

# Kentucky Department for Medicaid Services

## 1915(c) Home and Community Based Services Waiver Programs

### Official Response to Formal Public Comment from September 27, 2023 – October 27, 2023



Between September 27, 2023, to October 27, 2023, the Department for Medicaid Services (DMS) received formal public comments regarding Kentucky’s 1915(c) Home and Community Based Services (HCBS) waiver programs:

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

To make specific Appendix K flexibilities permanent, DMS must submit amended waivers to the Centers for Medicare and Medicaid Services (CMS). DMS held the formal public comment period to allow stakeholders to provide feedback on updates proposed in all six amended waiver applications. This document provides the DMS response to all stakeholder comments submitted during the formal public comment period.

Below you will find a few definitions to help you understand the DMS Response. If you have questions about this response, please email [MedicaidPublicComment@ky.gov](mailto:MedicaidPublicComment@ky.gov).

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

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Covered Services				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS1	Multiple	<p><b>Adding Music Therapy</b></p> <p>Commenters requested the addition of Music Therapy to the service menu for 1915© HCBS waivers.</p>	<p>Thank you for the suggestion. Adding a new service requires approval from the Legislature through additional funding. Available funding for new services has not been provided at this time.</p> <p>Kentucky's full 1915(c) HCBS waiver service menu will be evaluated soon. Any updates to the service menu will be completed through future Kentucky Administrative Regulation (KAR) changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.</p>	N/A
CS2	Multiple	<p><b>Adding Nutrition Services – MPW</b></p> <p>Commenters requested the addition of nutrition services to the MPW service menu.</p>	<p>Thank you for the suggestion. Adding a new service requires approval from the Legislature through additional funding. Available funding for new services has not been provided at this time.</p> <p>Kentucky's full 1915(c) HCBS waiver service menu will be evaluated soon. Any updates to the service menu will be completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			future KAR and waiver amendments before they are final.	
CS3	Provider	<p><b>Adding Community Guide - MPW</b></p> <p>Commenter requested the addition of Community Guide to the MPW service menu.</p>	<p>While Community Guide is listed in the MPW waiver application, it is not included in the MPW KAR and is not available to participants. DMS is required to keep this service in the waiver application temporarily to comply with federal Maintenance of Effort (MOE) guidelines for the expenditure of American Rescue Plan Act (ARPA) funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove this service after all MOE requirements have been met to address any stakeholder confusion about the availability of the service.</p> <p>Many of the services that Community Guide might provide are available to participants via Case Management, including the determination of relevant services based on participant needs. These services are similar to the services a Community Guide would provide and facilitate independence and promote integration into the community.</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS4	Provider	<p><b>Adding New Services - MPW</b></p> <p>Commenter requested the following services be covered under MPW: Community Access, Shared Living, Natural Support Training, Community Transitions Services, Consultative Clinical and Therapeutic Service, Environmental Accessibility Adaptation Services, Person-Centered Coaching, Positive Behavior Supports, Specialized Medical Equipment and Supplies, and Vehicle Adaptation.</p>	<p>Thank you for your interest in these service offerings. While the following services are listed in the MPW waiver application, they are not included in the MPW KAR and are not available to participants: Shared Living, Natural Support Training, Community Transitions, Consultative, Clinical and Therapeutic Services, Person-Centered Coaching, Specialized Medical Equipment and Supplies, and Vehicle Adaptation. DMS is required to keep these services in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to address any stakeholder confusion about the availability of these services.</p> <p>All of the other requested services are currently covered under MPW. We recommend that participants work with their case managers to determine whether these services may be appropriate to meet their needs.</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS5	Other Stakeholder	<p><b>Use of Medical Marijuana and Hemp by Waiver Participants</b></p> <p>Commenter requested the use of medical marijuana/hemp in the treatment of waiver participants.</p>	<p>Although a new state law has been signed to allow patients with specific medical conditions to use medical cannabis starting January 2025, marijuana is still illegal at the federal level. For this reason, the Medicaid program may be prohibited from paying for these treatments. DMS is still assessing the utilization of medical cannabis in waiver participants' treatment plans.</p>	N/A
CS6	Provider	<p><b>Community Guide Limit Increase - MPW</b></p> <p>Commenter asked if the 40 hours per week maximum for Community Guide services in MPW can be increased to ensure the smooth functioning of the Participant Directed Services (PDS) model and maximize the capabilities of case management.</p>	<p>While Community Guide is listed in the MPW waiver application, it is not included in the MPW KAR not included in the MPW KAR and is not available to participants. DMS is required to keep this service in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove this service after all MOE requirements have been met to address any stakeholder confusion about the availability of the service.</p> <p>Many of the services that Community Guide might provide are available to participants via Case Management,</p>	N/A

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			including the determination of relevant services based on participant needs. These services are similar to the services a Community Guide would provide and facilitate independence and promote integration into the community.	
CS7	Provider	<p><b>Personal Assistance and Residential Level II - SCL</b></p> <p>Commenters requested that Personal Assistance remain an option for participants receiving Residential Support Level II.</p>	<p>DMS recognizes the benefits of the service expansions due to the COVID-19 public health emergency. As part of the Appendix K flexibilities terminating, personal assistance will no longer be available to participants receiving Residential Support Level II. Residential providers are required to meet each participant's personal assistance needs as part of the residential service. If participants need additional support, we recommend they and their residential provider work with the case manager to determine if other waiver services, Medicaid state plan services, or community resources can meet those needs.</p> <p>CMS has advised that all Appendix K flexibilities will continue to remain in place while waivers are under federal review. Upon the effective date of the waivers, only those Appendix K</p>	N/A

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			changes written directly into the waiver application will continue.	
CS8	Multiple	<p><b>Parents as PDS Employees</b></p> <p>Commenters have asked why parental caregivers cannot continue to take care of their child(ren), describing obstacles that make paid family caregivers a viable option including caregiver shortages, living in rural areas, not wanting a rotation of caregivers in their home, potential abuse due to some children being non-verbal, and overall comfort with the families knowing that they are best equipped to take care of their child.</p>	<p>We understand how valuable it is to allow legally responsible individuals (LRIs) to be hired as PDS employees for their children and we will continue this policy. Federal guidelines require us to put certain safeguards in place when allowing LRIs to be hired as PDS employees.</p> <p>All LRIs hired as PDS employees under Appendix K will undergo the review process required by the applicable waiver program after the waiver application effective date. DMS will use a phase-in approach to complete all needed reviews and to reduce the administrative burden on providers. All LRIs hired under Appendix K will be allowed to continue working as PDS employees while completing the review process.</p> <p>The process will take multiple factors into account: a) whether the child requires extraordinary care and b) other factors such as challenges in securing appropriate staff, the child's geographic area and the availability of workers in that area, and other factors.</p>	DMS clarified language in the applicable waivers accordingly.

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			<p>Per the Centers for Medicare and Medicaid Services, the definition of extraordinary care is “care exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the participant and avoid institutionalization.” This means a legally responsible individual must provide additional care for their loved one, based solely on their disability. In this case, “extraordinary care” is not related to the quality of care delivered but the tasks not ordinarily performed to care for an individual.</p> <p>DMS will release more information on the review process soon.</p>	
CS9	Provider	<p><b>Level of Care Requirements – MPW</b></p> <p>Commenter requested clarification on whether MPW includes hospital level of care.</p>	MPW participants must require the level of care provided in a nursing facility or intermediate facility care for individuals with intellectual disabilities as defined in 907 KAR 1:022.	N/A
CS10	Caregiver	<p><b>PDS Service Limits – MPW</b></p>	Thank you for your suggestion. DMS is evaluating MPW limits and what will work best moving forward. Any limit	N/A



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		Commenter suggested that the 40-hour limit for PDS under MPW be revised to include more hours.	updates will be completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.	
CS11	Provider	<p><b>Community Guide Definition - MPW</b></p> <p>Commenter stated that the Community Guide definition in MPW mirrors language in the SCL regulation which severely limits the utility of this service.</p>	<p>Community Guide is not included in the MPW KAR and is not available to MPW participants. DMS is required to keep these services in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to address any stakeholder confusion about the availability of these services.</p> <p>Many of the services that Community Guide might provide are available to MPW participants via Case Management, including the determination of relevant services based on participant needs. These services are similar to the services a Community Guide provides and facilitate independence and promote integration into the community.</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS12	Other Stakeholder	<p><b>Personal Care Usage</b></p> <p>Commenter asked how agencies can promote the use of Personal Care services.</p>	<p>DMS recognizes the importance of all waiver services to support participants in remaining in the home or community while receiving care. Personal Care is available to waiver participants who may need a higher level of care and/or need training or assistance to independently perform activities. Case managers should work with participants to confirm that Personal Care needs are met through their service plan.</p>	N/A
CS13	Other Stakeholder	<p><b>Personal Assistance and Technology Assisted Residential - SCL</b></p> <p>Commenter requests continued allowance of Personal Assistance for participants receiving Technology Assisted Residential services.</p>	<p>Residential providers are required to meet each participant's personal assistance needs as part of the residential service. If participants need additional support, we recommend they and their residential provider work with the case manager to determine if other services can meet those needs.</p> <p>CMS has advised that all Appendix K flexibilities will continue to remain in place while waivers are under federal review. Upon the effective date of the waivers, only those Appendix K changes written directly into the waiver application will continue.</p>	N/A

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CS14	Provider	<p><b>Respite Limit Clarification - MPW</b></p> <p>Commenter stated that MPW Respite services should be per LOC year, not both LOC year and calendar year.</p>	When tracking the use of MPW Respite, providers should use the LOC year. DMS will update the MPW application and KAR (907 KAR 1:835) to reflect the use of LOC year for Respite.	DMS updated the limit on MPW Respite to clarify the limit is calculated using the LOC year.
CS15	Provider	<p><b>Shared Living – MPW</b></p> <p>Commenter requested clarification on "related administrative services" for Shared Living in MPW.</p>	While Shared Living is listed in the MPW waiver application, it is not included in the MPW KAR and is not available to participants. DMS is required to keep these services in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to address any stakeholder confusion about the availability of these services.	N/A
CS16	Provider	<p><b>Shared Living - MPW</b></p> <p>Commenter requested clarification on "overnight supervision" under the Shared</p>	While Shared Living is listed in the MPW waiver application, it is not included in the MPW KAR and is not available to participants. DMS is required to keep these services in the waiver application temporarily to comply with federal MOE guidelines for	N/A

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		Living in MPW and whether it requires providers to be awake.	the expenditure of ARPA. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to address any stakeholder confusion about the availability of these services.	
CS17	Multiple	<p><b>Waiver Services Provided in Acute Hospital Settings</b></p> <p>Commenters requested clarification on the circumstances for allowing for waiver services to be administered in acute hospital settings.</p>	<p>DMS has edited the waiver applications to further clarify the policy.</p> <p>The waiver states:</p> <p>The State Option to Provide HCBS in Acute Care Hospitals in accordance with Section 1902(h)(1) of the Act.</p> <p>The state will allow waiver providers to deliver ad hoc HCBS in acute care hospitals under extraordinary circumstances <b>and</b> the following conditions:</p> <ul style="list-style-type: none"> <li>• The HCBS must be prior authorized by the Department or its designee;</li> <li>• The HCBS may be provided in extraordinary, ad hoc circumstances to meet the needs of the individual that are not met through the provision</li> </ul>	DMS clarified the policy in the applicable waiver applications.

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			<p>of acute care hospital services and are in addition to, and may not substitute for, the services the acute care hospital is obligated to provide. This may include supervision for extreme behaviors or when an individual is at risk for self-harm without constant eyes on supervision or when communication is a barrier and the individual is unable to communicate their needs and wishes; and</p> <ul style="list-style-type: none"> <li>• The HCBS must be identified in the individual's person-centered service plan (PCSP).</li> </ul> <p>This policy is not intended for continuing the participant's full person-centered service plan while they are hospitalized.</p> <p>The only waiver services delivered in hospital settings should be those required to address any emergent, non-medical needs and risks and there is not a family member or natural support available to assist.</p> <p>While the participant is hospitalized, the focus should be on addressing the</p>	

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			condition that led to the hospitalization rather than addressing goals and objectives.	
CS18	Provider	<p><b>Waiver Operations – MPW</b></p> <p>Commenter requested clarification on <i>Waiver Administration and Operation 2. Oversight of Performance b. Medicaid Agency Oversight of Operating Agency Performance</i> which references that DDID will complete 1. Utilization Management, 3. Provider development, training, and certification, and 4. Quality Assurance and asks how quality improvement activities will be implemented for agencies who provide MPW services through their HCBW certification.</p>	DMS did not make any changes to Appendix A. Utilization management, provider development, training, and certification, and quality assurance and improvement activities are conducted by DMS or its designee.	N/A
CS19	Provider	<p><b>Autism Supports</b></p> <p>Commenter requested DMS consider Autism-specific supports in the future.</p>	DMS is currently reviewing different service options for this population under the Children's Waiver Feasibility Study. Study findings will be shared after completion.	N/A
CS20	Provider	<p><b>MAP-351 Use in SCL</b></p>	SCL does not use the MAP-351. The assessment for SCL is the Supports	N/A

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		Commenter asked if CMHCs continued to complete the MAP-351 for individuals supported by SCL.	Intensity Scale (SIS) and the SSIS Annual Review.	
CS21	Provider	<p><b>Case Management for PDS - MPW</b></p> <p>Commenter requested clarification if the position of Support Broker in MPW will continue or if a person can choose any available Case Manager and also elect to use PDS.</p>	As part of this amendment and to comply with federal guidance, the Support Broker service is being replaced with PDS Case Management. PDS Case Managers will provide case management for participants who self-direct.	N/A
CS22	Provider	<p><b>Shared Living - SCL</b></p> <p>Commenter requested clarification for Appendix I-6, <i>“payment for rent and food expenses of an unrelated live-in caregiver.”</i> The option selected is <i>“No. The state does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.”</i> This commenter states this appears to be incorrect as Shared Living has been included in the service</p>	The selection is correct because Shared Living is not an available service in MPW. Shared Living is not included in the MPW KAR and is not available to participants. DMS is required to keep these services in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to	N/A

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		array and is noted in Appendix C: Participant Services to cover “Rent and Food Expenses”.	address any stakeholder confusion about the availability of these services.	
CS23	Caregiver	<p><b>Behavior Support Limits – MPW</b></p> <p>Commenter requested higher service limits for MPW Behavior Supports.</p>	Thank you for your suggestion. DMS is evaluating MPW limits and what will work best moving forward. Any limit updates will be completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.	N/A
CS24	Provider	<p><b>Shared Living and Utilities - SCL</b></p> <p>Commenter asked why SCL participants are not able to use Shared Living to pay for internet service.</p>	The payment for Shared Living is made to the unrelated live-in caregiver as reimbursement for living with and providing care to the participant. The unrelated live-in caregiver has the option to use the reimbursement to cover living expenses and utilities, such as internet.	N/A
CS25	Provider	<p><b>Respite and Residential Support Level II - SCL</b></p> <p>Commenter has requested for Respite to be a separate billable service for SCL waiver</p>	DMS agrees and has made Respite services available to Residential Support Level II participants in this waiver amendment.	N/A



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		participants in Residential Support Level II.		
CS26	Provider	<p><b>Home Delivered Meals</b></p> <p>Commenter is requesting that DMS continue the flexibilities granted to home-delivered meals through Appendix K. Specifically, the commenter requests the following changes:</p> <ul style="list-style-type: none"> <li>• Change language in the provider qualifications from "food establishment" to "food processing plant".</li> <li>• Add "chilled " as allowable.</li> <li>• Increase the number of meals allowed from one per day to two per day.</li> <li>• Remove the requirement that meals be delivered per the person-centered service plan.</li> </ul>	<p>Thank you for the suggestion. DMS agrees and will make some of the requested updates to the Home Delivered Meal services offered in the HCB waiver. Meals should be delivered on a schedule that is person-centered, which takes into account the participant's needs, wants, geographic location, and other factors.</p>	<p>DMS made the following changes to Home Delivered Meals the applicable waiver:</p> <ul style="list-style-type: none"> <li>• Added "chilled" to the types of meals allowed.</li> <li>• Increased the number of meals allowed per day from one to two.</li> <li>• Added food processing establishment to the provider qualifications.</li> </ul>
CS27	Provider	<p><b>Community Guide - MPW</b></p> <p>Commenter asked if Community Guides in MPW can have similar language to case managers to</p>	<p>Community Guide is not included in the MPW KAR and is not available to MPW participants. DMS is required to keep these services in the waiver application temporarily to comply with</p>	N/A

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		provide Community Guide activities to include face-to-face, virtual, telephonic, and other methods of communication to provide coordination and oversight.	<p>federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to address any stakeholder confusion about the availability of these services.</p> <p>Although the Community Guide service isn't available as an option in this waiver, many of the services that Community Guide might provide are available to participants via Case Management, including the determination of relevant services based on participant needs. These services are similar to the services a Community Guide provides and facilitate independence and promote integration into the community.</p>	
CS28	Provider	<p><b>Start-Up Funds for Participants Using PDS</b></p> <p>Commenter requested that DMS factors the “significant start-up time to get to know the person and train them on the basics of PDS” by offering an allotment of units or funding for “start-up” that allows participants to access</p>	Adding start-up funding requires approval from the Legislature through additional funding. Available funding for new services has not been provided at this time. DMS will review the suggestion for future waiver updates.	N/A

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		extra support at the beginning of their self-direction journey while still having access to the full annual number of units they are eligible for each year.		
CS29	Provider	<p><b>Name of Support Broker Services</b></p> <p>Commenter requested that Support Broker be the standard title for hands-on information and assistance services.</p>	Thank you for the suggestion. To comply with federal guidance, the term "Support Broker" will be phased out. All Support Broker services will be provided under PDS Case Management.	N/A
CS30	Provider	<p><b>Community Guide – MPW</b></p> <p>Commenter requested for Community Guide in MPW services to be eligible for Exceptional Support in the event a participant has a justified need for additional service (if the service will have an annual unit limit or dollar amount limit).</p>	<p>Community Guide is not included in the MPW KAR and is not available to MPW participants. DMS is required to keep these services in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to address any stakeholder confusion about the availability of these services.</p> <p>Although the Community Guide service isn't available as an option in this waiver, many of the services that</p>	N/A

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			Community Guide might provide are available to participants via Case Management, including determination of relevant services based on participant needs. These services are similar to the services a Community Guide would provide and allows for participants to facilitate independence and promote integration into the community.	
CS31	Caregiver	<p><b>Community Guide Provider Qualifications - MPW</b></p> <p>Commenter requested including language around a bachelor's degree equivalence for the Community Guide service in MPW to allow people who have extensive experience in the disability field. Additionally, the commenter requested that language should be added to the degree requirement to include flexibility for people with Human Resources or another degree that is specifically related to recruiting, hiring, and managing.</p>	<p>Community Guide is not included in the MPW KAR and is not available to MPW participants. DMS is required to keep these services in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to address any stakeholder confusion about the availability of these services.</p> <p>Although the Community Guide service isn't available as an option in this waiver, many of the services that Community Guide might provide are available to participants via Case Management, including determination of relevant services based on</p>	N/A

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			<p>participant needs. These services are similar to the services a Community Guide would provide and allows for participants to facilitate independence and promote integration into the community.</p> <p>Case Management provider definitions allow significant flexibility for different levels of education and experience.</p>	
CS32	Caregiver	<p><b>Personal Care - MPW</b></p> <p>Commenter requested that Personal Care in MPW remain for participants under 21.</p>	<p>As historically has been allowed, Personal Care will continue to be available for waiver participants under 21 unless medically necessary personal assistance services are covered by Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Changes to the age limit for Personal Care reference the provider age, which has been lowered to 18.</p>	N/A
CS33	Other Stakeholder	<p><b>Waiver Participant Independence</b></p> <p>Commenter asked about the expectations for waiver participants who can never achieve independence.</p>	<p>DMS supports all waiver participants regardless of their ability to achieve independence. Expectations for waiver participants are person-centered and do not differ for different waiver supports.</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS34	Provider	<p><b>Community Guide - MPW</b></p> <p>Commenter stated that case managers and FMAs need to be trained in Community Guides in MPW.</p>	<p>Community Guide is not included in the MPW KAR (907 KAR 1:835) and is not available to MPW participants. DMS is required to keep these services in the waiver application temporarily to comply with federal Maintenance of Effort (MOE) guidelines for the expenditure of American Rescue Plan Act (ARPA) funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to address any stakeholder confusion about the availability of these services.</p> <p>Although the Community Guide service isn't available as an option in this waiver, many of the services that Community Guide might provide are available to participants via Case Management, including determination of relevant services based on participant needs. These services are similar to the services a Community Guide would provide and allows for participants to facilitate independence and promote integration into the community.</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS35	Provider	<p><b>Obtaining Goods and Services</b></p> <p>Commenter expressed frustration that Goods and Services such as dentures, hearing aids/batteries, and glasses require state plan funding and noted that it can be difficult to manage through state plan providers.</p>	<p>Due to federal requirements, participants must go through state plan until they have exhausted available funding, after which they can use waiver funding for these services.</p> <p>DMS understands that this can be a difficult process but encourages participants to make use of available state plan funding for these goods and services. Case managers are responsible for assisting the participant in accessing waiver services, state plan services, and community resources to meet all support needs.</p>	N/A
CS36	Provider	<p><b>Therapies and HCB</b></p> <p>Commenter asked why Behavioral Therapy, Physical Therapy, and Occupational Therapy are not available through the HCB waiver.</p>	<p>Physical and occupational therapy are available to HCB waiver participants under the Medicaid State Plan. Per federal guidance, DMS cannot offer speech, physical, and occupational therapy in both the state plan and the waiver. These services were transitioned out of the waiver in 2016 and DMS is in the process of transitioning coverage of speech, physical and occupational therapy from all other waivers to the state plan.</p> <p>HCB is targeted to individuals with physical disabilities or who are aged and, therefore, does not include</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			behavior services. Behavior services are available through the Medicaid state plan.	
CS37	Other Stakeholder	<p><b>Telehealth Availability</b></p> <p>Commenter requested information on why telehealth is not offered for all services in the HCB waiver.</p>	<p>DMS recognizes the value of telehealth for participants and will continue to allow some services to be provided in person or via telehealth. Participation in services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. Participants who are offered telehealth by the provider have the right to request in-person visits instead. All telehealth visits must use a Health Information Portability and Accountability Act (HIPAA) compliant platform.</p> <p>HCB waiver participants require an institutional level of care and for many services, in-person care is required. To ensure participant health, safety, and welfare, not all services can be conducted via telehealth.</p>	N/A
CS38	Other Stakeholder	<p><b>Community Living Supports and Telehealth</b></p> <p>Commenter requested Community Living Supports</p>	<p>DMS recognizes the value of telehealth for participants and will continue to allow some services to be provided in person or via telehealth. Participation in services via telehealth</p>	N/A



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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		providers be able to provide services via telehealth.	<p>should be wanted by the participant, person-centered, meaningful and advance established goals. Participants who are offered telehealth by the provider have the right to request in-person visits instead. All telehealth visits must use a Health Information Portability and Accountability Act (HIPAA) compliant platform.</p> <p>Telehealth is not allowable for Community Living Supports. The service is designed to be delivered in person as it requires support with tasks such as activities of daily living, relationship building, and participation in community activities.</p>	
CS39	Provider	<p><b>Community Living Supports – Group Services</b></p> <p>Commenter requested DMS consider removing the 1:1 service requirement for Community Living Supports.</p>	Thank you for this comment. DMS is not adding group services for Community Living Supports at this time but will review and consider the suggestion for future updates.	N/A
CS40	Provider	<p><b>Adult Day Training – HCB</b></p>	Thank you for your comment. The services offered in the waiver are targeted to the populations intended to be served within the waiver. DMS does	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter requested DMS add Adult Day Training as an option to the HCB waiver.	not plan to add Adult Day Training services under HCB.	
CS41	Provider	<p><b>SCL Residential Support Level I – Rates</b></p> <p>Commenter requests increased rates for Residential Support Level I in SCL.</p>	<p>As part of this waiver amendment, DMS is increasing Residential rates and is continuing to work with the Legislature on future rate modifications.</p> <p>The public will have an opportunity to review and comment on future rate modifications before they are final. In addition, participants have access to wraparound services such as Home Health for additional healthcare needs.</p>	N/A
CS42	Provider	<p><b>SCL Residential Support – Assessment</b></p> <p>Commenter requested additional information regarding the Residential Support reassessment process in SCL.</p>	Residential Supports in SCL are reassessed at the time of a new level of care assessment. Some examples of times that a participant may qualify for a new assessment include hospitalizations or significant changes in behaviors.	N/A
CS43	Provider	<p><b>Residential Support Level II – Provider Qualifications</b></p> <p>Commenter requested additional information on who qualifies as a family member for Residential</p>	Thank you for this comment. DMS acknowledges that the term "family member" under Residential Support Level II may be misleading and has	DMS updated the applicable waiver application to say <i>"All adult individuals in the home are required to complete first aid, CPR, crisis, and medication administration training, and meet background check requirements in</i>

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Support Level II and would be required to complete first aid, CPR, crisis, medication administration training, and background checks.	updated the term in the waiver application.	<i>order to be alone with a waiver participant.”</i>
CS44	Provider	<b>Non-Emergency Transportation</b>  Commenter states that Non-Emergency Medical Transportation should include transportation to non-Medicaid appointments or events.	Thank you for this comment. The DMS Division of Long-Term Services and Supports does not oversee Non-Emergency Medical Transportation and is unable to adjust this service.	N/A
CS45	Provider	<b>Goods and Services - Availability</b>  Commenter requests clarification as to why only self-directed programs receive durable goods and supplies.	DMS agrees this service should be available to all participants, regardless of the service delivery method they use.	DMS updated the applicable waiver applications to make Goods and Services available to all participants.
CS46	Provider	<b>Consultative Clinical and Therapeutic Services Prior Authorizations</b>  Commenter requests that DMS consider changing prior authorizations for Consultative Clinical and Therapeutic	DMS is not making any changes to prior authorization in this waiver amendment.	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Services in SCL back to one full year rather than every six months.		
CS47	Provider	<p><b>Limits for Behavior Supports</b></p> <p>Commenter requests that DMS reconsider the unit cap for Behavior Supports. Commenter noted that participants in MPW who transition to SCL are experiencing major regressions due to the reduction in Behavior Supports. They further noted that behavioral support providers also often prefer not to work with SCL participants due to the limited units.</p>	DMS is evaluating MPW limits and what will work best moving forward. Any limit updates will be completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.	N/A
CS48	Provider	<p><b>Personal Care / Personal Assistance - MPW</b></p> <p>Is it the intent of the Cabinet to have participants transition from current personal care services to personal assistance?</p> <p>Commenter requests information on how to bill for transportation within this service.</p>	DMS appreciates the commenter addressing this topic. There is currently a discrepancy between the waiver application language and the current KAR. There is no difference between Personal Assistance services (i.e., waiver application service title) and Personal Care services (i.e., Kentucky Administrative Regulation service title). DMS plans to promulgate revised administrative regulation in the coming months to align the Kentucky Administrative Regulation with the	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			<p>waiver application.</p> <p>Transportation is not a currently funded standalone service for MPW participants. DMS is required to keep this service in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove this service after all MOE requirements have been met to address any stakeholder confusion about the availability of the service.</p>	
CS49	Provider	<p><b>Technology Assisted Residential – ABI and ABI LTC</b></p> <p>Commenter requests that DMS retain the use of Technology Assisted Residential Services for participants in both the ABI and ABI LTC waivers, which was allowed under Appendix K</p>	<p>DMS appreciates the commenter’s request. Historically, DMS has experienced challenges with how participants have used Technology Assisted Residential Services when compared to the original intent and we have elected not to make the service permanently available in the ABI and ABI LTC waivers. The service will no longer be available upon the effective date of the recently submitted ABI and ABI LTC waiver applications.</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS50	Provider	<p><b>Therapy Transition to State Plan – ABI and ABI LTC</b></p> <p>Commenters shared concerns about the transition of Speech Therapy (ST), Occupational Therapy (OT), and Physical Therapy (PT) from the ABI and ABI LTC waivers to the Medicaid state plan. The concerns listed include:</p> <ul style="list-style-type: none"> <li>• A request for support to be available to individuals enrolled in the ABI waiver for at least two years following the transition.</li> <li>• That ST, OT, and PT offered through the Medicaid state plan does not include a cognitive component.</li> <li>• That the reimbursement rates for ST, OT and PT through the Medicaid state plan are below market rates which will significantly limit the number of providers</li> </ul>	<p>ABI participants receiving therapies can continue to receive these services through the waiver until their current prior authorization expires. Once this occurs, providers must request these services through the Medicaid state plan. This will allow providers and participants to gradually transition these services.</p> <p>Many ABI and ABI LTC providers are enrolled as Medicaid state plan providers and will be able to continue to provide the type of OT, ST, and PT that ABI and ABI LTC participants need. Waiver providers who are not also state plan providers have the option to enroll as a state plan provider at any time. Participants have the option to receive services from any state plan provider, giving them a greater choice of service providers.</p> <p>DMS will monitor this process and make adjustments as needed. For more information, please review the following letter:  <a href="https://www.chfs.ky.gov/agencies/dms/ProviderLetters/ABITherapiesProviders.pdf">https://www.chfs.ky.gov/agencies/dms/ProviderLetters/ABITherapiesProviders.pdf</a></p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		able to provide services to waiver participants.		
CS51	Provider	<p><b>Telehealth for Behavior Services</b></p> <p>Commenter requests that DMS consider allowing telehealth for behavioral services (counseling and behavior support services) in the ABI and ABI LTC waivers and accounting for the transition to state plan services.</p>	Telehealth for therapies is already allowed under both state plan and waiver service definitions.	N/A
CS52	Provider	<p><b>ABI Service Menu – Suggested Changes</b></p> <p>Commenter requests that DMS adopt a neurobehavioral program tailored to the needs of individuals who access all ABI waivers.</p>	DMS appreciates the commenter's request, and we will take this under consideration for upcoming waiver amendments.	N/A
CS53	Multiple	<p><b>Diagnosis and Treatment Services - MPW</b></p>	Kentucky's 1915(c) HCBS waivers are not designed to offer mental health diagnosis and treatment. Participants can access the services needed to	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter requested including the diagnosis and treatment of mental health disorders (including treatment directly with the participant) to the definition of psychological services in MPW.	<p>diagnose and treat mental health disorders through the Medicaid state plan. We encourage providers to work with participants to coordinate these services through the state plan.</p> <p>DMS is currently working on several initiatives to address the needs of individuals who need mental health diagnosis and treatment, such as the 1915(i) State Plan Amendment. Additional information is available at <a href="https://www.chfs.ky.gov/agencies/dms/Pages/bhi.aspx">https://www.chfs.ky.gov/agencies/dms/Pages/bhi.aspx</a>.</p>	
CS54	Multiple	<p><b>Consultative Clinical and Therapeutic Services – MPW</b></p> <p>Commenter requested provider qualification updates for Consultative Clinical and Therapeutic Service in MPW.</p>	<p>Consultative Clinical and Therapeutic service is not a currently funded standalone service for MPW participants. DMS is required to keep these services in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to address any stakeholder confusion about the availability of these services.</p>	N/A



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Covered Services				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS55	Multiple	<p><b>Positive Behavior Supports - MPW</b></p> <p>Commenter requested removing the “two years of direct service experience with individuals with intellectual and developmental disabilities” requirement from Positive Behavior Supports provider requirements in MPW.</p>	<p>DMS agrees and is changing provider qualifications to remove the requirement for two years of direct support experience for Positive Behavior Supports.</p>	<p>DMS updated the provider qualifications for Positive Behavior Supports in the applicable waiver application.</p>
CS56	Multiple	<p><b>Community Living Supports - MPW</b></p> <p>Commenter noted that the removal of the Community Living Support Specialist and inclusion of Community Access within MPW may lead to limited community-based paid supports for children and lower-functioning adults with ID/DD.</p>	<p>Community Living Supports remains an available MPW service per 907 KAR 1:835.</p> <p>Community Access is not a currently funded standalone service for MPW participants. DMS has retained the service in the waiver application due to maintenance of effort requirements per ARPA Section 9817. DMS does not intend to add this service to the waiver.</p> <p>DMS plans to promulgate revised administrative regulation in the coming months to align the Kentucky Administrative Regulation with the waiver application.</p>	<p>N/A</p>

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS57	Other Stakeholder Provider	<p><b>Consultative Clinical and Therapeutic Services Limit – SCL</b></p> <p>Commenters requested DMS reevaluate the shared 160-unit limit for CCT across the three distinct services.</p>	DMS will reconsider the service limits for Consultative Clinical and Therapeutic Services, along with other service-specific limits, when amending each 1915(c) waiver to incorporate permanent rates as a result of the ongoing rate methodology study. Any limit updates will be completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.	N/A
CS57	Other Stakeholder	<p><b>Attendant Care – MPW</b></p> <p>Commenter requested information on why the Attendant Care service is not listed in the MPW application.</p>	Attendant Care remains an available MPW service per 907 KAR 1:835. DMS plans to promulgate revised administrative regulation in the coming months to align the Kentucky Administrative Regulation with the waiver application.	N/A
CS58	Provider	<p><b>Medication Administration for Non-Residential Providers</b></p> <p>Commenter says Appendix G-3 indicates that waiver providers should not be responsible for the administration of medication and that medication error reporting is not required for MPW.</p>	Appendix G-3 only applies to providers who deliver around-the-clock care and are responsible for medications. Adult Day Training, Personal Assistance, and other service providers who give medications must report medication errors using the critical incident	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter requested information on how traditional providers at Day Training or traditional Personal Assistants are to report medication errors and asked if traditional service providers are no longer allowed to provide medication administration to MPW participants.	reporting process outlined in Appendix G-1 to report medication errors.	
CS59	Provider	<p><b>Number of Services Required – SCL</b></p> <p>Commenter asks for additional information on the number of services required to demonstrate need in SCL.</p>	Appendix B-6 requires a minimum of two services. This means that they must need case management and at least one other service for ongoing support. This excludes services that provide equipment, technology, supplies, or modifications to homes or vehicles.	N/A
CS60	Provider	<p><b>Case Manager and Assessor Qualifications</b></p> <p>Commenter requests the Cabinet to please consider making the criteria for the individuals performing evaluations match the criteria for case management to allow case managers to conduct</p>	For individuals who are providing assessments, they must meet the provider qualifications criteria outlined in Appendix C, which may be different than the qualifications for individuals providing case management. The role of CMHCs will not be changing for case management and assessments.	N/A

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		assessments. The commenter seeks additional information on the role of CMHCs in providing assessments.		
CS61	Provider	<p><b>Provider Qualifications – Direct Support Professional Experience</b></p> <p>Commenter noted Adult Day Training in ABI LTC requires direct support professionals to have at least two years of experience providing services to an individual with a disability or have successfully completed a formalized training program while the same service in SCL does not require the same experience. Commenter requested DMS update the provider qualifications across all waivers to match SCL.</p>	DMS appreciates the commenter for identifying this discrepancy. DMS reviewed the provider qualifications and agrees. We will remove the requirements to have two years of experience working with individuals with a disability and complete a formalized training program.	DMS has updated this provider qualification requirement across waiver programs (where applicable).
CS62	Provider	<p><b>Provider Qualifications – Direct Support Professional Education</b></p>	DMS appreciates the commenter for identifying this discrepancy. DMS reviewed the provider qualifications and agrees. We will edit provider	DMS has updated the applicable waiver applications to be consistent across all waivers (i.e., 18 years of

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter states that the proposed ABI-Acute waiver requires Day Training staff to have a high school diploma or GED for this waiver but that is no longer a requirement in other waiver proposals. Commenters request that DMS consider making this standard consistent across all 1915(c) waivers so that traditional service providers.	qualifications to be standard where appropriate.	age, have a high school diploma or GED).
CS63	Provider	<p><b>Consultative Clinical and Therapeutic Services – Unbundling</b></p> <p>Commenter requests that Consultative Clinical and Therapeutic Services be unbundled in SCL.</p>	Thank you for the suggestion. The proposed SCL waiver application lists Consultative Clinical and Therapeutic Services as three distinct waiver services.	N/A
CS64	Provider	<p><b>Consultative Clinical and Therapeutic Services – Psychological Services</b></p> <p>Commenter requests changes to the Consultative Clinical and Therapeutic Services – Psychological Services definition.</p>	Thank you for the comment. DMS will consider reviewing the Consultative Clinical and Therapeutic Services – Psychological Services in the future.	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS65	Provider	<p><b>Supported Employment - Limit</b></p> <p>Commenter requested that service limits for Supported Employment be bundled into one service.</p>	DMS will reconsider the service limits for Supported Employment, along with other service-specific limits, when amending each 1915(c) waiver to incorporate permanent rates as a result of the ongoing rate methodology study. Any limit updates will be completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.	N/A
CS66	Other Stakeholder	<p><b>Incontinence Supplies – HCB</b></p> <p>Commenter noted that it is extremely difficult to receive approval for incontinence supplies covered under the HCB waiver. Commenter requested that the requirements be clearly defined and communicated to everyone.</p>	Incontinence supplies are now listed on the Durable Medical Equipment fee schedule, which should help make them easier to obtain. DMS plans to issue guidance on how to most efficiently obtain these supplies through the program.	N/A
CS67	Provider	<p><b>MPW Clarification</b></p> <p>Commenter requests clarification regarding what a support advisor</p>	DMS appreciates the commenter's feedback. The support advisor reference should say case manager and has been edited in the revised	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		is and what their role is within the MPW	MPW application that has been submitted to CMS.	
CS68	Provider	<p><b>Transportation Requirements – MPW</b></p> <p>Commenter requests clarification regarding the requirements for individuals who provide Transportation in MPW.</p>	<p>Transportation is not a currently funded standalone service for MPW participants. DMS is required to keep this service in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove this service after all MOE requirements have been met to address any stakeholder confusion about the availability of the service.</p>	N/A
CS69	Provider	<p><b>Transportation – SCL</b></p> <p>Commenter requested a transportation option for SCL participants who have become independent at their jobs saying this would be especially helpful in rural areas where there is no public transportation and no rideshare / Uber option.</p>	<p>Transportation services are offered within the SCL waiver. Participants have the option to self-direct this service and can hire any driver who meets the provider qualifications as defined in the Appendix C of the SCL waiver application and associated KARs.</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS70	Other Stakeholder	<p><b>Supervised Residential – ABI and ABI LTC</b></p> <p>Commenter stated that they do not support expanding residential services to allow up to five (5) participants per house for ABI-acute and ABI-LTC. Commenter stated that the commonly accepted cap of 3 participants should be manageable and allow neighborhood relations to remain stable.</p>	<p>ABI and ABI LTC residential homes are permitted to have up to five residents, but DMS does not require each home to have the maximum. Residential Services should be based on the individual needs of the participants living there, and as such, the number of participants residing in an individual home will vary based on the needs of those participants.</p>	N/A
CS72	Provider	<p><b>Crisis Services</b></p> <p>Commenter stated there is a need for crisis services for waiver participants, including Emergency Respite and Residential Services.</p>	<p>Thank you for this suggestion. DMS recognizes the importance of crisis services for individuals with mental health diagnoses. DMS is working on several options that may be a better fit for participants with mental health diagnoses, including a 1915(i) State Plan Amendment (SPA) Information is available at <a href="https://www.chfs.ky.gov/agencies/dms/Pages/bhi.aspx">https://www.chfs.ky.gov/agencies/dms/Pages/bhi.aspx</a> and DMS will share more information at upcoming town halls for the SPA, taking place December 2023.</p>	N/A



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Covered Services				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CS73	Provider	<p><b>Family Home Providers and Adult Foster Care for ABI and ABI LTC</b></p> <p>Commenter does not believe it is in the best interest of participants or DMS to add a family home providers or adult foster care as a residential option in the ABI and ABI LTC waivers.</p>	<p>Thank you for your comment. DMS is not adding adult foster care or family home providers as a residential option in ABI or ABI LTC.</p>	N/A
CS75	Provider	<p><b>Residential Support – Supervision Hours</b></p> <p>Commenter suggested that residential services in MPW and SCL include more options such as “12-hour support homes” and increased use of Technology Assisted Residential.</p>	<p>DMS encourages all providers to support participants in the least restrictive setting possible.</p> <p>Residential services are not offered in MPW.</p>	N/A
CS76	Other Stakeholder	<p><b>Respite, Personal Assistance and Residential – Minimum Age for Staff</b></p> <p>Commenter suggests that DMS consider reducing the age requirement for Respite,</p>	<p>DMS agrees and made this change in the proposed waiver applications released for public comment.</p>	N/A

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Covered Services				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Personal Assistance, and Residential Staff from 21 to 18.		
CS77	Other Stakeholder	<p><b>Person-Centered Planning</b></p> <p>Commenter suggests that DMS consider refining the Person-Centered Planning service definition to align with CMS guidance and prevent duplication with other services.</p>	Thank you for your comment. Person-centered planning is not a standalone service. Appendix D, Participant Centered Service Planning and Delivery, has been updated across all waivers to align with best practices for person-centered planning.	N/A
CS78	Other Stakeholder	<p><b>Federal HCBS Settings Requirements</b></p> <p>Commenter suggests that DMS consider adding language noting the requirements for residential and non-residential providers to comply with the federal HCBS settings requirement as defined in 42 CFR 441.301(c)(4)-(5) and associated CMS guidance.</p>	Thank you for your comment. This language is contained in C-5 of the waiver application.	N/A
CS79	Other Stakeholder	<p><b>Environmental and Minor Home Modifications</b></p> <p>Commenter suggests that DMS remove the restrictive language requiring contractors of home</p>	DMS appreciates the commenter's feedback. DMS is not changing the provider qualifications for this service at this time and will continue to require all Environmental and Minor Home	N/A

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Covered Services				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		modifications to be “licensed and registered”.	Modification providers to be licensed and registered.	
CS80	Other Stakeholder	<p><b>Vehicle Adaptation - SCL</b></p> <p>Commenter suggests DMS modify Vehicle Adaptation saying the service is too restrictive and essentially limits assistance purchases of new vehicles through a single vendor.</p>	DMS appreciates the commenter's feedback. DMS will not be changing the requirements for Vehicle Adaptations at this time but may evaluate changes in the future.	N/A
CS81	Other Stakeholder	<p><b>Residential Support in SCL – Changes Requested</b></p> <p>Commenter suggests creating a new category of Residential Support in SCL to address the needs of individuals who live in their own homes and/or that of a relative and require continuous support and monitoring of health, safety, and welfare.</p>	Thank you for your suggestion. DMS is not planning to change residential services or component services at this time. Existing non-residential waiver services are intentionally designed to support an individual within their own home or a relative's home.	N/A
CS82	Other Stakeholder	<p><b>Benefits for PDS Employees</b></p> <p>Commenter suggests offering benefits to PDS employees including but not limited to bonuses, paid time off, shift</p>	Thank you for your suggestion. For participants who elect the PDS service delivery option, the reimbursement rate only covers the service provided. The participant is the employer and would	N/A

Covered Services				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		differentials, and funds for covering health care costs.	be responsible for offering and covering the cost of additional benefits.	

Eligibility and Enrollment				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
EE1	Multiple	<p><b>Length of Wait for Waiver Slot</b></p> <p>Commenters expressed frustration over the length of time it takes to receive a slot in the waiver programs.</p>	<p>DMS recognizes the wait for a slot in the waiver programs can take a long time. We are working to increase the availability of Medicaid-paid support, however, there is no quick fix. Some steps we are taking include:</p> <ul style="list-style-type: none"> <li> <p><b>Wait List Management Updates:</b> DMS is planning to make updates to the 1915(c) HCBS waiver programs and related Kentucky Administrative Regulations (KAR) later this year. Changes include amending waiver waitlist policies to ensure individuals with more intensive needs can access services faster than they do today.</p> </li> </ul>	N/A

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Eligibility and Enrollment				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			<ul style="list-style-type: none"> <li>• <b>Budget Requests for Additional Waiver Slots:</b> DMS makes regular requests to the Kentucky Legislature for additional slots in the 1915(c) HCBS waiver programs during the biennial budget process. Individuals can assist with this process by advocating for additional slots to their state house and senate representatives.</li> <li>• <b>Children’s Waiver Feasibility Study:</b> DMS is currently conducting a study to determine if it is feasible to develop a new 1915(c) Home and Community Based Services (HCBS) waiver specifically for children ages 0 to 21 with several emotional disabilities (SED), intellectual disabilities and related conditions (ID/RC), or ASD. We are looking at feedback from families and potential providers, similar waivers in other states, Medicaid data, and cost projections to see if a waiver can be added. We anticipate completing the study and receiving recommendations from our</li> </ul>	

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			<p>study partner, Guidehouse, by the end of the year.</p> <p>DMS understands these are long-term solutions and many individuals need support sooner rather than later. Here are some resources individuals use to help find support and services. This is not an exhaustive list but can help individuals get started.</p> <ul style="list-style-type: none"> <li>• The DMS Division of Long-Term Services and Supports maintains a list of potential resources online at <a href="https://bit.ly/LTSSResources">https://bit.ly/LTSSResources</a>.</li> <li>• Search <a href="https://kynect.ky.gov/resources">kynect.ky.gov/resources</a> for programs or organizations in a geographic area that may meet the individual's needs.</li> <li>• The University of Kentucky Human Development Institute also maintains a resource guide for individuals with disabilities, which is available at <a href="https://resources.hdiuky.org/">https://resources.hdiuky.org/</a>.</li> <li>• DMS recommends individuals stay up to date with the 1915(c) HCBS waiver programs, even if they are only</li> </ul>	

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			<p>on a waiting list, so they know about any important changes or opportunities to share their feedback. You can be added to the email list by sending an email to <a href="mailto:MedicaidPublicComment@ky.gov">MedicaidPublicComment@ky.gov</a>.</p>	
EE2	Other Stakeholder	<p><b>Reserved Slots - Money Follows the Person</b></p> <p>Commenter asked if there could be five SCL slots reserved for the use of the Money Follows the Person (MFP) program.</p>	<p>Thank you for the suggestion. DMS will evaluate the need to reserve slots for use by the MFP program. Any updates will be completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.</p>	N/A
EE3	Provider	<p><b>Medicaid Eligibility</b></p> <p>Commenter stated that miscommunications result in participants losing their Medicaid eligibility.</p>	<p>DMS appreciates the commenter's feedback. We acknowledge the concern and are working to develop more frequent communications for waiver participants regarding Medicaid eligibility. Participants should also check their contact information at <a href="http://kynect.ky.gov">kynect.ky.gov</a> or call 855-4kynect (855-459-6328) to make sure they do not miss any important notifications about Medicaid eligibility.</p>	N/A

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EE4	Other Stakeholder	<p><b>Waiver Wait List Information</b></p> <p>Commenter noted that it would be helpful to have the ability to inform the waitlisted participants of where they are on the waiting list.</p>	DMS appreciates the commenter's feedback. If individuals want to know where they are on respective waitlists, they may call the specific waiver's operating agency the 1915(c) Waiver Help Desk at (844) 784-5614.	N/A
EE5	Other Stakeholder	<p><b>Slot Reallocation</b></p> <p>Commenter requested the DMS seek federal approval for immediate reallocation of a waiver slot when an individual dies or voluntarily, permanently relinquishes a waiver slot.</p>	DMS is working to reallocate slots upon a participant's death.	N/A
EE6	Other Stakeholder	<p><b>Emergency Slots – SCL</b></p> <p>Commenter requested additional information to substantiate the reduction of emergency slots for the SCL waiver, including relevant utilization data and relevant changes to the budget.</p>	DMS agrees that emergency allocations are vital for the operations of the SCL waiver. DMS has updated emergency slots based on historical waiver utilization to better align with experience. Emergency allocation of SCL slots continues to take place according to regulations. Changes in funding would be at the discretion of the Legislature.	N/A
EE7	Provider	<p><b>Supported Employment Approve</b></p>	DMS appreciates the commenter's feedback. We will evaluate the process for requesting and gaining approval for	N/A



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		Commenter requests that the process for requesting and gaining approval for ongoing Supported Employment Services be simplified.	Supported Employment services and determine if changes are needed in the future.	
EE8	Provider	<p><b>MAP-10 Requirement – MPW</b></p> <p>Commenter says the MPW application indicates participants must have an order stating they need Nursing Facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) to meet level of care, however, the MAP-10 is currently not required until the initial or annual person-centered service plan is submitted. The commenter requested clarification on the process.</p>	Applicants and participants must meet the NF or ICF/IID level of care to receive a slot in the waiver, however, a completed MAP-10 is not required until person-centered service plan development begins.	N/A
EE9	Provider	<p><b>Minimum Age of Participants – SCL</b></p> <p>Commenter says the SCL application indicates the minimum age for services is three, but historically individuals</p>	DMS has not changed the target group or eligibility criteria for the SCL waiver program through this renewal. In this scenario, a potential waiver participant must meet the emergency criteria to be admitted to the waiver.	N/A

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		had to be 18 years of age to receive SCL waiver services. The commenter requests clarification on the minimum age for SCL.		
EE10	Provider	<p><b>Emergency Criteria – All Waivers</b></p> <p>Commenter recommends DMS implement emergency criteria for all 1915(c) HCBS waivers in the event of a waitlist.</p>	DMS agrees that emergency criteria are helpful and is actively working on addressing waitlist management concerns.	N/A

Case Management				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
CM1	Multiple	<p><b>Case Management Visits – Location, Duration, and Frequency</b></p> <p>Commenters made suggestions about the location, frequency, and duration of case management visits. Requests include:</p>	Interaction between case managers and participants (in-person or via telehealth) must occur at least monthly. DMS recognizes the need for flexibility and is allowing telehealth to continue permanently for case management. While telehealth is allowed, in-person visits must be provided whenever possible and at minimum at least every other month.	N/A

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		<ul style="list-style-type: none"> <li>Reducing the frequency of in-home visits to reduce the risk of spreading illness.</li> <li>Leaving the duration of each case management visit up to the case manager and not requiring visits to last 60 minutes.</li> <li>Only requiring case management visits once per year.</li> </ul>	<p>DMS recognizes the value of telehealth for participants and will continue to allow some services to be provided in person or via telehealth. Participation in services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. Participants who are offered telehealth by the provider have the right to request in-person visits instead. All telehealth visits must use a HIPAA.</p> <p>There is no required duration for the length of an individual case management meeting. The amount of time a case manager spends with a participant will vary from month to month and participant to participant. The meeting length should be based on the participant's needs and not a one-size-fits-all approach. This means visits may be longer or shorter or that multiple visits may need to take place in a given month.</p>	
CM2	Multiple	<p><b>Case Management Visits – Telehealth</b></p> <p>Commenter requested DMS allow case management visits to</p>	<p>Interaction between case managers and participants (in-person or via telehealth) must occur at least monthly. DMS recognizes the need for flexibility and is allowing telehealth to continue permanently for case management. While telehealth is</p>	N/A

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		be conducted using virtual options, such as Zoom.	<p>allowed, in-person visits must be provided whenever possible and at minimum at least every other month.</p> <p>DMS recognizes the value of telehealth for participants and will continue to allow some services to be provided in person or via telehealth. Participation in services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. Participants who are offered telehealth by the provider have the right to request in-person visits instead. All telehealth visits must use a HIPAA-compliant platform.</p>	
CM4	Provider	<p><b>PDS Shift Approval by Case Managers</b></p> <p>Commenter requested that DMS consider removing the requirement for case managers to approve each shift entered by a PDS employee.</p>	<p>This is not a requirement for case managers or PDS representatives.</p> <p>When a direct service worker or a PDS employee provides a service, it should be entered into the electronic visit verification (EVV) system. The only time service visits require additional approval is when a visit is unmatched in the EVV system. It is the responsibility of the direct service provider agency or financial</p>	N/A

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			management agency (FMA) to review and approve unmatched visits.	
CM5	Provider	<p><b>Case Management – Provider Qualifications</b></p> <p>Commenter requested revisions to the educational requirements for case managers based on the shortage in the workforce and the pay for the position.</p>	Thank you for this comment. DMS agrees and as part of this waiver amendment, DMS expanded case management provider qualifications to align with Appendix K flexibilities.	N/A
CM6	Other Stakeholder	<p><b>Case Management – Name</b></p> <p>Commenter requested that DMS should use the term “case manager” across all 1915(c) HCBS waivers and allow any case manager to manage traditional, PDS, or blended services in any waiver without any FMS obligations. Commenter expressed concern that case managers will not be able to provide PDS case management.</p>	DMS is actively working to standardize the titles for case management services for all waiver programs and service delivery options (i.e., traditional, PDS) through these renewals/amendments. An individual with the case manager title can now provide case management services for participants receiving services through traditional, PDS, or a blended service plan for all waiver programs.	N/A
CM7	Provider	<p><b>Service Authorization Clarification</b></p>	There are no changes to the service authorizations. Case managers currently serve as the Department’s	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter asked for clarification on the statement in the waiver applications that read <i>“The Department and its designee will now be conducting service authorizations.”</i> The commenter asked how this changes the role of case managers, who began authorizing most waiver services in 2019	designee under the current service authorization policy.	
CM8	Provider	<b>Case Management – Billing</b>  Commenter stated case managers should have the option to bill for monitoring a participant’s services in the community.	DMS appreciates the commenter’s feedback. Reimbursement for one unit of case management includes all case management activities that occur for waiver participants in a given month, including visits outside the home or multiple visits with an individual participant. Case Managers have a role in monitoring all services a participant receives, including those covered by the waiver, State Plan, or other community resources.	N/A
CM10	Provider	<b>Case Management - Billing</b>  Commenter requests additional monthly units of case management to help provide	DMS will reconsider units for case management, along with other service-specific limits and units, when amending each 1915(c) waiver to incorporate permanent rates as a result of the ongoing rate methodology study. Any limit updates will be	N/A

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		support to individuals in crisis or who have higher levels of need.	completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.	
CM11	Provider	<p><b>Supported Employment Requests – Role of Case Manager</b></p> <p>Commenter requests that the Supported Employment Specialist be responsible for the completion of the supporting documentation for this service rather than the case manager as this would be similar to how the authorization process works for Positive Behavior Supports.</p>	DMS recommends the Supported Employment Specialist collaborate with the waiver participant’s case manager to develop the supporting documentation for Supported Employment services. There should be a shared responsibility between each party to ensure the supporting documentation best positions the waiver participant to receive the services according to their person-centered service plan.	N/A
CM12	Provider	<p><b>Corrective Action Plans</b></p> <p>Commenter requests additional information on the CAP referenced in case management for SCL.</p>	DMS appreciates this commenter's feedback and request. The CAP is referring to a corrective action plan. Additional information on corrective action planning requirements can be found in the waiver application.	N/A
CM13	Provider	<p><b>Case Management – Provider Qualifications</b></p>	DMS appreciates the commenter’s feedback. Any individual who is hired as a case manager must meet the	N/A

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		<p>Commenter stated that the definition of a qualified Case Manager for MPW and SCL should also include people who have disabilities and/or require the use of assistive devices and technology to complete essential job tasks.</p> <p>Commenter stated that Americans with Disabilities Act (ADA) accommodation needs to be considered and available to qualified Case Managers who can complete the essential tasks of the job.</p>	<p>case manager provider requirements as outlined in the waiver application and corresponding KAR. Individual employers are responsible for providing accommodations to meet ADA compliance for qualified case managers who also have disabilities.</p>	
CM14	Provider	<p><b>Case Management Visits – Location</b></p> <p>Commenter requested allowing case management to be conducted at a location where a service is provided.</p>	<p>DMS appreciates the commenter's feedback. We plan to evaluate the case management visit/monitoring location requirements and make necessary updates in future waiver amendments.</p>	N/A



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Individual Budgeting				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
IB1	Caregiver	<p><b>Individual Budget Amount</b></p> <p>Commenter requests an increase in individual budget.</p>	DMS does not use individual budgets to allocate funding to waiver participants. Participants and caregivers should work with case managers to develop a person-centered service plan that meets the participant’s assessed needs, goals, and desired outcomes within the allowable reimbursement rates and limits outlined by the waiver application. Medicaid state plan services and community resources can also be used to meet needs not covered by waiver services.	N/A

Participant-Directed Services				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
PDS1	Provider	<p><b>CPR / First Aid Requirements for PDS Employees</b></p> <p>Commenter requests making the CPR / First Aid requirement optional for PDS employees or requests previous certifications (such as LPN) or online certification be allowed.</p>	DMS appreciates you bringing this to our attention. We agree that participants receiving services via PDS should be able to choose whether they would want their employees to have CPR and/or First Aid requirements. DMS has updated this accordingly.	DMS updated provider qualifications for Qualified Participant Approved Providers to reflect CPR / First Aid is optional and at the discretion of the participant.

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PDS2	Provider	<p><b>PDS Coordination and Telehealth</b></p> <p>Commenter asked if PDS Coordination is allowed to be delivered via telehealth.</p>	<p>DMS recognizes allowing participants to interact with Case Managers via telehealth can be both beneficial and person-centered. DMS will therefore allow in-person visits and telehealth for both traditional and PDS Case Management to continue permanently with select limitations.</p> <p>Participation in services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. Participants who are offered telehealth by the provider have the right to request in-person visits instead. All telehealth visits must use a Health Information Portability and Accountability Act (HIPAA) compliant platform.</p>	DMS will modify the PDS Case Management definition to reflect telehealth allowances.
PDS3	Other Stakeholder	<p><b>Safeguards for Participants Moving from PDS to Traditional</b></p> <p>Commenter requests additional information regarding the precautions in place for individuals who are nonverbal and from the PDS service delivery model to the traditional service delivery model. For</p>	To enroll as a Medicaid-certified provider, all applicants must meet and comply with standards that are defined in Kentucky's Medicaid Provider enrollment requirements and outlined in the KARs. This also includes the requirement to submit a valid professional license, registration, certificate, or letter of certification or approval from a certifying entity that allows the applicant to provide services	N/A

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		example, what training requirements are in place for service providers that provide care for individuals who are nonverbal?	<p>within the applicant's scope of practice. Individuals employed by a waiver provider must also meet certain qualifications and must have the skills needed to effectively communicate with a participant in the participant's preferred manner of communication and with the participant's family.</p> <p>If a participant or their caregiver is concerned about the quality of services received, they have multiple options to address any issues. This includes following the provider agency's formal grievance process and/or using DMS' grievance process. A copy of the Waiver Grievance Form as well as procedures on how to submit the completed form can be found on the DMS website by using the following link:  <a href="https://www.chfs.ky.gov/agencies/dms/dca/Documents/1915cgrievanceform.pdf">https://www.chfs.ky.gov/agencies/dms/dca/Documents/1915cgrievanceform.pdf</a>.</p>	
PDS4	Provider	<p><b>Case Manager Training</b></p> <p>Commenter requested information on how Case Managers are trained to support individuals enrolled in PDS services. Commenter expressed that stakeholders would like to</p>	<p>Thank you for this comment. DMS always welcomes feedback on ways to improve services and programs. Feedback can be provided by sending an email to <a href="mailto:MedicaidPublicComment@ky.gov">MedicaidPublicComment@ky.gov</a>.</p>	N/A

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		have the opportunity to provide feedback on ways to improve PDS services and the training provided to the existing provider network.		
PDS5	Multiple	<p><b>PDS Employee Overtime</b></p> <p>Commenter requests that DMS consider allowing PDS employees the opportunity to work overtime (greater than 40 hours per week) when necessary.</p>	<p>Waiver participants, their caregivers, and PDS employees benefit from having a large network of support. Allowing a single PDS employee to work more than 40 hours per week reduces opportunities to expand that network of support, creates a situation where the participant is reliant upon one or two people with little to no backups, and can cause burnout for the PDS employee.</p>	N/A
PDS6	Provider	<p><b>Case Management Visits – PDS vs. Traditional</b></p> <p>Commenter requested DMS change the frequency of in-home visits for HCB waiver participants utilizing the PDS model to every other month or every three months with a telephone call in between to mirror the requirements of traditional HCB waiver services.</p>	<p>Interaction between case managers and participants (in-person or via telehealth) must occur at least monthly. DMS recognizes the need for flexibility and is allowing telehealth to continue permanently for case management. While telehealth is allowed, in-person visits must be provided whenever possible and at minimum at least every other month.</p> <p>Participation in case management visits via telehealth should be wanted by the participant, person-centered,</p>	N/A

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			meaningful and advance established goals. Participants who are offered telehealth by the provider have the right to request in-person visits instead. All telehealth visits must use a HIPAA-compliant platform.	
PDS7	Caregiver	<p><b>Participant Satisfaction</b></p> <p>Commenter expressed that they were not pleased with the service provider that was assigned to their loved one under the traditional model of waiver service delivery. Commenter further stated that they planned to transition their loved one’s care to a PDS service delivery model.</p>	<p>Thank you for your comment. DMS continues to offer both traditional and participant-directed models of waiver services to best meet the unique needs of each waiver participant.</p> <p>DMS currently has a grievance process in place for individuals who wish to report a concern related to Medicaid waiver services. A copy of the Waiver Grievance Form as well as procedures on how to submit the completed form can be found on the DMS website by using the following link:  <a href="https://www.chfs.ky.gov/agencies/dms/dca/Documents/1915cgrievanceform.pdf">https://www.chfs.ky.gov/agencies/dms/dca/Documents/1915cgrievanceform.pdf</a></p>	N/A
PDS8	Multiple	<p><b>Legally Responsible Individuals as PDS Employees – Provider Qualifications</b></p>	DMS appreciates you bringing this to our attention as we want to ensure that the public is receiving accurate	N/A

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		<p>Commenters expressed concern that the updated waiver includes new requirements for family members who deliver PDS to a participant such as completing a college course in caregiving, undergoing a yearly tuberculosis (TB) skin test, undergoing background screenings, and providing proof they have a valid driver's license and automobile insurance.</p>	<p>information related to specific program requirements.</p> <p>The only changes to PDS included in the amended/renewed waiver applications are related to who must undergo a review process to be hired as a PDS employee. <b>No new educational requirements or background check and screening processes have been added.</b> The following requirements have always applied to PDS employees and are not changing:</p> <ul style="list-style-type: none"> <li>• PDS employees must undergo a pre-employment background check and drug screening.</li> <li>• PDS employees must undergo a <b>tuberculosis (TB) risk assessment</b> as required by the Department for Public Health. A TB risk assessment varies from a TB test in that it only requires the individual to answer a series of questions. The answers will help determine if the individual has a risk of TB and should receive a test.</li> <li>• PDS employees are only required to provide a valid driver's license and proof of</li> </ul>	

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			<p>insurance if they will be transporting the participant.</p> <p>PDS employees are not required to meet any specific educational requirements, such as taking a college course in caregiving unless specified by the participant.</p> <p>If you have questions about the requirements for hiring a PDS employee, you can contact the Department for Aging and Independent Living at <a href="mailto:HCBIquiries@ky.gov">HCBIquiries@ky.gov</a>.</p>	
PDS9	Other Stakeholder	<p><b>Financial Management Services – Provider Network</b></p> <p>Commenter requested that DMS continue exploring having one FMS entity and then eliminate the support broker/service advisor or any other permutation of entities that currently case manage PDS.</p>	<p>DMS has removed the support broker/service advisor title across all waivers, and all responsibilities are now being phased into a new PDS Case Manager title. DMS is also actively working with CMS to identify the best path forward related to FMS services and will incorporate changes in a future amendment pending further guidance from CMS.</p>	N/A
PDS10	Provider	<p><b>PDS Employee Training and Education</b></p> <p>Commenter requested clarification about the Qualified Participant Approved Provider</p>	<p>MPW and SCL providers complete training using the College of Direct Supports, which issues certificates upon completion. The certificates indicate that providers have completed</p>	N/A

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		type in MPW and asked DMS to discuss what will be required to demonstrate competence about topics on which they are trained.	the training and demonstrated competency.	
PDS11	Other Stakeholder	<p><b>PDS Operations</b></p> <p>Commenter noted that they have observed challenges with the Department for Aging and Independent Living (DAIL) providing oversight of PDS.</p>	DMS appreciates the commenter's feedback. We work with each operating agency to continually evaluate and refine waiver operations.	N/A
PDS12	Provider	<p><b>PDS Representative Background Checks</b></p> <p>Commenter requested that the PDS Representative not be subjected to the same background checks as PDS employees as this increases the financial burden on participants choosing PDS.</p>	DMS appreciates the commenter's suggestion. We are currently evaluating the waiver-related Kentucky Administrative Regulation and will make any identified changes to this policy in the near future.	N/A
PDS13	Provider	<p><b>Sex Offender Registry Check Requirement</b></p> <p>Commenter noted that there is a new requirement for Sex Offender Registry checks for PDS employees. Additional</p>	DMS has added this requirement in collaboration with the waiver operating agency. Existing employees meet these criteria via the Administrative Office of the Courts (AOC) background check and therefore will not need to be checked again. Going	N/A



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		information is requested for how this will be handled for the existing 3,500 PDS employees.	forward, we will require all new employees to complete this screen.	
PDS14	Caregiver	<p><b>Participant Use of Medicaid Funds</b></p> <p>Commenter recommends that participants enrolled in PDS be allowed to use a portion of their budget for establishing a special needs trust for their children.</p>	<p>DMS does not use individual budgets to allocate funding to waiver participants. Participants and caregivers should work with case managers to develop a person-centered service plan that meets the participant’s assessed needs, goals, and desired outcomes within the allowable reimbursement rates and limits outlined by the waiver application.</p> <p>Medicaid money cannot be used for this purpose per federal guidance which describes that waiver funds must be considered a "medical necessity" for federal approval.</p> <p>Kentucky offers an option for individuals with disabilities and their families a program to save their own money without impacting their benefits through STABLE Kentucky. More information is available at <a href="https://stablekentucky.com/">https://stablekentucky.com/</a>.</p>	N/A
PDS15	Caregiver	<b>PDS Representative Duties</b>	DMS acknowledges that the PDS representative has several	N/A

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		Commenter requests that the duties of PDS representative be made less burdensome and provided the example of their representative having to request time off work to be physically present at quarterly meetings.	responsibilities. We recommend that case managers work with PDS representatives to make representatives aware of all duties before accepting the role on behalf of a participant.	
PDS16	Other Stakeholder	<b>PDS Employee Onboarding</b>  Commenter suggests creating a mechanism for individuals enrolled in the PDS model to share employees among multiple participants.	Thank you for the suggestion. DMS will evaluate options to make the onboarding process easier in the future.	N/A
PDS17	Provider	<b>PDS Employee Qualifications</b>  Commenter requests DMS make PDS employee requirements the same for all services.	DMS agrees with the commenter. Accordingly, we have standardized requirements for PDS employees and services as much as possible across waivers.	N/A
PDS18	Provider	<b>Waiver Services Provided in an Acute Hospital Setting</b>  Commenter requests clarification regarding whether parents and family members who are also paid PDS employees are unable to provide services while a	Parent or family PDS providers are not eligible. As the policy states, "the only waiver services delivered in hospital settings should be those required to address any emergent, non-medical needs and risks and <b>there is not a family member or natural support available to assist.</b> "	DMS updated the policy in each applicable waiver application to clarify this is allowed in ad hoc, extraordinary circumstances only.

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		participant is in an Acute Care hospital setting.		
PDS19	Provider	<p><b>PDS Representatives for Minors</b></p> <p>Commenter requested clarification regarding how minor children who are waiver participants should utilize a representative to direct waiver services.</p>	For minor waiver participants, the minor's parent or guardian would assume the responsibility of being the representative unless they are the PDS employee. If the parent/guardian is a PDS employee, the parent or guardian would need to find a PDS representative before being hired.	N/A
PDS20	Provider	<p><b>Financial Management Services in SCL – CMHCs and ADDs</b></p> <p>Commenter requested clarification on Appendix E, which identifies FMS as being provided by both governmental and private entities. FMS is currently provided by ADDs and CMHCs, which are quasi-governmental entities.</p>	<p>Per the <i>CMS Application for a 1915(c) Home and Community-Based Waiver Instructions, Technical Guide and Review Criteria</i>, ADDs and CMHCs are not considered governmental entities. DMS has updated SCL to reflect that accordingly.</p> <p>We are currently working with CMS to explore the best options for changes to the FMS services. When DMS makes additional changes to these services, the public will again have the chance to provide comments on those changes.</p>	DMS updated Appendix E in all applicable waivers to indicate FMS is provided by private entities (CMHCs and ADDs).

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
PRS1	Multiple	<p><b>MPW Service Limits</b></p> <p>Commenters requested an increase in the \$40,000 service limit for MPW services, excluding Respite.</p>	<p>DMS acknowledges the difficulty of the \$40,000/\$63,000 service limit in MPW. The \$40,000/\$63,000 service cap (excluding Respite) is no longer in place to avoid an unintentional reduction in needed services for participants.</p> <p>A new limit will be established following implementation of the 1915(c) HCBS rate study through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.</p> <p>Participants should not automatically receive the maximum amount of services simply because they are available and paid services should not replace care provided by natural supports. The type and amount of services a participant receives should be person-centered, which means they are based on what the person needs beyond natural supports to maintain their health, safety, and well-being in the community and reach their goals. This will look different for each participant, therefore, it is not possible to create a blanket outline of exactly what a participant should get.</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			<p>When creating the PCSP, the case manager/support broker/service advisor should use good case management practices, which include reviewing the participant's assessment, discussing their goals and support needs, and getting input from other members of the participant's person-centered team to determine the type and amount of services necessary to support them. The service types and amounts listed on the plan should be supported with detailed notes and additional documentation to demonstrate why the participant needs a specific level of services. Recoupments will not be issued if the PCSP cost exceeds the dollar limit amounts in HCB and MPW and the services were delivered as outlined and authorized on the PCSP.</p>	
PRS2	Multiple	<p><b>Case Management Rate</b></p> <p>Commenter requested rate increases for case management.</p>	<p>As part of this waiver amendment, DMS is increasing case management rates and is continuing to work with the Legislature on future rate modifications. Any rate modifications will be made through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			future KAR and waiver amendments before they are final.	
PRS3	Caregiver	<p><b>Nursing Services Rate Increase</b></p> <p>Commenter requested rate increases for all Nursing Services.</p>	As part of this waiver amendment, DMS is increasing Nursing Service rates and is continuing to work with the Legislature on future rate modifications. Any rate modifications will be made through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.	N/A
PRS4	Multiple	<p><b>Respite Rate Increase</b></p> <p>Commenter requested increased Respite rates.</p>	As part of this waiver amendment, DMS is increasing Respite rates and is continuing to work with the Legislature on future rate modifications Any rate modifications will be made through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
PRS5	Multiple	<p><b>Community Living Supports Rate Increase</b></p> <p>Commenter requested increased rates for Community Living Supports.</p>	<p>As part of this waiver amendment, DMS is increasing Community Living Supports rates and is continuing to work with the Legislature on future rate modifications. Any rate modifications will be made through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.</p>	N/A
PRS6	Provider	<p><b>Counseling Rate Increase</b></p> <p>Commenters requested that rates for Counseling match rates for Speech, Occupational, and Physical therapy in the ABI and ABI LTC waivers or that counseling rates be increased.</p>	<p>DMS is reviewing rate parity for several services under the recently completed rate and is continuing to work with the Legislature on future rate modifications. Any rate modifications will be made through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.</p> <p>It is important to note that speech, occupational, and physical therapy in the ABI and ABI LTC waivers are extended state plan services. This means participants must access these services via the state Medicaid plan. If the participant exhausts the state</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			<p>Medicaid plan limit for these services, the services may be covered by the waiver. The transition will occur upon the effective date of the ABI and ABI LTC waiver. Information about this transition is available at <a href="https://www.chfs.ky.gov/agencies/dms/ProviderLetters/ABITherapiesProviders.pdf">https://www.chfs.ky.gov/agencies/dms/ProviderLetters/ABITherapiesProviders.pdf</a>.</p>	
PRS7	Multiple	<p><b>\$200 per day, 45 hours per week Attendant Care Limit – HCB</b></p> <p>Commenter seeks additional information on changes to the \$200/day, 45 hours/week limit on Attendant Care in the HCB waiver.</p>	<p>The limit in Attendant Care will remain in place, however, DMS has edited the limit to clarify it is \$200 per day, in combination with Adult Day Health Care <b>OR</b> 45 hours per week, in combination with Adult Day Health Care.</p> <p>Any new limit updates will be established following implementation of the 1915(c) HCBS rate study through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.</p>	DMS updated the Attendant Care service definition in the HCB waiver to clarify the service limit.
PRS8	Multiple	<p><b>Rate Increase for PDS Services</b></p>	<p>As part of this waiver amendment, DMS is increasing rates and is continuing to work with the Legislature on future rate modifications. Any rate</p>	N/A



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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter requested increased rates for services delivered via PDS.	modifications will be made through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.	
PRS9	Caregiver	<p><b>Payment for Environmental and Minor Home Modifications and Similar Services</b></p> <p>Commenter requested faster payment, particularly for Goods and Services and/or Environmental Modifications, including payment before the installation of Environmental Modifications.</p>	Participants are not required to provide upfront payment when receiving Goods and Services, Environmental Modifications, or other similar services. The request can be submitted and authorized, along with the quotes. Once the request is complete, the case manager can submit the invoice for payment.	N/A
PRS10	Provider	<p><b>Community Access Funds</b></p> <p>Commenter says Community Access is underutilized and suggests money used for Community Access be used to fund more Personal Assistance.</p>	Participants and caregivers should work with case managers to determine which services are most appropriate for each participant, including Community Access and Personal Assistance.	N/A
PRS12	Other Stakeholder	<b>1915(c) HCBS Rate Study</b>	Rate study results are currently under review. In the interim, Appendix K	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter seeks additional information on the rate study rate implementation and termination of rate increases due to Appendix K.	<p>rates are permanent under this waiver amendment.</p> <p>DMS is continuing to work with the Legislature on future rate modifications. Any rate modifications will be made through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.</p>	
PRS13	Other Stakeholder	<p><b>Shared Living Rate</b></p> <p>Commenters asked why the Shared Living service in SCL specifies that the rate is not to exceed \$600/month and requested clarification as to whether Shared Living was included in both 10% legislature-directed increases. Commenters also asked for rate increases for this service.</p>	<p>Thank you for your comment. Shared Living received the legislature-approved 21% rate increase. The rate is now \$726 per day.</p> <p>DMS is continuing to work with the Legislature on future rate modifications. Any rate modifications will be made through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.</p>	DMS updated the rate listed under the Shared Living service definition in the SCL waiver application.

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
PRS14	Other Stakeholder	<p><b>Tiered Rates</b></p> <p>Commenter requests that DMS consider creating a tier of reimbursement rates for staffing supports.</p>	Thank you for the suggestion. DMS will review and consider the implementation of tiered rates.	N/A
PRS15	Other Stakeholder	<p><b>85% Pass-Through Requirement</b></p> <p>Commenter stated they could not find the 85% pass-through requirement for the 50% rate option listed in the waiver application.</p>	<p>Billing the 50% is optional for providers of eligible services. The 85% pass-through requirement is detailed in the Appendix K Rate Increase Attestation Form at <a href="https://www.chfs.ky.gov/agencies/dms/Pages/cv.aspx">https://www.chfs.ky.gov/agencies/dms/Pages/cv.aspx</a>.</p>	N/A
PRS16	Other Stakeholder	<p><b>Attendant Care Rate</b></p> <p>Commenter seeks clarification on the Attendant Care rate for HCB. The rate increase reflected in the draft waiver application for the PDS version of the service appears to be incorrect.</p>	<p>Due to the current federal MOE requirements, DMS is not allowed to make name changes to services in the waiver application. PDS Attendant Care will temporarily continue to be called Home and Community Supports in the HCB waiver application.</p> <p>In accordance with the current policy, we updated years 3, 4, and 5 of Appendix J in the HCB waiver application to match the correct PDS Attendant Care rate. These years are selected to reflect when the shift from</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			<p>Home and Community Supports to PDS Attendant Care went into effect.</p> <p>After the MOE expires and DMS is not held to those requirements, DMS plans to change the name of Home and Community Supports to Attendant Care in the waiver application. This plan will allow participants to continue billing this service at a higher rate while not conflicting with MOE requirements.</p>	
PRS18	Other Stakeholder	<p><b>Limits on Environmental and Minor Home Modifications and Similar Services</b></p> <p>Commenter suggests eliminating caps service categories such as Goods &amp; Services, Assistive Technology, Home Modifications, Vehicle Adaptations, etc.</p> <p>Commenter noted that because people’s needs change and these costs continue to rise, caps are limiting the choice to remain in the community.</p>	<p>Thanks for your comment. DMS is evaluating limits and what will work best moving forward. Any limit updates will be completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.</p>	N/A

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Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
PRS19	Provider	<p><b>Support Broker and FMS in MPW</b></p> <p>Commenter noted they did not see Support Broker or Financial Management listed in Appendix J-2 of MPW and this gives the impression that Financial Management Services and Support Broker Services may be excluded, no longer being an eligible waiver service.</p>	<p>Both Financial Management Services and Support Broker (now PDS Case Management) are still services available in the waiver and are included in J-2 accordingly.</p> <p>DMS understands that there are questions about changes to the Financial Management Services (FMS). We are currently working with CMS to explore the best options for changes to the FMS and Support Broker services. Please note that Support Broker services are being replaced by PDS Case Management services, per federal guidance. When DMS makes additional changes to these services, the public will again have the chance to provide comments on those changes.</p>	N/A

Quality Improvement				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
QI1	Provider	<p><b>Required Forms</b></p> <p>Commenter requests information on Appendix G and clarification</p>	There have not been any changes to Appendix G and therefore DMS is not	N/A

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Quality Improvement				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		about what forms will be required. Specifically, Appendix G includes: "...upon completion of this discussion [regarding ANE], the CM reviews a Department-approved form developed by the Department with the participant...".	changing the current process in place for required forms.	

Stakeholder Engagement and Information Sharing				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
SE1	Caregiver	<p><b>Service Accessibility</b></p> <p>Commenter noted that they experienced challenges with locating and accessing appropriate services for their loved one with a disability.</p>	<p>DMS acknowledges that it may be challenging for individuals and families to understand and navigate the available services and supports that they may be eligible to receive. If you are enrolled in a waiver program and need assistance, contact the 1915(c) Waiver Help Desk at <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a> or (844) 784-5614.</p> <p>Individuals interested in applying for Medicaid, waiver services, or other public assistance programs can do so by visiting the kynect website (<a href="http://kynect.ky.gov">kynect.ky.gov</a>) or by calling the Department for Community Based</p>	N/A

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Stakeholder Engagement and Information Sharing				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			Services (DCBS) Call Center toll-free at (855) 306-8959.	

Waiver Reconfiguration				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
WR1	Other Stakeholder	<p><b>MPW Assessment Tool</b></p> <p>Commenter noted the Supports Intensity Scale and Health Risk Screening Tool are listed as assessment tools in the currently approved MPW application, however, the proposed application lists the MAP-351.</p>	MPW assessments are conducted using the MAP-351.	N/A

Universal Assessment				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
UA1	Provider	<p><b>Physician-Directed Eligibility Determination</b></p>	Thank you for the suggestion. DMS will consider reviewing the physician-	N/A

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Universal Assessment				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter requests that DMS consider streamlining and clarifying the physician-directed eligibility determination criteria, similar to the process in Nevada.	directed eligibility determination criteria in the future.	

Appeals and Grievances				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
AG1	Caregiver	<p><b>Reporting Service Issues</b></p> <p>Commenter noted that they experienced challenges with reporting concerns related to access to appropriate waiver services as well as concerns with services provided by PDS agencies.</p>	<p>DMS currently has a grievance process in place for individuals who wish to report a concern related to being unlawfully or unfairly while receiving Medicaid waiver services. A copy of the Waiver Grievance Form as well as procedures on how to submit the completed form can be found on the DMS website by using the following link:  <a href="https://www.chfs.ky.gov/agencies/dms/dca/Documents/1915cgrievanceform.pdf">https://www.chfs.ky.gov/agencies/dms/dca/Documents/1915cgrievanceform.pdf</a>.</p>	N/A



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Provider Access and Quality Management				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
PA1	Caregiver	<p><b>Service Availability</b></p> <p>Commenters noted difficulty accessing services in rural areas.</p>	DMS acknowledges that it may be difficult to access services in rural areas. DMS is permanently increasing rates to encourage additional providers to service the waiver across Kentucky.	N/A
PA2	Caregiver	<p><b>Provider Requirements</b></p> <p>Commenters requested less restrictive work and education requirements for providers, including employment specialists, and not requiring nursing licensure to provide respite and personal care.</p>	Employment specialists are currently able to replace their bachelor's degree with at least one year of experience in the field of intellectual or developmental disabilities. Personal care and respite services require only a high school diploma and completion of a training program. Nursing licensure is not required to be a provider of these services.	N/A
PA3	Multiple	<p><b>Counseling Provider Qualifications – ABI and ABI LTC</b></p> <p>Commenter is advocating for Certified Social Workers to be allowed to provide care under the supervision of Licensed Certified Social Workers under the ABI waiver.</p>	DMS is currently reviewing the Certified Social Worker qualifications. Based on the review, any changes would be made in a future waiver update.	N/A
PA4	Provider	<p><b>Attendant Care Provider Type</b></p>	The HCB waiver has experienced significant growth in the last several years. The intent of the new Attendant	N/A

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Provider Access and Quality Management				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter does not agree with adding a new Attendant Care provider type under HCB due to concerns about circumventing existing agency requirements.	Care provider type is to increase choice for participants receiving this service.	
PA5	Provider	<p><b>Community Guide – MPW</b></p> <p>Commenter asked how DMS plans to build the infrastructure needed to have enough Community Guides available to serve every participant on MPW should they all elect to access the service.</p>	<p>Community Guide is not included in the MPW KAR and is not available to MPW participants. DMS is required to keep these services in the waiver application temporarily to comply with federal MOE guidelines for the expenditure of ARPA funds. The Kentucky Legislature directed DMS to use ARPA funds for the rate increases approved in House Bill 1 (2022). DMS plans to remove these services after all MOE requirements have been met to address any stakeholder confusion about the availability of these services.</p> <p>Many of the services that Community Guide might provide are available to participants via Case Management, including determination of relevant services based on participant needs. These services are similar to the services a Community Guide would provide and allows for participants to facilitate independence and promote integration into the community.</p>	N/A

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Provider Access and Quality Management				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
PA6	Caregiver	<p><b>Natural Supports Training – MPW</b></p> <p>Commenter requested increasing availability and access to the Natural Supports Training in MPW.</p>	<p>Natural Supports Training is not included in the MPW KAR and is not currently available to MPW participants. Kentucky's full 1915(c) HCBS waiver service menu will be evaluated soon, and we will consider adding Natural Supports training to the MPW KAR. Any updates to the service menu will be completed through future KAR changes accompanied by a waiver amendment. The public will have an opportunity to review and comment on future KAR and waiver amendments before they are final.</p>	N/A
PA7	Other Stakeholder	<p><b>Participant Satisfaction with FMS</b></p> <p>Commenter asked if FMS providers conduct satisfaction surveys and if the results are available to the public. Additionally, the commenter asked if other service providers are given the opportunity to provide feedback for FMS providers.</p>	<p>DMS is working with CMS to make changes to financial management services.</p>	N/A
PA8	Provider	<p><b>Provider Referrals</b></p>	<p>Participants are informed of alternatives to care through their case manager. Referrals to other providers</p>	N/A

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Provider Access and Quality Management				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter requested additional information on how DMS tracks referrals to other providers for services such as Adult Day Health Care, and how DMS ensures that participants are well informed of alternatives to care.	are tracked through participant documentation, including documentation from provider team meetings.	
PA9	Provider	<p><b>Provider Protections</b></p> <p>Commenter requested the DMS include language protecting all service providers from verbal abuse and general harassment perpetrated by participants, family members, and guardians/authorized representatives.</p>	Thank you for the suggestion. DMS will continue to support providers on this issue through training and technical assistance.	N/A
PA10	Provider	<p><b>Community Guide Definition - SCL</b></p> <p>Commenter recommended that the state consider relaxing the requirements for Community Guides to be conflict-free to enhance the availability and provider network for this support.</p>	Thank you for your comment. DMS will not be making changes to Community Guide in this waiver amendment.	N/A

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Provider Access and Quality Management				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
PA11	Provider	<p><b>Electronic Visit Verification Requirements</b></p> <p>Commenter stated that Behavior Supports should be required to use EVV to reduce incidences of fraudulent billing.</p>	DMS will evaluate if any additional waiver services should be added to EVV in the future.	N/A
PA12	Provider	<p><b>Behavior Supports Provider Qualifications</b></p> <p>Commenter requests that Behavior Supports who must complete continuing education as part of their licensure requirements not be subject to additional continuing education as part of waiver provider qualifications.</p>	Thank you. DMS will evaluate provider requirements for licensed or certified behavior support specialists in the future.	N/A
PA13	Provider	<p><b>Natural Supports Training – Provider Qualifications</b></p> <p>Commenter asked for clarification on who is subject to the provider qualification requirements for Natural Supports Training in SCL.</p>	DMS agrees that provider qualifications for Natural Supports Training in SCL as written may be confusing for stakeholders. We have changed the provider qualification for clarity.	DMS updated provider qualifications in SCL for Natural Supports Training to indicate it must be provided by an independent contractor.

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Other				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
O1	Caregiver	<p><b>Cost of Background Screenings - PDS</b></p> <p>The commenter requests that background checks and drug tests for PDS employees be paid for under the proposed changes.</p>	We are working with the Legislature to develop rate changes that will incorporate the cost of drug tests and background checks under a future waiver amendment.	N/A
O2	Provider	<p><b>Frequency of SIS Assessment in SCL</b></p> <p>Commenter requests a change to the frequency of the Supports Intensity Scale (SIS) assessment to be as needed instead of every three years.</p>	The current practice is every three years and as needed when there has been a significant change in support needs. Processes are in place for the ability to request a full SIS at any time a significant change has taken place. There is also a required annual review for which a conclusion is made whether or not to request a full SIS Assessment.	N/A
O3	Multiple	<p><b>Waiver Program Changes</b></p> <p>Commenter requested no changes be made to the waiver program and noted that changes may negatively impact participants or be confusing to participants.</p>	DMS acknowledges that the program changes may be difficult to understand. Our goal with several of these changes is to make it easier for participants to get necessary care. Several of the changes are making permanent rules that have been temporary since the start of the COVID-19 Public Health Emergency.	N/A

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Other				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			Other changes are required by the federal government.	
O4	Provider	<p><b>Person-Centered Service Planning</b></p> <p>Commenter requested a guide or something official in writing, that can be used to calculate the hours available for person-centered service plans based on participant's frustrations on the number of hours they're receiving.</p>	Thank you for this suggestion. DMS is currently researching tools and identifying how to best address this need.	N/A
O5	Multiple	<p><b>Help for Waiver Stakeholders</b></p> <p>Commenter seeks day-to-day support for waiver program operations, such as how to educate participants about freedom of choice, how to access documents and more.</p>	<p>DMS recognizes that the waiver programs are complex. DMS will continue to conduct provider training, hold public webinars, and create other materials to help participants and providers navigate the complexities of the waiver program. Program materials are available on the individual waiver websites listed at <a href="https://www.chfs.ky.gov/agencies/dms/dca/Pages/default.aspx">https://www.chfs.ky.gov/agencies/dms/dca/Pages/default.aspx</a>.</p> <p>Individuals who need additional assistance can reach out to the waiver operating agency or the 1915(c) Waiver Help Desk at</p>	N/A

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Other				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			<a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a> or (844) 784-5614.	
O6	Multiple	<p><b>Preventing Fraud, Waste and Abuse</b></p> <p>Commenter requested implementing a mechanism for barring individuals who commit fraud from being able to work in the Medicaid waiver program.</p>	Substantiated claims of fraud should be divulged as a result of the background check requirements. For non-legal claims, DMS continues to evaluate the best way to identify and eliminate fraud. To report suspected provider fraud, call the Medicaid Fraud and Abuse Hotline at 1-877-ABUSE TIP (1-877-228-7384) or complete our online Medicaid Fraud and Abuse Complaint Form at this website: <a href="https://www.ag.ky.gov/about/Office-Divisions/OMFA/Pages/default.aspx">https://www.ag.ky.gov/about/Office-Divisions/OMFA/Pages/default.aspx</a> .	N/A
O7	Provider	<p><b>Involuntary Termination Support</b></p> <p>Commenter requested DMS implement a team to support the involuntary termination of service process.</p>	Thank you for the suggestion. DMS will continue to support providers on this issue through training and technical assistance.	N/A
O10	Provider	<p><b>Case Manager Provider Qualifications</b></p> <p>Commenter suggested that DMS reconsider the proposed reduction in the degree</p>	DMS notes that access to providers is difficult across the Commonwealth. Reducing degree requirements allows other qualified providers to provide waiver services and gives participants	N/A



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Other				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		requirements for case managers.	additional access to services.	
O11	Provider	<p><b>Background Screening Requirements for Employees</b></p> <p>Commenter recommends misdemeanor marijuana charges be removed from hiring exclusions for employees.</p>	Thank you. DMS will evaluate provider requirements for screenings and background checks in the future.	N/A
O12	Other Stakeholder	<p><b>KAR Updates</b></p> <p>Commenter highlighted the need to promulgate administrative regulations to reflect changes made to the service authorization and incident reporting processes described in the MPW application.</p>	DMS agrees and is planning to update Kentucky Administrative Regulations following CMS approval of the waiver amendments.	N/A
O13	Provider	<p><b>MAP-350</b></p> <p>Commenter noted that MAP-350 is referenced in the MPW application, however, the has not been used since it was discontinued in 2019.</p>	Thank you for pointing this out. We have removed the reference to the MAP-350 form in MPW.	DMS will remove the reference to the MAP 350 form.
O14	Provider	<p><b>SMART Goals Training</b></p>	SMART goals are important for the well-being of waiver participants. DMS	N/A

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Other				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
		Commenter requested training for all providers, individuals, and families to ensure that all parties understand how to develop and implement SMART goals and expressed concerns about the implementation of SMART goals.	will provide additional training to providers and participants around SMART goals to help with implementation.	
O15	Provider	<p><b>Recertification Deadlines</b></p> <p>Commenter requested changes to deadlines related to re-</p>	<p>Thank you for sharing your concerns. The completed and signed PCSP must be uploaded to the Medicaid Waiver Management Application (MWMA) seven (7) calendar days before the end of the participant's current LOC period to prevent any gaps in service for the participant. As outlined in Appendix D, the person-centered service planning process can begin forty-five (45) calendar days before the end of the LOC period to give the person-centered planning team sufficient time to complete the plan, gather the required documentation, and obtain signatures.</p> <p>The seven (7) calendar day deadline is for PCSP renewals only. If a participant experiences a change in their condition or service needs, a PCSP modification can be completed at any time as outlined in Appendix D-1-d. under "C. Event-Based Modification of the Person-Centered Service Plan." This policy allows the</p>	N/A

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Other				
Reference #	Commenter Type	Comment	DMS Response	Change to the Waiver
			person-centered planning team to follow an expedited process and adjust the PCSP as quickly as possible.	
O18	Provider	<p><b>Memorandum of Understanding Clarification</b></p> <p>Commenter asked to clarify language regarding the Memorandum of Understanding (MOU) in SCL.</p>	The Memorandum of Understanding (MOU) refers to the contract between DMS and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), which is the SCL waiver operating agency.	N/A
O19	Provider	<p><b>Welcome Packet for MPW</b></p> <p>MPW renewal indicates a waiver welcome packet be distributed during the initial face-to-face visit. Does the Cabinet intend to release a MPW welcome packet or is this something providers will need to create?</p>	DMS is currently working on drafting a welcome packet for distribution during the initial face-to-face visit.	N/A