition	Covers one-time costs for participants moving from a facility to a private residence.		X				X	X

SERVICE TITLE	SERVICE DEFINITION	ABI	ABI-LTC	CHILD	HCB	MPW	MIIW	SCL
Companion	Assists with non-medical services, including household tasks and transportation.	X						
Environmental Accessibility Adaptation Services/ Environmental and Minor Home Modifications	Makes physical changes to the home to help participants live more independently and/or remain in their home or community.	X	X	X	X	X		X
Family Training	Helps participants' families understand participants' needs and medical treatment, equipment, and procedures.		X					
Financial Management Services (FMS)	Helps manage accounting and employee payments for participants using the PDS model of service delivery.	X	X		X	X		X
Goods and Services	Provides services, equipment, or supplies that promote independence.	X	X		X	X		X
Home Delivered Meals	Delivers meals to participants who need support with daily activities.				X			
Homemaker	Provides support to participants with general household activities.					X		
Individual and Group Counseling	Helps participants resolve personal issues resulting from a brain injury and helps families understand their needs (group indicates 2-8 people).	X	X					
Natural Supports Training	Trains and educates individuals who provide unpaid support to participants.							X

SERVICE TITLE	SERVICE DEFINITION	ABI	ABI-LTC	CHILD	HCB	MPW	MIIW	SCL
Nursing Supports	Monitors medication and manages medical conditions with in-home care.		X					
Occupational Therapy	Guides a participant with a disability that makes it difficult to perform tasks in the use of therapeutic, creative, and self-care activities.	X	X			X		
Personal Assistance	Offers hands-on assistance with activities of daily living in the home or community.							X
Personal Care	Helps participants learn to do daily activities with guidance.	X				X		
Physical Therapy	Provides therapy to help participants with a physical disability to develop, improve, or retain mobility and strength.		X			X		
Positive Behavior Support Plan	Helps participants with behavior challenges that affect daily life, social interactions, or work.							X
Residential Support Level I	Provides 24-hour intensive support to help participants live in the community.							X
Residential Support Level II	Provides 24-hour intensive support to participants through adult foster care or a family home provider.							X
Respite/Non-Specialized Respite	Provides short-term care to relieve the main caregiver.	X	X	X	X	X		X
Shared Living	Helps participants share a residence with an unrelated live-in caregiver to provide supervision and assistance. [b]							X

[b] Shared Living service is only available as a participant-directed service.

SERVICE TITLE	SERVICE DEFINITION	ABI	ABI-LTC	CHILD	HCB	MPW	MIIW	SCL
Skilled Services Provided by a Licensed Practical Nurse (LPN) or Registered Nurse (RN)	Provides nursing care in the home by an LPN or RN.						X	
Skilled Services Provided by a Respiratory Therapist (RT)	Provides services by an RT for pulmonary function and health.						X	
Specialized Medical Equipment and Supplies	Devices, controls, or appliances specified in the participant's person-centered service plan, which enable participants to increase their functional abilities.	X	X					X
Specialized Respite	Provides short-term care to relieve the main caregiver and includes 24-hour access to nursing services for consultation and emergency situations.				X			
Speech Therapy	Assists participants with improving their speech or language that has been affected by their disability.	X	X			X		
Supervised Residential Care Level I	Provides between 19 and 24 hours of supervision, assistance, and training with daily living skills in a provider operated home with up to 3 participants.	X	X	X				
Supervised Residential Care Level II	Provides between 12 and 18 hours of supervision, assistance, and training with daily living skills and offers 24-hour on call support in a provider operated home with up to 3 participants.	X	X					

SERVICE TITLE	SERVICE DEFINITION	ABI	ABI-LTC	CHILD	HCB	MPW	MIIW	SCL
Supervised Residential Care Level III	Provides support with daily living skills, including social skills training, in the home of a participant who lives alone or with an unrelated roommate.	X	X					
Supported Employment	Helps participants get and keep paid jobs.	X	X			X		X
Technology Assisted Residential	Provides support through technology to help participants become more independent.							X
Transportation	Provides rides for participants to get to services and access community resources.							X
Vehicle Adaptations	Modifies vehicles to help participants live more independently.							X

The services offered in Kentucky's seven 1915(c) waivers complement and/or supplement the services that are available through the Medicaid State plan and other federal, state, and local public programs as well as the supports that families and communities provide to individuals. If a service is available through the Medicaid State Plan or Early Periodic Screening Diagnosis and Treatment Services (EPSDT), the participant must use those services first before using waiver services.

A sample of the non-waiver Medicaid services available to participants includes:



Dental Services: Includes coverage for adults for oral exams, emergency visits, X-rays, extractions, and fillings. Dental coverage for children includes oral exams, emergency visits, x-rays, extractions, and fillings.



Vision Services: Helps participants with medically needed eye exams and vision tests, prescribing glasses or contact lenses, finding eye problems, and giving medication for certain eye diseases.



Non-Emergency Medical Transportation (NEMT): Helps participants get to and from a Medicaid-covered service if the person does not have access to free transportation that suits their needs.



Medical Supplies, Equipment and Appliances (MSEA): Equipment that withstands repeated use and primarily is used to serve a definite medical purpose (i.e., wheelchairs, hospital beds, orthotic appliances, and prosthetic devices) and disposable medical equipment ordered by an accepted prescriber that is medically necessary and suitable for use in the home.



Pharmacy: Kentucky contracts with MedImpact as the pharmacy benefits manager for the fee-for-service population, which utilizes a member portal. Pharmacy benefits may cover physician-prescribed medication.

For more details of each of these services, refer to **Section 9 on Page 63**. If you have any additional questions about accessing these services or making an appointment, you can contact your case manager.

5 HOW CAN YOU ACCESS SERVICES?



HOW CAN YOU ACCESS SERVICES?

There are several steps that you must complete prior to enrolling in an HCBS waiver program and receiving services. You must apply, CHFS must verify that you are potentially eligible, and a slot must be available within the specific program. If a slot is available, you must have an assessment to determine if you meet the level of care. If you meet the level of care and Medicaid eligibility requirements, then you will work with your case manager to develop your service plan. Once this has been completed, you will start receiving waiver services.

If a waiver program does not have any slots available when you apply, then you will be added to the waitlist.

The sections below outline the process to apply for services and what happens from applying for a waiver program through enrolling and receiving services.

Eligibility and Enrollment Process

Each waiver program requires you to meet a specific set of criteria to enroll. These criteria differ by waiver program, but you must meet either nursing facility or intermediate care facility level of care as defined in the specific waiver. Nursing facility (NF) and ICF level of care are defined further in the Kentucky Administrative Regulations[19]. Additionally, you must meet financial eligibility requirements for Medicaid; however, special financial considerations are made when applying for 1915(c) HCBS waivers. **Table 4** on the next page includes the summarized eligibility requirements for each waiver program.



NURSING FACILITY (NF) LEVEL OF CARE

- Requires high-intensity nursing care or rehabilitation services
- Complex medical needs that can only be performed or supervised by a professional
- Unstable medical condition with at least two care needs in specific areas
- Stable medical condition with at least two care needs in specific areas



INTERMEDIATE CARE FACILITY (ICF) LEVEL OF CARE

- Intellectual disability or related condition diagnosed prior to age 18 or 22 (depending on condition)
- Has deficits in at least one activity of daily living
- Requires a planned treatment program or protected environment to live safely in the community

Table 4: Eligibility Requirements for Each Waiver

WAIVER PROGRAM	SUMMARIZED ELIGIBILITY REQUIREMENTS
Acquired Brain Injury (ABI) Waiver	• Age 18+ • Have a brain injury • Meet NF level of care • Need acute rehabilitation
Acquired Brain Injury – Long Term Care (ABI-LTC) Waiver	• Age 18+ • Have a brain injury • Meet NF level of care • Need long-term, intensive support
Community Health for Improved Lives and Development (CHILD) Waiver	• Under the age of 21 • Significant behavioral health or developmental needs. • Meet hospital - inpatient psychiatric facility or intermediate care facility for individuals with intellectual disability (ICF/IID) level of care.
Home and Community Based (HCB) Waiver	• Age 65+ and/or physically disabled • Meet NF level of care
Michelle P. Waiver (MPW)	• Have an intellectual or other developmental disability (IDD) • Meet NF or ICF level of care
Model II Waiver (MIIW)	• Require a ventilator for 12+ hours per day and/or on an active, physician-monitored weaning program • Meet NF level of care
Supports for Community Living (SCL) Waiver	• Have an intellectual or other developmental disability (IDD) • Meet ICF level of care

Applying for 1915(c) Waiver Services

How Do I Apply?

There is a process to apply for services provided under these waivers. Please note that you can apply for yourself or someone else.

Confirm Medicaid financial eligibility

You must be eligible for Medicaid to receive waiver services. This is called waiver-supportive Medicaid. During the waiver application process, applicants will be asked to confirm whether they are enrolled in Medicaid. If not, you will be asked to apply for Medicaid. You have three options for submitting the Application for Medicaid, as summarized in **Table 5** on the next page. Applications are not accepted by mail.

Table 5: Applying for 1915(c) Waiver Supportive Medicaid

METHOD TO APPLY	DESCRIPTION
 **Online**	• Go to kynect Home | Kentucky Assistance Programs[20] on your computer, phone, or tablet. To get started, look for the purple **Benefits** icon and choose **Apply for All Programs**. **Signing up for a Kentucky Online Gateway (KOG) account:** • You must sign up for a Kentucky Online Gateway (KOG) account if you have never used kynect before. Select the link at the bottom of the page that says Sign Up to create a KOG account. You may also reference the kynect Videos and User Guides[21] for creating a KOG account and using the system. • Once you are signed up for a KOG account, click the purple **Apply for Benefits** button and kynect will walk you through the process of applying. If you have used kynect before, you can skip this step and use the email address and password you already have. • A kynector can help you complete the Medicaid application. You can search for a kynector online.
 **Phone**	• Call the Department for Community Based Services (DCBS) at (855) 306-8959. Follow the prompts to select your preferred language. • When you are given a list of options, press 1 for benefits information and follow the instructions.

 **In Person**	• Go to a DCBS office. You can find your local DCBS office at the Find a DCBS Office Webpage[22].

Having the following documents handy can make the application process easier.



- Identification
- Social Security number
- Income information
- Resource information (e.g. checking and savings accounts, stocks or bonds, certificates of deposit, automobiles, land, life insurance policies, trusts, and more.)



- Health insurance card and premiums
- Medical bills
- Proof of citizenship (if applicable)

Once you have completed your Medicaid application, apply for waiver services.

You have two options for submitting a waiver application. **Table 6** outlines each option. Applications are not accepted by mail.

Table 6: Submitting a 1915(c) Waiver Application

METHOD TO APPLY	DESCRIPTION
Online	• Go to kynect Home | Kentucky Assistance Programs[23] and follow the same steps as when you applied for Medicaid. • An application initiator or case manager can also complete this process on behalf of an applicant in MWMA.

In Person	• You can apply in person by going to an **Aging and Disability Resource Center (ADRC)** or a **Community Mental Health Center (CMHC)**.
	  ○ Find an **ADRC** at the Aging and Disability Resource Center Webpage[24] or call the Aging and Disability Resource Center at 877-925-0037.
	  ○ Find a **CMHC** on the Center Information Webpage[25].

There are some documents that CHFS needs to determine whether an individual might qualify for waiver services. The documents are listed in **Table 7** on the next page.

Table 7: Waiver Application Documents

ABI	MAP-10[26] and hospital discharge summary from brain injury occurrence with CT or MRI results
ABI-LTC	MAP-10 and medical records verifying a primary brain injury diagnosis
CHILD	Depending on needs and diagnoses, documentation may include: SED Checklist, Psychosocial History, Mental Health Diagnosis(es), Hospitalization Records, DCBS Placement History, Physician Statement, Psycho-educational Report with IQ and Adaptive Assessments
HCB	MAP-10
MIIW	MAP-10 and physician's notes or orders for ventilator use 12+ hours per day
MPW	Documents showing intellectual or other developmental disability
SCL	Psychological evaluation with full-scale intelligence quotient (IQ) and recent adaptive behavior assessment (within the past two years)

What Happens After I Submit a 1915(c) Waiver Application?

CHFS will review your application to see if you or the person you applied for qualifies for the 1915(c)-waiver program. CHFS will send a letter to the applicant to let them know if they meet the eligibility requirements and what will happen next. For additional information, refer to "From Waiver Application to Receiving Services" in **Section 5 on Page 35**.

What Happens After I Submit a Medicaid Application?

Medicaid contracts with the Department for Community Based Services (DCBS) to handle the application process. If you have any questions about your application or would like to speak with someone, call DCBS at (855) 306-8959. After submitting your application, expect to wait for a determination. The timeline can vary, but you'll typically receive a response within a few weeks.

What If I Have Questions?

Additional information about applying for Medicaid and waiver services using kynect is available on the CHFS kynect benefits Webpage.[27]

For questions about **applying for waiver-supportive Medicaid**, contact DCBS at (855) 306-8959 or DFS.Medicaid@ky.gov.

For questions about **applying for waiver services**, contact your waiver's operating agency. You can find your waiver's operating agency in **Table 1 on Page 10**.

From Waiver Application to Receiving Services

Once you apply for waiver services, CHFS takes several steps to review the application and conduct additional assessments before waiver enrollment and an individual receives services.

Step 1: Reviewing the Application

- Once you have applied for waiver services, CHFS will review the application.
- If you meet the initial targeting criteria for one of the waiver programs and a waiver slot is available, CHFS will reserve a slot for you.
- Some waivers may have waitlists (i.e., all waiver slots are filled). If your targeting criteria matches with a program that is full, you will be placed on a waitlist. **Note: If you have Medicaid, even if you are on a waiver waitlist, you have access to all state plan services.**

Step 2: Performing a Functional Assessment

- Once CHFS has tentatively assigned a slot to you, you will receive a functional assessment. A functional assessment determines how your age or disability affects your ability to participate in activities of daily life. CHFS considers which activities individuals should be able to take part in based on their age.
- CHFS uses the functional assessment to confirm whether you meet the waiver level of care requirements. If you meet level of care requirements, you will be assigned a case manager who will use the assessment findings to create the person-centered service plan.
- The functional assessment tools and processes are different for each waiver program. **Table 8** outlines the different assessment tools, the people who may perform the assessment, and when the assessment will occur for each waiver program.

Table 8: Functional Assessment Tools Used to Determine Waiver Eligibility

WAIVER	FUNCTIONAL ASSESSMENT TOOL	ASSESSOR	TIMING OF ASSESSMENT
Acquired Brain Injury (ABI)	MAP 351 (Medicaid Waiver Assessment)	ABI case manager	Prior to enrollment
Acquired Brain Injury Long Term Care (ABI-LTC)	MAP 351 (Medicaid Waiver Assessment)	ABI Case Manager	Prior to enrollment
Community Health for Improved Lives and Development (CHILD)	The Child and Adolescent Needs and Strengths (CANS)	Internal LOC Assessor (contracted by DMS)	Prior to enrollment
Home and Community Based Waiver (HCB)	Kentucky Home Assessment Tool (KHAT)	Internal LOC Assessor (contracted by DMS)	Prior to enrollment
Michelle P. Waiver (MPW)	MAP 351 (Medicaid Waiver Assessment)	Community Mental Health Center Employee	Prior to enrollment
Model II Waiver (MIIW)	MAP 351-A (Medicaid Waiver Assessment)	Service Provider	Prior to enrollment
Supports for Community Living (SCL)	Adaptive Behavior Assessment (completed before allocation is used for initial level of care) Supports Intensity Scale (SIS)	**ABA**: Licensed Psychologist **SIS**: SIS Assessor	**ABA**: Prior to reserving the waiver slot **SIS**: Case manager schedules when there are qualified respondents

Step 3: Reviewing the Functional Assessment

- If CHFS determines that you meet all waiver criteria (i.e., level of care and Medicaid financial requirements), then you become enrolled in the waiver.
- Once you are enrolled in the waiver, you then select a case management agency to develop your person-centered service plan. For more information on selecting a case management agency, please see **Section 5 on Page 39**.

Step 4: Creating the PCSP

- Case managers work with you to develop a PCSP, using the information from the functional assessment. The PCSP considers the individual's age and their abilities at that age.
- The PCSP outlines all waiver services, Medicaid services, and non-waiver services or community resources that you might need to achieve your goals.
- For additional information on developing a PCSP, please see **Section 5 on Page 39**.

What happens after developing the PCSP?

- You can expect to have a functional assessment every year to verify whether your service needs have changed. You must also confirm that you meet Medicaid financial requirements each year.
- Case managers can request a new functional assessment for you at any time if there is a major change in your abilities.

HCBS Waiver Waitlists

Each HCBS waiver has a limit on how many people can enroll. When the number of participants in the waiver reaches this limit, states keep a waitlist for the waiver. An individual must submit a waiver application to be added to the waitlist. The sections below describe the CHFS waitlist management policy for each waiver program. These policies exist for all waivers, regardless of whether the waiver currently has a waitlist.

How does CHFS determine my position on an HCBS waiver waitlist?

CHFS has different processes for different waiver programs. **Table 9** outlines the different ways CHFS manages waitlists for each waiver program.

Table 9: Waitlist Processes by Waiver Program

WAIVER PROGRAMS	WAITLIST PROCESSES
ABI, ABI-LTC, and SCL	• CHFS determines how urgently an applicant needs services when assigning someone to a waitlist. • Individuals who need services most urgently are placed higher on the waitlist and will be given a slot before someone lower on the waitlist. • The way CHFS determines urgency is different based on waiver programs: ○ **ABI / ABI-LTC**: CHFS categorizes applications as "emergency" or "non-emergency". CHFS makes this decision

	based on several factors, including whether someone might harm themselves or their caregiver. ○ **SCL**: CHFS categorizes applications as “emergency”, “urgent”, or “future planning”. If CHFS determines someone’s application qualifies as an “emergency”, the individual will receive a slot immediately if there are slots available. CHFS conducts a thorough review of each application prior to categorizing an application. SCL regulations define each category. After being placed on the waitlist, an emergency request can be submitted if an individual’s needs change.
CHILD, HCB, MIIW, and MPW	• CHFS assigns available slots based on a "first come, first served" basis. • CHFS places individuals on the list based on the date they received the individual’s completed waiver application.

You will receive a letter once a year regarding your status on the waitlist. The notice explains how to update your information and how to be removed from the waitlist if you choose. **Table 1 on Page 10** provides information for contacting your waiver operating agency.

Service Delivery Options

CHFS allows waiver participants to receive services in one of three ways: traditional services, Participant Directed Services (PDS), or blended services. **Table 10** describes each service delivery method.

Table 10: How Participants Can Receive HCBS Waiver Services

Traditional	• Participants use provider agencies to deliver all their waiver services.
PDS	• Participants hire their own employees, which may include legally responsible individuals.
Blended	• Participants use agencies for some services but hire their own employees for others. • All the rules from both traditional and PDS services apply when using blended services.

What is PDS?

- PDS is a popular service delivery option among waiver participants. PDS allows waiver participants to choose to hire, employ, and manage employees they select to provide personal care services.

Who can use PDS?

- CHFS offers PDS for participants in the ABI, ABI-LTC, HCB, MPW, and SCL waivers.

Why do some waiver participants choose to use PDS?

- PDS can give participants flexibility in how they receive their waiver services. PDS can allow participants to hire family members or legally responsible individuals (such as spouses or guardians) to deliver most waiver services.
- PDS can help participants receive waiver services when they live in areas where there might not be many providers available, or where providers cannot serve additional participants.

What if I want to use traditional service delivery instead?

- All waiver participants have the choice of using traditional services, PDS, or a blend of both. Participants will make these decisions during the person-centered service planning conversations with their case manager.
- If participants are using PDS and want to switch to traditional services, participants can change how they receive services without losing their waiver eligibility. A waiver participant may be disenrolled from receiving services through PDS if the participant is unable to follow the existing waiver policy and regulatory requirements.

How can I learn more about PDS?

- Case managers will inform waiver participants about PDS during the person-centered service planning meeting.
- Current participants receiving services under ABI, ABI-LTC, HCB, MPW, and SCL waivers may consult with their case manager to discuss enrollment in the PDS model of service delivery.
- For additional PDS questions, please contact the operating agency for your specific 1915(c) waiver.

Selecting a Case Management Agency

All HCBS waiver participants, except those in the Model II waiver, will have a case manager. Participants in each waiver that has the case management service will receive a letter that tells them to choose a case manager and provides information about eligible providers. The case manager supports participants in making informed decisions and functions as the organizer and main point of contact for all people involved in waiver services for a participant. The case manager will collect and track important information for each participant and will keep everyone informed of new developments. Included below are examples of tasks that case managers can assist with:

- Developing and reviewing the person-centered service plan (PCSP)

- Arranging waiver services
- Sharing available training opportunities
- Addressing problems with services
- Coordinating multiple services and providers
- Assessing quality, safety, and cost effectiveness of services

Different waivers have different processes for how a participant receives case management support. The Model II Waiver does not use case managers. The participant selects a provider to conduct the functional assessment. The participant may choose to receive services from that provider or may choose another service provider. The service provider manages the Model II Waiver participant's case, however, the individual who fulfills the case management responsibilities is not the same individual who provides direct care to the participant.

Person-Centered Service Planning

The case manager helps each participant lead the person-centered planning team and develop a PCSP. The person-centered planning team is made up of the case manager, and may also include:

- Your guardian, legally responsible individual(s), PDS team, or any natural supports.
- Selected 1915(c) waiver service providers; and/or
- Any other person that the participant wishes to include.



WHAT IS A PERSON-CENTERED SERVICE PLAN (PCSP)?

A PCSP is a written plan of services made with and for a participant to address their needs and preferences for health and long-term services and supports. The PCSP is intended to help the individual achieve their goals.

It is the case manager's responsibility to incorporate the functional assessment results, the person-centered planning team's feedback, and the participant's needs, strengths, preferences, identified goals, and desired outcomes related to community-based living into the PCSP.

- The case manager should educate the participant and the person-centered planning team on all information related to building the PCSP. This information should include accurate and timely guidance regarding the services available to each participant and any Medicaid policies or procedures that are important to know about.
- The case manager should set expectations with the participant and the person-centered planning team and communicate regularly with the participant. Case managers are required to meet with the participant at least once per month.

- The case manager should provide the participant with any helpful informational materials and resources. The case manager should make sure the participant understands what is offered through the waiver program and allow the participant to ask questions.
- The case manager should also guide the participant through an option counseling process.



WHAT IS OPTIONS COUNSELING?

Options counseling includes providing information on available services that could meet a participant's needs or help advance their goals. Most participants will need support beyond HCBS waiver services. Options counseling helps them understand what is available through the waiver, through Medicaid, and through other programs or community resources to address unmet needs.

Case managers can use resources such as kynect Resources, local Aging and Disability Resource Centers or Community Mental Health Centers, and other information and referral resources to identify additional service options available to the participant.

What waiver services require Cabinet-level review and approval?

Some waiver services are approved when the case manager adds them to the PCSP. Certain waiver services require approval from CHFS before a participant receives them. These are typically services provided by a licensed professional or those where the cost is based on the item needed.

Listed below include all services that require Cabinet-level approval. There is also a Full Guide to Services that Require Cabinet-level Review[28] for you to utilize.

Services Requiring Cabinet-level Review for Authorization:

- Behavior Supports or Services
- Consultative Clinical and Therapeutic Services
- Individual or Group Counseling
- Environmental Accessibility Adaptation Services or Environmental and Minor Home Adaptation
- Goods and Services (over a certain limit)
- Nursing Supports
- Occupational Therapy
- Person-Centered Coach
- Physical Therapy
- Skilled Services by an LPN, RN, or RT
- Specialized Medical Equipment and Supplies Specialized Respite
- Speech Therapy

- Supported Employment
- Vehicle Adaptation

All person-centered service plans are subject to random review from CHFS as well as supervisory review from case management supervisors. If CHFS has any questions about a PCSP, CHFS will contact the case management agency.

Each PCSP is based on assessed participant needs. If a participant disagrees with their authorized services, the first step should be to resolve the issue through communication with the participant's case manager. The case manager should be able to communicate why certain services have been approved or denied.

Provider Information

As a waiver participant, representative, or someone interested in a waiver program, it may be helpful to know about some general provider requirements that impact waiver services. The following section describes Electronic Visit Verification, provider billing, and how providers can prevent Medicaid fraud.

What is Electronic Visit Verification (EVV)?

Electronic Visit Verification is a system providers use to document in-home service visits. The goal of EVV is to enhance service quality for all waiver participants and reduce fraud, waste, and abuse. The federal government requires EVV for all Medicaid personal care services (PCS) and home health care services (HHCS). EVV is most often completed via an app on the provider's phone.

Providers are required to log the following information during service delivery:

1. Type of service provided
2. Individual receiving the service Date and location of service delivery
3. Provider conducting service delivery
4. Time that the service begins and ends

If a participant has any questions about EVV they can contact their waiver's operating agency. You can find your waiver's operating agency in **Table 1 on Page 10**.



How do Providers Bill for Services?

Most providers use an electronic system to bill for Medicaid services provided in Kentucky. Paper billing can be done by fax or mail. Each Medicaid provider has chosen to provide Medicaid services and therefore must comply with Medicaid service and billing requirements.

- If DMS makes payment for a covered service and the provider accepts this payment in accordance with the DMS fee structure, the amounts paid shall be considered payment in full. However, a provider may bill a participant for services not covered by DMS. When delivering a service that Medicaid does not cover, the provider must give the participant all information about cost before treatment or billing.

How can Providers Prevent Medicaid Fraud?

CHFS takes several steps to prevent and eliminate fraud, waste, and abuse, and counts on providers to help. Providers are required to document that the claims they submit for payment are accurate. CHFS monitors how providers bill for services to ensure accuracy. In cases where claims are inaccurate or reflect fraud, providers can be punished by fines and/or imprisonment.

If a waiver participant or their representative believes they have identified fraud, please contact the Office of the Attorney General at (877) 228-7384 or complete the Medicaid Fraud and Abuse Complaint Form[29].

Provider Certification and Recertification Process

CHFS certifies all HCBS waiver providers before they are allowed to deliver waiver services. The certification process helps CHFS make sure all providers can deliver services to participants according to all state and federal requirements.

Current providers regularly undergo a recertification process. Providers receive a findings report for any noted deficiencies, along with a letter notifying the agency of how long their certification lasts, and any further instructions for maintaining certification status.

Medicaid Waiver Management Application (MWMA)

CHFS, case managers, and service providers use MWMA to enroll individuals in Kentucky HCBS waiver programs and manage their care. MWMA is one of several platforms designed to help CHFS improve HCBS programs. MWMA helps CHFS:

- Streamline how individuals access and apply for services
- Ensure the right people are enrolled in the right programs
- Ensure individuals receive the services they need once enrolled
- Optimize individual care needs information sharing among authorized providers
- Allow for faster authorization of services
- Implement CMS final rules for the 1915(c) waiver programs

How does CHFS use MWMA? How do providers use MWMA?

- All 1915(c) HCBS waiver regulations require the use of MWMA
- All new waiver applications, level of care requests, and plan of care requests must be submitted through MWMA
- Paper or verbal processes no longer are accepted
- 1915(c) HCBS waiver providers and case managers also are required to use MWMA to report incidents involving waiver participants

Who can access MWMA?

- All 1915(c) HCBS waiver case managers and provider agency staff who provide direct services to waiver participants
- A user must have an MWMA username and password to access the system
- Individuals, guardians and authorized representatives can access a modified MWMA dashboard from kynect

kynect System

The kynect system is a self-service portal that provides Kentucky residents with access to benefits from programs like Medicaid. This site has two portals that allow Kentuckians to find the help they need.

kynect Resources: kynect Resources is a mobile-friendly directory where you can find programs and services in your area. It works in partnership with United Way of Kentucky to connect individuals with needed services.

kynect Benefits: kynect benefits is a website that allows individuals to apply for and manage Medicaid program benefits as well as other state benefits, like KY's Supplemental Nutrition Assistance Program (SNAP).

For more information about kynect or to sign up for kynect, visit the Kentucky kynect benefits Webpage [30].

6 WHAT ELSE MAY BE HELPFUL TO KNOW?



WHAT ELSE MAY BE HELPFUL TO KNOW?

How do I sign up for regular HCBS waiver program email updates?

Updates regarding waiver programs can be communicated in a variety of ways. This includes email, call, or a discussion with your case manager.

To receive general email updates about the waivers or to make a comment about a 1915(c) program, email MedicaidPublicComment@ky.gov. participants can also subscribe to an email list to receive notices from DMS by following these step-by-step instructions: How to Subscribe to Email Updates[31].

What mail or communication might I receive?

CHFS may contact you via mail, e-mail, or phone. Itis important that you keep your contact information updated with DCBS. Listed below are a few examples of ways CHFS may contact you:



- **Email:**
  - Sharing updates on the waivers or seeking feedback via public comment. These emails have either “Cabinet for Health and Family Services” or “CHFS DMS Medicaid Public Comments” as the sender.



- **Mail:**
  - Notifying you of whether you are eligible to receive waiver services or whether your services are approved or denied.
  - Notifying you of approval and / or result of a reconsideration.
  - If on a waitlist, notifying you once a year on:
    - Waitlist status.
    - How to access non-waiver services that may be available to you.
    - Requesting to confirm whether you would like to remain on the waitlist.



- **Phone:**
  - Call backs regarding emails from participants with questions or concerns.
  - Notifying you of situations of abuse, neglect, exploitation, or other critical or non-critical incidents.

What if I receive a bill for the Medicaid services that I received?

You may receive a bill from Medicaid providers in the following situations:

- You have a patient liability.
- You made a private written agreement with your Medicaid provider to pay more.
- You were told that Medicaid does not cover the service you need, and you agreed to pay out of pocket for it.



Patient Liability

Patient liability is a monthly amount of money that **some** waiver participants pay to help cover the cost of their waiver services. Patient liability is based on a participant's income. Since Medicaid sets limits on the amount of income a participant can keep and still qualify to be a part of the program, patient liability helps certain participants meet those limits. For more information on patient liability, how it is calculated, and how participants pay patient liability, refer to the Guide to Patient Liability[32].

If you receive a bill for Medicaid services, you can:

- Email dms.recovery@ky.gov or call (502) 564-5472 for assistance.
- Contact your waiver's operating agency. You can find your waiver's operating agency in **Table 1 on Page 10**.
- Contact Community Health Advocates at (888) 614-5400 for help.
- Visit www.CMS.gov/nosurprises or call the Help Desk at (800) 985-3059 for more information and to learn about your rights.

How does HCBS Waiver coverage work with other insurance plans (e.g., Medicare)?

Waiver participants may have private insurance and should utilize this coverage before deferring to Medicaid HCBS waiver coverage. HCBS covers non-medical services, while private insurance covers medical services.

The Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program is a voluntary Medicaid program that helps enrolled members pay for the cost employer-sponsored insurance (ESI) health premiums.

How can KI-HIPP benefit me?

- It may help to widen your healthcare network by providing access to doctors through the full traditional Medicaid network.
- It may help make your employer health insurance affordable by reimbursing you for the monthly premium.
- It may allow an entire family to be on the same health insurance plan and access the same doctors.

How do I qualify for KI-HIPP?

There are a few different ways to qualify for KI-HIPP. These include:

- If **you are a Medicaid member** and have insurance coverage through an employer sponsored insurance plan, United Mine Workers, a Retiree Health Plan, or COBRA.
- If you **have a Medicaid member** on your employer sponsored insurance plan or coverage through the United Mine Workers, a Retiree Health Plan, or COBRA. You may also qualify for KI-HIPP if at least one member of your insurance policy is enrolled in one of the six waiver services.

For more information on KI-HIPP, please visit KY Integrated Health Insurance Premium Payment (KI-HIPP) Program[33]. To apply for KI-HIPP, visit the kynect website or call toll-free (855) 459-6328 or email kihipp.program@ky.gov.

What do I do if I move?

If you move, you will need to share your new address with Medicaid. All address changes are required to be reported within 30 days of the change occurring. Updating your contact information on file will ensure timely updates and help keep your coverage.

To update your mailing address, phone number, email, and other contact information:

- Visit the Kentucky kynect Website[34]
- Call kynect at (855) 459-6328.
- Call DCBS at (855) 306-8959.
- Visit your local DCBS office.

If you receive Social Security Income (SSI)/Social Security Disability Insurance (SSDI), you should update your address with Social Security Administration (SSA) first and then update your address with DCBS.

Are there opportunities to change waiver programs based on my needs?

Individuals already enrolled in a waiver program can apply for a slot on a different waiver if they meet the target criteria, however, an individual can only receive waiver services from one waiver program at a time. If the individual meets level of care (LOC) eligibility requirements and decides to switch to a different waiver program, the individual must have a program closure in their current/active waiver and then may enroll in the new waiver. Your current and new case managers will work to transition your services.

As a reminder, you cannot be enrolled in more than one Medicaid program (i.e. managed care, institutional services, the Program of All-Inclusive Care for the Elderly, or 1915i State Plan Amendment) at the time you are receiving 1915(c) waiver services.

If a wavier slot is not currently available on the intended waiver, the individual will be placed on the waiver waitlist until a slot becomes available and will continue to receive services under their current waiver program. If you are interested in applying to another waiver and meet target criteria, please contact your case manager to begin the application process.

How can I change my waiver service provider?

Speak to your case manager for guidance in changing waiver service providers. You may also search the Kentucky directory of waiver providers at the following links:

- Medicaid Provider Directory[35]
- HCB Waiver Providers[36]
- Model II Waiver Providers[37]
- Michelle P. Waiver Providers[38]
- ABI and ABI-LTC Providers[39]
- SCL Providers[40]
- ABI and ABI-LTC Case Managers[41]

What happens if an HCBS waiver provider will no longer provide services to me?

If this happens to you, your provider must notify you in writing 30 days before they stop providing your services. The notice must include steps on how to appeal the decision through the provider's appeals or grievance process. Your case manager must help you find and make the transition to a new provider.

- Undergo the Reconsideration Process, as explained on **Page 13**.
- Request a fair hearing, as explained on **Page 13**.

- File Complaints or Grievances, as explained on **Page 15**.

How can I plan for Advance Directives?

An Advance Directive, also known as a Living Will, can give you a voice in decisions about your medical care if you become unconscious or too ill to communicate. A Living Will protects your right to refuse medical treatment you do not want or to request treatment you do want in the event you lose the ability to make decisions yourself.

In Kentucky, a Living Will allows you to leave instructions in four critical areas. You can:

- Designate a health care surrogate to make decisions about your health care.
- Refuse or request life-prolonging treatment.
- Refuse or request artificial feeding or hydration (tube feeding).
- Express your wishes regarding organ donation.

You can change all or part of a Living Will document, including the designation of your health care surrogate, at any time. You should be aware that a Living Will will not be effective in the event of a medical emergency, except to identify your health care surrogate.

Please utilize the Living Will Packet[42] for a copy of the Kentucky Living Will Form, along with instructions for how to complete the document.

Who can I contact if I have other questions, comments, or concerns?

For any additional comments or concerns, please reach out to the key contacts provided in **Section 7: Key Contact Information**.

7 KEY CONTACT INFORMATION



KEY CONTACT INFORMATION

For information on how to apply, get help with waiver services, finding your spot on the waitlist, or filing a grievance or complaint, call or email:



For ABI, ABI-LTC, CHILD, or MIIW inquiries, call or email:

Department for Medicaid Services
(844) 784-5614
1915cWaiverHelpDesk@ky.gov



For HCB inquiries, call or email:

Department for Aging and Independent Living
(877) 315-0589
DAILHCBWaiverParticipantInquiries@ky.gov



For MPW or SCL inquiries, call or email:

Department for Behavioral Health Developmental and Intellectual Disabilities
(502) 564-7700
DDID.Info@ky.gov



For technical issues or assistance navigating MWMA, call or email:

MWMA Technical Contact Center
(844) 784-5614, Option 1
MedicaidPartnerPortal.Info@ky.gov



For questions about a bill you receive for a Medicaid service, email:

(502) 564-5472
dms.recovery@ky.gov



For help applying for Medicaid financial eligibility, help with Medicaid eligibility, or help with patient liability, call or email:

Department for Community Based Services
(855) 306-8959



To receive email updates about the waivers or to make a comment about a 1915(c) waiver program, email:

MedicaidPublicComment@ky.gov



To report fraud and abuse, call:

(800) 372-2970



To contact Medicaid Member Services, mail, call, or email:

Medicaid Member Services
275 E. Main St. 6EC
Frankfort, KY 40621
(800) 635-2570
MS.Services@ky.gov

8 KEY TERMINOLOGY, DEFINITIONS, AND ACRONYMS



KEY TERMINOLOGY, DEFINITIONS, AND ACRONYMS

Commonly Used Terms

TERM	MEANING
Appeal	If you do not agree with certain decisions about your Medicaid services, you can share your disagreement through an appeal. With CHFS, you must file an appeal stating why you think the denial of your coverage, or a specific service is incorrect.
Benefit	A health care service that a Medicaid member receives for the treatment of illness, injury, or other conditions allowed by the State.
Benefit Level	The limit or amount of services a person can receive based on that person's Medicaid coverage.
Billed Amount	The amount of money requested for payment by a provider for a service rendered.
CHFS	Cabinet for Health and Family Services.
Case Manager	An experienced professional who works with Medicaid waiver participants and providers to coordinate all necessary services
Case Management	A process where Medicaid identifies covered individuals with specific health care needs (usually for individuals who need high-cost or extensive services or who have a specific diagnosis), devises a coordinated treatment plan, assists them in gaining access to necessary services, and monitors the effectiveness of services
Centers for Medicare and Medicaid Services (CMS)	The federal agency within the Department of Health and Human Services that directs the Medicare and Medicaid programs (Titles XVIII and XIX of the Social Security Act).
Co-payment, Co-pay	A fixed dollar amount paid by a Medicaid recipient at the time of receiving a covered service from a participating provider. Co-payments may be imposed by state Medicaid programs only upon certain groups of participants, only with respect to certain services, and only in nominal amounts as specified in federal regulation.
Covered Service	Mandatory medical services required by CMS and optional medical services approved by the State that are paid for by Medicaid. Examples of covered services are prescription drug coverage and physician office visits.
Dual Eligible	A person enrolled in Medicare and Medicaid at the same time, whether due to age or disability.

TERM	MEANING
Earned Income	Earned income may include wages, tips, salaries, or net earnings from self-employment. It may also include other compensation received from performing work activities. Earned Income is often used in determining a person's eligibility for Medicaid and other social services available through the State.
Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)	A comprehensive and preventive child health program for some Medicaid- or CHIP-enrolled individuals under the age of 21. EPSDT includes periodic screening, vision, dental, and hearing services.
Eligible Member	Person certified by the State as eligible for Medicaid
Eligible Providers	Qualified individual, organization, or institution approved by the State as eligible to deliver Medicaid services
Excluded Services	Health care services that your Medicaid will not cover.
Fair Hearing	Medicaid recipients have a statutory right to appeal denials or terminations of Medicaid benefits to an independent arbiter. The fair hearing is the administrative procedure that provides this independent review with respect to individuals who apply for Medicaid and are denied enrollment, individuals enrolled in Medicaid whose enrollment is terminated, and Medicaid participants who are denied a covered benefit or service.
Fee-for-Service	A traditional method of paying for medical services under which doctors and hospitals are paid for each service they provide. Bills are submitted by the provider to Medicaid for reimbursement. A Kentucky Medicaid recipient that is not enrolled in a managed care organization would be a fee-for-service Medicaid recipient.
Freedom of Choice	A state must ensure that Medicaid participants are free to obtain services from any qualified provider. Exceptions are possible through waivers of Medicaid and special contract options. However, the provider must participate with Medicaid
Habilitation Services	Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

TERM	MEANING
Health Insurance Portability and Accountability Act (HIPAA)	Passed by Congress in 1996, HIPAA includes various health insurance coverage and patient privacy protections. The privacy rules were established to protect patients' privacy through the strict enforcement of confidentiality of medical records and other health information provided to health plans, doctors, hospitals, and other health care providers.
Home- and Community-Based Services (HCBS)	Services provided in an individual's home or a setting in the community, such as adult day services, senior centers, home-delivered meals, transportation services, respite care, housekeeping, companion services, etc. These services are primarily designed to help older people and people with disabilities remain in their homes for as long as possible.
Income	In terms of eligibility, money that you earn through a job, self-employment (earned income), or money that is paid to you directly, such as Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) (unearned income).
Kentucky Children's Health Insurance Program (KCHIP)	Health care program for children younger than 19 that do not have health insurance. Children in families with incomes less than 213% of the federal poverty level are eligible. For more information on KCHIP, please visit www.kidshealth.ky.gov.
Level of Care (LOC)	Determinations that are provided by a contractor on behalf of CHFS for purposes of determining either nursing home/institutional placement of an individual or waiver services in the community.
Long-Term Care (LTC)	The continuum of healthcare, personal care, and social services that support individuals living with chronic health conditions that affect their ability to perform activities of daily living. LTC encompasses both medical and non-medical care that can be provided at home, in the community, in assisted living facilities, or in nursing homes. Although acute medical care may be focused on restorative or rehabilitative activities, LTC may sometimes aim to prevent deterioration and provide social support and adjustment.
Medicaid	A federally aided, state-administered and jointly funded health insurance program that provides medical benefits to qualified indigent or low-income persons in need of health and medical care. The program is subject to broad federal guidelines and states determine the benefits covered and methods of administration.
Medical Supplies, Equipment, and Appliances (MSEA)	Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for MSEA may include briefs, wipes and chux disposable pads.

TERM	MEANING
Medicare	A federally funded health insurance plan that provides hospital, surgical and medical benefits to elderly persons over 65 and certain disabled persons. Medicare Part A provides basic hospital insurance, and Medicare Part B provides benefits for physician's professional services. Medicare Part C (Medicare Advantage Plan) allows those covered to combine their coverage under Parts A and B but is provided by private insurance companies. Medicare Part D helps pay for medications doctors prescribe for treatment.
Participant	An individual who is eligible for and enrolled in the Medicaid program in the state in which he or she resides. They may also be referred to as a Medicaid participant, member, or recipient.
Person-Centered Service Plan (PCSP)	A formal plan developed to address the specific needs of an individual. It links participants with needed services.
Provider	A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.
Resources	Relating to Medicaid eligibility, these are goods or items that have a monetary value. Resources can include a checking or savings account, cash on hand, and certain items that you own such as a vehicle or property.
State Medicaid Plan	Each state must develop a state plan that describes its Medicaid program administration, eligibility categories, and services provided. The plan must identify the required and optional health care services available through Medicaid. It also must describe how participants and advocates can review and obtain copies of all current policies and rules governing program operation
Supplementary Security Income (SSI)	A federal supplemental security program providing cash assistance to low-income aged, blind, and disabled persons.
Third Party Liability (TPL)	The term used by the Medicaid program to refer to another source of payment for covered services provided to a Medicaid recipient. For example, if a Medicaid recipient is also eligible for Medicare, the Medicare program is liable for the costs of that recipient's hospital and physician services, up to the limit of Medicare's coverage. From the Medicaid program's standpoint, Medicare is a liable third party. Other examples of TPL include private health insurance coverage, automobile and other liability insurance, and medical child support.

TERM	MEANING
Waivers	Various statutory authorities under which the U.S. Secretary of Health and Human Services may, upon the request of a state, allow the state to receive federal Medicaid matching funds for its expenditures even though it is no longer in compliance with certain requirements or limitations of the federal Medicaid statute. In the case of program waivers such as the 1915(c) waiver for home- and community-based services, states may receive federal matching funds for services for which federal matching funds are not otherwise available. In the case of demonstration waivers such as the section 1115 waivers, states may receive federal matching funds for covering certain categories of individuals for which federal matching funds are not otherwise available. Under Section 1915(b) waivers, states may restrict the choice of providers that Medicaid participants would otherwise have.
Women, Infants, and Children Program (WIC)	A federal program administered by the Kentucky Department of Public Health that provides nutritional supplements to low-income pregnant or breast-feeding women and to infants and children younger than five years old.

Common KY Acronyms

ACRONYM	MEANING
ABA	Adaptive Behavior Assessment
ABI	Acquired Brain Injury
ABI-LTC	Acquired Brain injury – Long Term Care
ADHC	Adult Day Health Care
ADRC	Aging and Disability Resource Center
ADT	Adult Day Training
CFR	Code of Federal Regulations
CHFS	Cabinet for Health and Family Services
CHILD	Community Health for Improved Lives and Development
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology

ACRONYM	MEANING
DAIL	Department for Aging and Independent Living
DBHDID	Department for Behavioral Health, Developmental, and Intellectual Disabilities
DCBS	Department for Community Based Services
DMS	Kentucky Department for Medicaid Services
DOI	Kentucky Department of Insurance
EHR	Electronic Health Record
EPSDT	Early and Periodic Screening, Diagnosis and Treatment Program
EVV	Electronic Visit Verification
FMS	Financial Management Services
HCB	Home and Community Based
HCBS	Home- and Community-Based Services
HHCS	Home Health Care Services
HHS	United States Department for Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HRA	Health Risk Assessment
IDD	Intellectual or other Developmental Disability
KHAT	Kentucky Home Assessment Tool
KOG	Kentucky Online Gateway
LOC	Level of Care
LPN	Licensed Practical Nurse
MIIW	Model II Waiver
MPW	Michelle P. Waiver
MSEA	Medical Supplies, Equipment and Appliances
MWMA	Medicaid Waiver Management Application
PCS	Personal Care Services
PCSP	Person-Centered Service Plan

ACRONYM	MEANING
PDS	Participant-Directed Services
RN	Registered Nurse
RT	Respiratory Therapist
SCL	Supports for Community Living
SIS	Supports Intensity Scale

9 ADDITIONAL RESOURCES



ADDITIONAL RESOURCES

Alternative Services

Table 11 below includes the alternative medical services that may be accessible for participants outside of waiver services. For additional information on these types of services, please see Resources and Forms - Cabinet for Health and Family Services[43].

Table 11: Alternative Services and Descriptions

SERVICE NAME	SERVICE DESCRIPTION
SPECIAL PROGRAMS	
Breast and Cervical Cancer Treatment Program	Women who need treatment for breast or cervical cancer can get help through Kentucky Medicaid Services.
Early Periodic Screening, Diagnosis, and Treatment Services (EPSDT) Program	This is a Medicaid program for children that is required by the government.
Medicare Savings Plan Program	Kentucky Medicaid helps pay for some of the costs of Medicare, like premiums and deductibles.
Medicaid Works	This program helps people with disabilities who have jobs.
School-Based Health Services	These health services are included in a child's individual education plan.
Tobacco Cessation	Kentucky Medicaid covers products and counseling to help people stop using tobacco.
Health Access Nurturing and Development Services (HANDS)	This is a home visit program for new or expecting parents to help them create a healthy and safe environment for their children.
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	This program helps pregnant women, new mothers, and young children get the nutrition they need.
Kentucky Early Intervention System (formerly the First Steps Program)	This program helps children with developmental disabilities from birth to age three and their families.
Colon Cancer Prevention Program	This program works to reduce new cases of colon cancer and related deaths.

SERVICE NAME	SERVICE DESCRIPTION
SPECIAL PROGRAMS	
Vaccines for Children (VFC) Program	This program provides vaccines to children whose families may not be able to afford them, ensuring all kids can get their shots on time.
DENTAL SERVICES	
Dental Services	Includes coverage for adults for oral exams, emergency visits, X-rays, extractions, and fillings. Dental coverage for children includes oral exams, emergency visits, x-rays, extractions, and fillings.
VISION SERVICES	
Optician Services	Helps people choose and fit eyeglasses frames and contact lenses.
Optometrist Services	Helps people with medically needed eye exams and vision tests, prescribing glasses or contact lenses, finding eye problems, and giving medication for certain eye diseases.

Non-Medical Alternative Services

Table 12 below provides service names, descriptions, and additional information on non-medical services that may be accessible to participants outside of waiver services.

Table 12: Non-Medical Alternative Services and Descriptions

SERVICE NAME	SERVICE DESCRIPTION	NOTES
Emergency Ambulance Transportation Services	Helps people get to and from a Medicaid-covered service in an emergency.	Medicaid covers only *medically necessary*[c] transportation.
Non-Emergency Ambulance Transportation Services	Helps people get to and from a Medicaid-covered service if the person is in a bed or stretcher.	Medicaid covers only *medically necessary*[d] transportation.

[c] "Medically necessary" refers to health care services or supplies that are required to treat an illness, injury, condition, disease, or its symptoms. These services must meet accepted standards of medical practice to be considered necessary.
[d] "Medically necessary" refers to health care services or supplies that are required to treat an illness, injury, condition, disease, or its symptoms. These services must meet accepted standards of medical practice to be considered necessary.

SERVICE NAME	SERVICE DESCRIPTION	NOTES
Non-Emergency Medical Transportation (NEMT)	Helps people get to and from a Medicaid-covered service if the person does not have access to free transportation that suits their needs.	• Any transportation outside of a member's medical service area or for specialty care. • A referral from a member's primary care physician is required. • Available through the Human Service Transportation Delivery program.

Additional CHFS Resources

For further information on HCBS Waiver or Medicaid services, please refer to the following resources:

1 https://www.chfs.ky.gov/agencies/dms/dca/Pages/abi.aspx
2 https://www.chfs.ky.gov/agencies/dms/dca/Pages/child.aspx
3 https://www.chfs.ky.gov/agencies/dms/dca/Pages/hcb-waiver.aspx
4 https://www.chfs.ky.gov/agencies/dms/dca/Pages/mIIws.aspx
5 https://www.chfs.ky.gov/agencies/dms/dca/Pages/mpw.aspx
6 https://www.chfs.ky.gov/agencies/dms/dca/Pages/scl-waiver.aspx
7 https://www.chfs.ky.gov/Pages/index.aspx
8 https://www.chfs.ky.gov/agencies/dms/dca/Pages/HCBSWaiver.aspx
9 https://www.chfs.ky.gov/agencies/dms/Pages/default.aspx
10 https://www.chfs.ky.gov/agencies/dail/Pages/default.aspx
11 https://dbhdid.ky.gov/
12 https://www.medicaid.gov/medicaid/home-community-based-services/index.html
13 https://www.chfs.ky.gov/agencies/dms/dca/Documents/whatdoesthismeantomeAG.pdf
14 https://www.chfs.ky.gov/agencies/dms/dca/Pages/HCBSWaiver.aspx
15 https://www.chfs.ky.gov/agencies/dms/dca/Documents/1915cgrievanceform.pdf
16 https://www.kycourts.gov/Legal-Help/Pages/Civil-Legal-Aid-Programs.aspx
17 https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx
18 https://www.chfs.ky.gov/agencies/dms/dca/Documents/hcbsbywaiver.pdf
19 https://apps.legislature.ky.gov/law/kar/titles/907/001/022/
20 https://kynect.ky.gov/s/?language=en_US
21 https://www.chfs.ky.gov/agencies/dms/kynect/kbQRGKOGAccount.pdf
22 https://kynect.ky.gov/benefits/s/find-dcbs-office?language=en_US
23 https://kynect.ky.gov/s/?language=en_US

24 https://chfs.ky.gov/agencies/dail/Pages/adrc.aspx
25 https://dbhdid.ky.gov/cmhc/centers
26 https://www.chfs.ky.gov/agencies/dms/MAPForms/Map10.pdf
27 https://chfs.ky.gov/agencies/dms/Pages/kynectben.aspx
28 https://www.chfs.ky.gov/agencies/dms/dca/Documents/qrgservicesforchfsreview.pdf
29 https://secure.kentucky.gov/FormServices/AttorneyGeneral/MedicaidFraudandAbuse
30 https://kynect.ky.gov/benefits/s/?language=en_US
31 https://bit.ly/GetKYLTSSUpdates
32 https://www.chfs.ky.gov/agencies/dms/dca/Documents/patientliabilitybrochure.pdf
33 https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
34 www.kynect.ky.gov
35 https://medicaidsystems.ky.gov/providerdirectory/pdsearch.aspx
36 https://www.chfs.ky.gov/agencies/dail/dql/Pages/hcbsw.aspx
37 https://www.chfs.ky.gov/agencies/dms/dca/waivers/MIIWProviderList.pdf
38 https://dbhdid.ky.gov/providerdirectory
39 https://www.chfs.ky.gov/agencies/dms/dca/waivers/abiabiltcserviceproviders.pdf
40 https://dbhdid.ky.gov/providerdirectory
41 https://www.chfs.ky.gov/agencies/dms/dca/waivers/abiconflictfreecasemanagement.pdf
42 https://www.chfs.ky.gov/agencies/dail/Documents/livingwill.pdf
43 https://www.chfs.ky.gov/agencies/dms/member/Pages/Resources.aspx