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May 16, 2014

RE: New Federal Rule for HCB Settings
      Provider Letter #: WP-A1

Dear Kentucky Medicaid Waiver Providers:

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for all states to review and evaluate current home and community based (HCB) service settings, including residential and nonresidential settings. States will be required to demonstrate how their waivers comply with the new federal HCB Settings requirements that went into effect in March 2014. These rules will apply to all Kentucky 1915(c) HCBS waiver programs including the Acquired Brain Injury Waivers, Michelle P. Waiver, Supports for Community Living Waiver, Home and Community Based Services Waiver, and Model Waiver II.

The final rule reflects CMS' intent to ensure that individuals receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting. In this final rule, CMS defines home and community based settings by the nature and quality of people's experiences. The provisions in this final rule establish a more outcome-oriented definition of home and community-based settings in order to maximize the opportunities for people in HCBS programs to have access to the benefits of community living and to receive services in the most integrated setting with full access to the greater community. The rules provide extensive guidance about residential waiver settings. They also cover non-residential settings, but in much less detail. CMS has indicated that additional guidance on non-residential settings will be provided. As soon as additional guidance is received DMS will provide additional updates.

CMS anticipates that states may need to revise their current waiver policies to comply with the HCBS settings requirements, so they have allowed states a transition period for full implementation.

The Department for Medicaid Services will conduct an informational webinar on June 3rd, 2014 beginning at 1:30 PM and ending at 3:30 PM and again on June 5th, 2014 at 10:00 AM to 11:30 AM. Directions for registering for the webinar are attached. Information about the final rule, which includes a variety of fact sheets and FAQ's are located on the CMS website at www.medicaid.gov/hcbs.

Thank you!

Sincerely,

Karen Martin, Director
Division of Community Alternatives

KM/kl

<u>Webinar Registration Instructions</u>

1. There is no registration fee for this webinar.

2. The same webinar will be offered on two dates: Tuesday, June 3, 1:30-3:00 Eastern Time and Thursday, June 5, 10-11:30 Eastern Time

3. There is a limit of 300 dial-in's per webinar session. Due to this limit and the number of providers invited, please only attend one session.

4. Click or go to this link: http://chfs.adobeconnect.com/dms-webinars/ at the time of the webinar.

5. Enter your first and last name.

6. It is recommended that you dial-in so you don't experience audio/sound issues. The dial-in number is 1.866.754.7476. The conference code is 6194180103.

7. Once you enter the webinar room, the presentation may be downloaded.

8. **MUTE** your phone line or everyone can hear your conversation. Please **UNMUTE** when you have a question. Don't forget to **MUTE** again when your question is answered.

Connection Test to ensure your computer is ready for the webinar.
http://admin.adobeconnect.com/common/help/en/support/meeting_test.htm