CABINET FOR HEALTH AND FAMILY SERVICES

Department for Medicaid Services

Division of Quality and Population Health

(New Administrative Regulation)

907 KAR 16:020. 1915(i) Home and Community-Based Services (HCBS) Recovery, Independence, Support & Engagement (RISE) Initiative; Covered Services.

RELATES TO: KRS 205.520, 314.011, 20 U.S.C. 1400, 42 USC 1396a. 42 CFR Sec. 431.53, 440.170,441.530

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3) ;

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has responsibility to administer the Medicaid program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law to qualify for federal Medicaid funds. This administrative regulation establishes the policies and operational requirements to provide expanded services to individuals who have a primary diagnosis of serious mental illness or co-occurring serious mental illness and substance use disorder.

Section 1. General Coverage Requirements.

(1) For the department to reimburse for a service covered under this administrative regulation, the service shall:

(a) Be provided for a primary diagnosis of serious mental illness (SMI) or co-occurring serious mental illness and substance use disorder (SUD);

(b) Be deemed eligible, based on the interRAI Community Mental Health Functional Assessment;

(c) Be provided to a participant pursuant to the participant's person-centered service plan (PCSP) by an individual who meets the requirements established in 907 KAR 16:015;

(d) Meet the coverage requirements established in Section 2 of this administrative regulation; and

(e) Be provided to a participant by a provider who is enrolled in accordance with:

1. 907 KAR 1:672;

2. 907 KAR 1:671; and

3. 907 KAR 16:015.

(2) The department shall ensure that duplication of services does not occur by prohibiting payment for services without authorization.

Section 2. Covered Services. Services shall be covered under this administrative regulation in accordance with the requirements established in this section.

(1) Assistive Technology.

(a) Assistive Technology (AT) shall be provided to individuals who are at least twenty-one (21) years of age and who have a primary diagnosis of SMI or co-occurring SMI and SUD.

(b) AT may include low tech to high tech devices, solutions, or equipment and shall include the services necessary to get and use the devices, including assessment, customization, repair, and training.

(c) AT services and supports may include the following:

1. Consultation and assessment to identify and address the participant's needs as specified in the PCSP and other supporting documentation, as applicable;

2. Individual and small group demonstration and exploration of devices to increase awareness and knowledge of what is available;

3. Individual consultations to support device trials and assist in appropriate device selection;

4. Individual and small group training on a specific device to support proper use;

5. Education and training for the participant and family, guardian, or provider staff to aid the participant in the use of the AT as needed;

6. Maintenance and repair of the AT; and

7. A one-time implementation training per order if needed and not provided by the vendor as part of delivery and installation. Additional therapy-related training may be recommended by the provider as appropriate.

(d) All items shall:

1. Meet applicable standards of manufacture, design, and installation; and

2. Be of direct benefit to the participant.

(e) The need for AT shall be documented in the participant's PCSP.

(f) A recommendation of AT, for services or goods, that exceeds three-hundred dollars ($300) or more shall be ordered by one of the following:

1. A behavioral health professional;

2. A Rehabilitation, Engineering and Assistive Technology Society of North America assistive technology professional (RESNA ATP);

3. A physical therapist;

4. An occupational therapist;

5. A speech language pathologist; or

6. An audiologist.

(g)1. AT shall be subject to an annual cap of $10,000 per participant, per year; and

2. If a participant requires AT after the cost limit has been reached, the participant's case manager shall assist them with accessing other resources or alternate funding sources that may be available.

(2) Case Management;

(a) Case management shall be delivered to individuals eighteen (18) and older.

(b) A case manager shall adhere to person-centered principles during all planning, coordination, and monitoring activities;

(c) Case management shall include working with the participant, the participant's legal guardian, legal representative, and others who the participant identifies, such as immediate family members, in developing and documenting a PCSP.

(d) The case manager shall use a person-centered planning process and assist in identifying and implementing support strategies to enable the PCSP to advance the participant's identified goals while meeting assessed community-based needs. Support strategies shall incorporate the principles of empowerment, community inclusion, health and safety assurances, and the use of paid, unpaid, and community supports.

(e) Case managers shall work closely with the participant to assess and document the participant's needs, desired outcomes, services, available resources, and overall satisfaction with services and processes.

(f) Case managers shall ensure that participants have freedom of choice of providers.

(g) Case management activities shall include in-person, at least quarterly, virtual, per participant's choice, telephonic, and other methods of communication that provide coordination and oversight, which ensure the following:

1. Ongoing access to conflict-free options guidance to select appropriate services to meet identified needs and goals, along with education about available service providers;

2. The desires and needs of the participant are determined through a person-centered planning process;

3. The development or review of the PCSP, including monitoring of the effectiveness of the PCSP to advance person-centered goals and objectives and respond to changes in participant goals and objectives;

4. The coordination of multiple services and among multiple providers, to include other service-specific plans, such as a housing supports plan, as appropriate;

5. Linking 1915(i) RISE Initiative service participants to services that support the participant's home and community-based needs;

6. Addressing problems in and barriers to service provision;

7. Implementing participant crisis mitigation plans and making appropriate referrals to address active or potential crises;

8. Detecting, reporting, and mitigating suspected abuse, neglect, and exploitation of participants, including adherence to mandatory reporter laws, and monitoring the quality of the supports and services;

9. Assisting participant in developing and coordinating access to social networks to promote community inclusion as requested by the participant;

10. Assessing the quality of services, safety of services, and cost effectiveness of services being provided to a participant to ensure that implementation of the participant's PCSP is successful and efficient regarding the participant's financial assets and benefits;

11. Routinely assessing the participant's progress towards achieving the goals identified in the PCSP as well as the participant's readiness to transition to a lower level of care or less restrictive residential setting.

12. Performing advocacy activities on behalf of the client; and

13. Providing SSI/SSDI Outreach, Access, and Recovery (SOAR) to assist participants with accessing Social Security disability benefits, when applicable.

(h) Case management activities shall be documented consistent with 907 KAR 16:015;

(i) Plans for supports and services shall be reviewed and updated by the case manager and the participant's team at least annually and more often as needed;

(j)1. The provision of case management services shall facilitate free choice of providers per section 1902(a) (23) of the Social Security Act (Title XIX) Act; and

2. Participants will have free choice of case management service providers

(k) Participants shall have free choice of the providers of other behavioral health care and medical care under the plan;

(l) This service shall be limited to one unit per participant, per calendar month;

(m) The following activities shall be excluded from case management as a billable 1915(i) RISE Initiative service:

1. Travel time incurred by the case manager as a discrete unit of service;

2. Representative payee functions; and

3. Other activities identified by DMS.

(3) In-home independent living supports.

(a) In-home independent living supports shall be:

1. Targeted to individuals eighteen (18) and older.

2. Routine services provided to participants to support:

a. The participant's ability to live independently; and

b. The development of the requisite skills to support independent living.

3. Intended to support the participant to maximize the participant's own independence in self-managing independent living and provided in their own private housing unit or in a housing unit the participant shares with others, including a single-family home, duplex, or apartment building.

(b) In-home independent living supports may be reduced over time as a participant becomes more self-sufficient.

(c) No more than two (2) 1915(i) RISE Initiative service participants shall be supported in one (1) home or apartment unit.

(d) In-home independent living supports shall provide a range of assistance and training based on the assessed need to identify and complete activities of daily living (ADLs) or instrumental activities of daily living (IADLs).

(e) In-home independent living supports shall include assistance such as:

1. Hands-on assistance;

2. Supervision; or

3. Cueing with the goal of offering participant direction opportunities.

(f) ADLs or IADLs provided pursuant to this subsection shall include activities such as:

1. When detailed in a participant's PCSP goals; assistance with:

a. Bathing;

b. Grooming;

c. Dressing;

d. Financial management;

e. Meal preparation;

f. Grocery shopping;

g. Preparing and storing food safely;

h. Shopping;

i. Cleaning; or

j. Telephonic communication.

2. Assistance with medication education and adherence based on the PCSP goals.

3. Social skills training, including developing interpersonal effectiveness skills, and reduction or elimination of barriers to recovery.

4. Providing or arranging transportation to services, activities, and behavioral health and medical appointments as needed as well as accompanying and assisting a participant while utilizing transportation services, including supporting the participant to navigate public transportation systems and other community transit options independently.

5. Participation in behavioral health and medical appointments and follow-up care as directed by the medical staff.

(g) ADL and IADL support shall vary based on the assessed the needs of the participant.

(h)1. Services shall be furnished in a way that fosters the independence of each participant to facilitate autonomy, self-sufficiency, or recovery.

2. Providers shall be expected to support participants in learning coping skills to navigate their chosen independent living environment.

3. Routines of service delivery shall be person-centric and participant-driven, to the maximum extent possible, and each participant shall be treated with dignity and respect and have full freedom of choice and self-determination.

4. The PCSP shall document any planned intervention that could potentially impinge on participant autonomy. Documentation shall include:

a. Informed consent of the participant to the intervention;

b. The specific need for the intervention in supporting the participant to achieve the participant's goals;

c. Assurance that the intervention is the most inclusive and person-centered option;

d. Time limits for the intervention;

e. Periodic reviews of the intervention to determine if it is still needed, and

f. Assurance that the intervention will cause no harm to the participant.

(i) Shall involve meeting a homelessness risk factor, and shall include at least one (1) of the following criteria:

a. Homeless;

b. At risk of homelessness;

c. History of frequent –more than one (1) per year in the previous two (2) years – stays in a nursing home or inpatient settings;

d. Was homeless in the prior 24 months; or

e. Formerly homeless and is now residing in HUD or other subsidized assisted housing.

(j) Limited to one (1) unit per participant per calendar day.

(k) Payments for In-home Independent Living Supports shall not be made for:

1. Room and board;

2. Items of comfort or convenience, or

3. The costs of facility maintenance, upkeep, and improvement.

(l)1. Separate payments shall not be made for:

a. Medication management services;

b. Transportation services, or

c. Any other service that is provided to a participant under in-home independent living supports but listed as a separate service pursuant to this Section.

2. To prevent duplication of services, the department shall prohibit payment for:

a. Services provided pursuant to this paragraph without authorization; and

b. Providing the same service to the same participant during the same time.

(4) Medication Management;

(a) Medication management shall be targeted to individuals eighteen (18) and older.

(b) Medication management services shall be intended to support program participants' adherence to and implementation of medication regimens with the participant in a person-centered manner.

(c) Medication management shall be provided by a pharmacist, medical doctor, physician assistant, advanced practice registered nurse, a registered nurse as defined in KRS 314.011(5), or a licensed practical nurse as defined in KRS 314.011(9) under the supervision of a registered nurse and includes:

1. In-person contact with the participant, in an individual setting, for the purpose of monitoring a participant's medication adherence;

2. Providing education and training about medications;

3. Offering support to assist a participant experiencing medication side effects; or

4. Providing other nursing or behavioral health and medical assessments.

(d) The goal of this service shall be to provide the information, training, and empowerment necessary for a participant to make an informed decision about the participant's medication regimen.

(e)1. Identified barriers and challenges to medication autonomy shall be reflected in the participant's PCSP by the case manager and may be amended as situations change.

2. Changes to the PCSP shall reflect the progression of a participant to less restrictive service delivery to promote progress towards self-identified goals.

(f) Medication management services shall be determined by a participant's PCSP, and, at a minimum, include:

1. Medication training and support that demonstrate movement toward or achievement of participant-driven treatment goals identified in the PCSP;

2. Medication training and support goals that are habilitative in nature; and

3. Documentation shall support how the service benefits the participant or addresses individualized risks for ongoing health and safety that are linked to the participant's medication.

(g) Medication training and support may also include the following services that are not required to be provided in-person with the participant:

1. Setting or filling medication boxes;

2. Consulting with the attending physician or AHCP regarding medication-related issues;

3. Ensuring lab or other prescribed clinical orders are sent;

4. Ensuring that the participant follows through and receives lab work and services pursuant to other clinical orders; or

5. Follow up reporting of lab and clinical test results to the participant and physician.

(h) Medication training and support services may be provided for a maximum of one hundred and eighty-two (182) hours, billed as seven hundred and twenty-eight (728) fifteen (15) minute units per year. The maximum shall include all subtypes of the service identified within this paragraph, such as:

1. Individual;

2. Group;

3. Family or couple, and

4. Services provided with or without the participant present.

(i) Exclusions for medication management. If a participant receives medication management via in-home independent living supports or supervised residential care, then medication management services shall not be billed separately for the same visit by the same provider.

(5) Respite or planned respite for caregivers;

(a) Planned respite for caregivers shall be targeted to individuals eighteen (18) and older.

(b) Planned respite for caregivers shall be designed to provide temporary relief from care giving to the primary caregiver of a participant during times when the participant's primary caregiver would normally provide care.

(c) Respite shall be provided to assist the participant and the participant's family prevent institutionalization.

(d) Respite services shall be intended to assist in maintaining a goal of living in a natural community home and shall be provided on a short-term, intermittent basis to relieve the participant's family or other primary caregivers from daily stress and care demands during times when they are providing unpaid care.

(e) Respite services shall not be provided on a continuous, long-term basis where those services are a part of daily services that would enable an unpaid caregiver to work elsewhere full time.

(f) Routine respite services may include hourly, daily, or overnight support.

(g) Decisions about the methods and amounts of respite shall be decided during the development of the PCSP to ensure the health, welfare, and safety of the participant.

(h) The department shall prior authorize respite services, and case managers shall be responsible for assisting participants in identifying and accessing other natural supports or supports available through other available funding streams if the participant's needs exceed the service limit.

(i) Respite shall be offered contingent upon the willingness of the participant to engage in the respite activity and shall not be offered as a service against a participant's will or under duress that would impede the participant's autonomy in personal decision-making.

(j) Respite may be provided in the following settings:

1. A participant's home or place of residence;

2. A provider owned or controlled facility approved by the State that is not a private residence (e.g., supervised residential home or licensed respite care facility);

3. Home of a friend or relative chosen by the participant and members of the planning team; or

4. In a social or recreational community setting.

(k) Respite services shall not be provided by the participant's:

1. Primary caregiver or

2. Legal guardian

(l) Cost of room and board shall not be included as part of the respite service unless provided as part of the respite care in a facility that is not a private residence.

(m) Transportation costs associated with the respite service are included in the respite rate. Providers shall not bill for transportation to a respite service site.

(n) Respite service activities may include:

1. Assistance with daily living skills;

2. Assistance with accessing or transporting to or from community activities;

3. Assistance with grooming and personal hygiene;

4. Assistance with meal preparation, serving, and cleanup;

5. Administration of medications as needed;

6. Supervision as needed to ensure the participant's health and safety; or

7. Recreational and leisure activities.

(o) Respite shall be provided for the planned or emergency short-term relief for natural, unpaid caregivers.

(p) Respite shall be provided intermittently when the natural caregiver is temporarily unavailable to provide supports based on routine or typical patterns of caregiving timing, duration, and scope of support, as recorded by the participant's case manager in his or her PCSP.

(q) Respite services shall not exceed 21 hours per month or 200 hours annually without authorization. (r) Respite shall not be a stand-alone service and shall be provided in conjunction with other treatment services.

(6) Supervised Residential Care;

(a) Supervised Residential Care shall be targeted to individuals eighteen (18) and older.

(b) Supervised Residential Care shall consist of supportive and health-related residential services provided to individuals in Medicaid enrolled and certified settings per 907 KAR 16:015.

(c) This service shall not have greater than three (3) service participants in a home leased or owned by the service provider.

(d) The supervised residential care setting shall include:

1. One (1) unit of staff supervision which shall consist of up to twenty-four (24) hours per day;

2. As indicated per PCSP, skills training, recreational opportunities, emergency services, and referrals for behavioral health care and medical care.

(e) Supervised residential care shall be based on the individual needs of a participant per the PCSP.

(f) This setting may include unsupervised time per day for a participant to work towards increased independence. If this option is utilized, a participant shall work with their case manager to develop a PCSP for the participant to work towards increased independence. The portion of the PCSP that establishes an increased independence plan shall include:

1. Necessary provisions to assure the participant's health, safety and welfare;

2. Documented approval by the participant's person-centered planning team, including the participant being served; and

3. Periodic review and updates, based on changes in the participant's status.

(g) Staff providing supervised residential care shall be expected to provide assistance and training to identify and complete ADLs and IADLs, including activities such as:

1. Personalized support with:

a. Assisting residents with ADLs per PCSP goals;

b. Meal preparation;

b. Shopping;

c. Cleaning;

d. Financial management or bill paying for resident's personal expenses; or

e. Executing telephonic, e-mail or other communication with formal and informal supports.

2. Assistance with medications education and adherence based upon the results of a registered nurse assessment per the PCSP.

3. Social skills training including developing interpersonal effectiveness skills, and reduction or elimination of barriers to recovery.

4. Providing or arranging transportation to services, activities, and medical appointments as needed as well as accompanying and assisting a participant while utilizing transportation services.

5. Supporting a participant to arrange, attend, communicate, and manage their post-appointment follow up treatment and care activities, as recommended by the provider.

(h) Participants shall work with the case manager to develop PCSPs that include the utilization of community residential supports specifically supporting the development of natural supports, as well as community integration and participation.

(i) Participants shall be routinely engaged by the case manager to:

1. Identify the participant's preparedness or desire to transition to a more community-integrated residential setting that is non-congregate, and

2. Promote timely and appropriate movement to a participant's preferred residential arrangement.

(j) During the movement phase from a supervised care setting to a more community-integrated residential setting, eligible participants shall receive evidence-based programming to promote the furtherance of the goals in the participant's PCSP and establish community integration and participation foundations.

(k) Providers of supervised residential care services shall collaborate with other members of the participant's person-centered team to promote successful preparation and transition when a move-out occurs.

(l) Additional needs-based criteria for the provision of the supervised residential care service include an assessment of homelessness Risk Factors, which shall include meeting at least one (1) of the following criteria:

1. Homeless;

2. At risk of homelessness;

3. History of frequent –more than one (1) per year in the previous two (2) years – stays in a nursing home or inpatient settings;

4. Was homeless in the prior 24 months; or

5. Formerly homeless and is now residing in HUD or other subsidized assisted housing.

(m) Shall be limited to one (1) unit per participant per calendar day.

(n) Payments for supervised residential care shall not be made for:

1. Room and board;

2. Items of comfort or convenience, or

3. The costs of facility maintenance, upkeep, and improvement.

(o)1. Separate payments shall not be made for:

a. Medication management services;

b. Transportation services, or

c. Any other service that is provided to a participant as supervised residential care but listed as a separate service pursuant to this administrative regulation.

2. To prevent duplication of services, the department shall prohibit payment for:

a. Services provided pursuant to this paragraph without authorization; and

b. Providing the same service to the same participant during the same time.

(7) Supported Education:

(a)1. Supported Education (SEd) shall be targeted to individuals eighteen (18) and older.

2. Supported Education providers shall exhaust all other available resources prior to utilizing the 1915(i) RISE Initiative services established pursuant to this chapter.

(b) Supported Education (SEd) services shall:

1. Be individualized;

2. Promote engagement;

3. Sustain participation by the participant within the educational setting; and

4. Be delivered with the goal of restoring a participant's ability to function in the learning environment.

(c) The educational environments in which SEd may be delivered include college, technical college, proprietary, distance learning, and short-term learning.

(d) A service shall

1. Be specified in the PSCP (PCSP) to enable the participant to integrate more fully into the community or educational setting; and

2. Ensure the health, welfare, and safety of the participant.

(e) The goals of SEd as reflected in the PCSP shall be for participants to:

1. Engage and navigate the learning environment;

2. Support and enhance attitude and motivation;

3. Develop skills to improve educational competencies, including social skills, social-emotional learning skills, literacy, study skills, and time management;

4. Promote self-advocacy, self-efficacy, and empowerment, including disclosure, reasonable accommodations, and advancing educational opportunities; and

5. Build community connections and natural supports as needed to adapt to and thrive within the educational program or setting of the participant's choosing.

(f) Supported Education providers shall provide individualized services utilizing an engage, bridge, and transition model, which shall include any combination of the following:

1. Acting as a liaison or support in the educational learning environment.

2. Facilitating outreach and coordination of learning opportunities.

3. Familiarizing the participant and caregiver (if applicable) to educational settings, to help navigate the school system and student services.

4. Assisting with admission applications and registration.

5. Assisting with transitions or withdrawals from programs such as those resulting from behavioral health challenges, medical conditions, and other co-occurring disorders.

6. Improving access for a participant by effectively linking consumers of mental health services to educational programs within the school, college, or university of their choice.

7. Coordinating with the 1915(i) RISE Initiative Case Manager who shall oversee the needs of the participant and act as a liaison between the participant and the case manager.

8. Assisting with advancing education opportunities for the participant, including applying for work experience, employment training programs, apprenticeships, and colleges.

(g) A training facility shall be accredited or licensed by appropriate accrediting or licensing bodies and comply with all state and federal requirements applicable to their use by the Office of Vocational Rehabilitation and 1915(i) RISE Initiative approved provider types.

(h) Supported education shall include a supported training component for specific participants in need of intensive job-related training. The goal of sponsored training is not education alone but employment.

1. Supported training shall include:

a. Developing an education or career plan and revising as needed in response to participant's' needs and recovery process.

b. Assisting in training to enhance interpersonal skills and social-emotional learning skills, including:

(i) Effective problem solving;

(ii) Self-discipline;

(iii) Impulse control;

(iv) Increased social engagement;

(v) Emotion management; and

(vi) Coping skills.

c. Working collaboratively with the case manager to assist the participant in conducting a need assessment or educational assessment based on established goals in the PCSP to identify education or training requirements, personal strengths, and necessary support services.

2. Supported training may include individualized supports in all educational environments. Individualized supports may include:

a. Classroom;

b. Dining facilities; or

c. Test-taking environments.

3. Before utilizing supported training, all resources available through the Office of Vocational Rehabilitation shall first be exhausted.

4. This service may support training required to achieve an agreed upon vocational goal in the PCSP.

5. When making decisions related to supported training, these areas shall be considered and documented:

a. Informed choice of the participant;

b. Benefit to the participant in terms of employment outcome; and

c. Expenditure of time and resources of the participant.

d. A thorough career exploration shall occur, which may include interest inventories, visits to job sites and training institutions, job shadowing, or volunteer opportunities. The career exploration shall include a counselor associated with the participant's case explaining labor market trends for the planned occupation;

e. The associated counselor shall assess transferable skills, interests, and capacities to determine if training is needed to obtain suitable employment;

f. The associated counselor shall discuss all situations, obligations, history, and attendant factors that may affect successful completion of training and explore comparable training options prior to finalizing a plan.

6.a. Documentation shall support the participant's ability, aptitude, and interest to complete the training, with or without reasonable accommodations.

b. Documentation may include performance measures such as academic records, American College Test (ACT) or Test of Adult Basic Education (TABE) scores; and

(i) Supported education shall develop skills to improve educational competencies, including:

1. Working with participants to develop the skills needed to remain in the learning environment, which may include:

a. Effective problem solving;

b. Self-discipline;

c. Impulse control;

d. Emotion management;

e. Coping skills;

f. Literacy;

g. English as a second language;

h. Study skills;

i. Note taking;

j. Time and stress management; or

k. Social skills; or

2. Providing opportunities to explore individual interests related to career development and vocational choice.

(j)1. Supported education shall include improving a participant's skills relating to self-advocacy, self-efficacy, and empowerment.

2.To ensure duplication of related services does not occur providers shall coordinate efforts with the Department of Education and the local vocational rehabilitation agency.

(k) A supported education provider may:

1. Act as a liaison to assist with attaining alternative outcomes, for example, completing the process to request an incomplete rather than failing grades if the student needs medical leave or withdrawal from the educational institution;

2. Have or promote individualized and ongoing discussions with involved parties regarding the disclosure of disability;

3. Provide advocacy support to obtain accommodations, including requesting extensions for assignments and different test-taking settings if needed for a documented disability;

4. Conduct advocacy and coaching on reasonable accommodations as defined by the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and Americans with Disabilities Act (ADA), which may include:

a. Note-taking services;

b. Additional time to complete work in class and on tests;

c. Modifications in the learning environment;

d. Test reading;

e. Taking breaks during class when needed;

f. Changes in document and assignment format; or

g. Other common reasonable accommodations provided pursuant to the federal laws listed in subparagraph 4.; or

5. Provide instruction on self-advocacy skills in relation to independent functioning in the educational environment.

(l) A supported education provider shall assist with establishing and developing community connections and natural supports, including:

1. Serving as a resource clearinghouse for educational opportunities, tutoring, financial aid, and other relevant educational supports and resources;

2. Providing access to recovery supports, including cultural, recreational, and spiritual resources;

3. Providing linkages to education-related community resources, including supports for learning and cognitive disabilities;

4. Identifying financial aid resources and assisting with applications for financial aid; or

5. Assisting in applying for student loan forgiveness on previous loans for reasons including disability status.

(m) Ongoing SEd service components may be conducted after a participant is successfully admitted to an educational program.

(n) SEd services shall be designed to be delivered in and outside of the classroom setting and may be provided by schools or agencies enrolled as approved providers of 1915(i) RISE Initiative SEd services that specialize in providing educational support services.

(o) To be a SEd qualified provider, the provider shall be an approved vendor through the Office of Vocational Rehabilitation.

(p)1. The person-centered individualized care plan shall be developed based on the participant's needs with respect to remote services to ensure proper monitoring of the health and safety of the participant.

2. Remote support via telehealth shall be real-time, two-way communication between the service provider and the participant. Within the scope of SEd services, remote support shall be limited to:

a. Check-ins, such as reminders, verbal cues, or prompts; or

b. Consultations, such as counseling or problem solving.

(q) Remote services via telehealth shall be utilized for the benefit and at the option of the participant. Telehealth shall be utilized, as feasible, on an agreed-upon schedule, and shall ensure protection of the participant's personal space and activities.

(r) The remote service may be rendered in:

1. Tandem with a caregiver, personal assistant, or other support person when physical assistance is required; or

2. The absence of a support person when appropriately utilizing assistive technology tools to deliver services.

(s) Individuals who require assistance utilizing technology necessary for telehealth delivery of service shall be considered for eligibility for assistive technology (AT). Education and training for the participant and family, guardian, or provider staff to aid the participant in the use of the AT shall be incorporated as a service of AT.

(t) Additional remote support requirements include:

1. Use of any appropriate telehealth option pursuant to 907 KAR 3:170.

2. That remote support shall:

a. Be elected by the participant receiving services;

b. Not block the participant's access to the community;

c. Not prohibit needed in-person services for the participant;

d. Utilize a HIPAA-compliant platform; and

e. Prioritize the integration of the participant into the community.

(u) Providers shall document that the remote support option complies with paragraph (t)2. of this section.

(v) Supported education shall be limited to four hundred and eighty (480) fifteen (15) units per one-hundred and eighty (180) day authorization period. Any additional time within that one-hundred and eighty (180) day period shall require an exception pursuant to Section 3(3).

(w)1. This service shall not be provided to a participant at the same time as another service that is the same in nature and scope regardless of source, including federal, state, local, and private entities.

2. Participants eligible for multiple Medicaid funded services for supported education shall not access this service in more than one authority and shall be required to utilize the alternate service first.

3. Services furnished through this section shall not be duplicated by services funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1400 et seq.).

4. To ensure duplication does not occur, providers shall coordinate efforts with the Department of Education or the local vocational rehabilitation agency.

5. Justification that services are not otherwise available to the participant through these agencies under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1400 et seq.) shall be documented in the participant's record and kept on file.

(8) Supported Employment or Individual Placement and Support – Supported Employment (IPS-SE) shall be targeted to individuals 18 and older.

(a) IPS-SE shall be an evidence-based practice designed to assist participants with (SMI) or co-occurring SMI and SUDs obtain and maintain employment in competitive integrated employment using the supports of:

1. The participant's behavioral health treatment team;

2. An employment specialist; and

3. A benefits counselor.

(b) IPS-SE shall use IPS-SE Principles that shall be planned and implemented through a coordinated and integrated partnership with the participant and the participant's person-centered team

members, including the employment specialist, to assist the participant in achieving the participant's specific employment goals as defined by the PCSP.

(c) All supported employment services shall be prior authorized through submission of the Coordination of Funding for Employment Services.

(d) IPS-SE shall include the following employment activities:

1. A vocational assessment or career profile;

2. The development of a vocational plan;

3. On-the-job training and skill development;

4. Job-seeking skills training;

5. Job development and placement;

6. Job coaching;

7. Individualized job supports, which may include regular contact with the employers, family members, guardians, advocates, treatment providers, and other community supports;

8. Benefits planning;

9. General consultation, advocacy, building and maintaining relationships with employers; and

10. Time unlimited individualized vocational support.

(e) IPS-SE shall comply with competitive integrated employment, including:

1. Compensating at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience;

2. Receiving the same level of benefits provided to other employees without disabilities in similar positions;

3. Located where the participant interacts with other individuals without disabilities; and

4. Presenting opportunities for advancement similar to other employees without disabilities in similar positions.

(f) To be an IPS-SE 1915(i) RISE Initiative qualified provider, the provider shall:

1. Be an approved vendor through Office of Vocational Rehabilitation;

2. Provide the evidence-based practice of IPS-SE through training and technical assistance provided by state IPS SE trainers;

3. Participate in fidelity reviews required by the developer of the practice; and

4. Complete supported employment core training offered through the University of Kentucky Human Development Institute.

(g) IPS-SE shall establish:

1. Competitive integrated employment job options with permanent status rather than temporary or time-limited status; and

2. Jobs that anyone can apply for and that are not set aside for people with disabilities;

(h) IPS-SE payments shall:

1. Be made only for the adaptations, supervision, and training required by participants receiving IPS-SE services; and

2. Not include payment for the supervisory activities rendered as a normal part of the business setting.

(i)1. IPS-SE services furnished under the 1915(i) RISE Initiative service shall not be available under a program funded by either the Rehabilitation Act of 1973 or IDEA.

2. Documentation shall be maintained in the file of each participant receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or IDEA.

(j) FFP shall not be claimed for incentive payments, subsidies, or unrelated vocational training expenses including:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

2. Payments that are passed through to users of supported employment programs; or

3. Payments for vocational training that are not directly related to a participant's supported employment program.

(k)1. Extended services shall be available to participants once they are employed and are provided periodically to address work-related issues as they arise. For example, this could include assistance with understanding employer leave policies, scheduling, time sheets, or tax withholding processes.

2. Ongoing follow-along support may also involve assistance to address issues in the work environment, including accessibility, career advancement, and employee - employer relations.

(l)1. Extended services shall be designed to identify any problems or concerns early and to provide the best opportunity for long lasting work opportunities.

2. Extended services may include supports to address any barriers that interfere with employment success or maintaining employment, which may include providing support to the employer.

(m)1. The person-centered individualized care plan shall be developed based on the participant's needs with respect to remote services to ensure proper monitoring of the health and safety of the participant.

2. Remote support via telehealth shall be real-time, two-way communication between the service provider and the participant. Within the scope of IPS-SE services, remote support shall be limited to:

a. Check-ins, such as reminders, verbal cues, or prompts; or

b. Consultations, such as counseling or problem solving.

(n) Remote services via telehealth shall be utilized for the benefit and at the option of the participant. Telehealth shall be utilized, as feasible, on an agreed-upon schedule, and shall ensure protection of the participant's personal space and activities.

(o) The remote service may be rendered in:

1. Tandem with a caregiver, personal assistant, or other support person when physical assistance is required; or

2. The absence of a support person when appropriately utilizing assistive technology tools to deliver services.

(p) Participants who require assistance utilizing technology necessary for telehealth delivery of service shall be considered for eligibility for assistive technology (AT). Education and training for the participant and family, guardian, or provider staff to aid the participant in the use of the AT shall be incorporated as a service of AT.

(q) Additional remote support requirements include:

1. Use of any appropriate telehealth option pursuant to 907 KAR 3:170.

2. That remote support shall:

a. Be elected by the participant receiving services;

b. Not block the participant's access to the community;

c. Not prohibit needed in-person services for the participant;

d. Utilize a HIPAA-compliant platform; and

e. Prioritize the integration of the participant into the community.

(r) Providers shall document that the remote support option complies with paragraph (q)2. of this section.

(s) IPS-SE shall be limited to four hundred and eighty (480) fifteen (15) minute units per one-hundred and eighty (180) day authorization period. Any additional time within that one-hundred and eighty (180) day period shall require an exception, pursuant to Section 3(3) of this regulation.

(t) IPS-SE services are to be rendered consistent with the frequency, duration, and scope recommended by the participant's PCSP. IPS-SE may be a standalone service provided in conjunction with case management services.

(u) Supported Employment Services shall not:

1. Be provided in a group setting and;

2. Be duplicated by any other services provided through 907 KAR Chapter 16.

(v) Services shall not include payment for the supervisory activities rendered as a normal part of the business setting.

(w) Services shall not include payment for supervision, training, support, and adaptations typically available to other non-disabled workers filling similar positions in the business.

(x) Services shall not include adaptations, assistance, and training used to meet an employer's responsibility to fulfill requirements for reasonable accommodations under the Americans with Disabilities Act.

(y) Transportation to and from the work site may be a component of the rate paid to providers. This service shall only be available if the participant cannot access public transportation or does not have other means of transportation available to the participant. The cost of transportation shall be included in the rate paid to providers.

(z) Documentation shall be maintained for each participant receiving this service that the service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973or IDEA.

(aa) Services shall not be reimbursed for job placements paying below minimum wage.

(bb) Services shall be delivered in a manner that supports and respects the participant's communication needs including:

1. Translation services; and

2. Assistance with and use of communication devices.

(cc) Services shall be provided in regular integrated settings and shall not include sheltered work or other types of vocational services in specialized facilities or incentive payments, subsidies, or unrelated vocational training expenses, including the following:

1. Incentive payments made to an employer to encourage hiring the participant;

2. Payments that are passed through to the participant;

a. Payments for supervision, training, support, and adaptations typically available to other workers without disabilities filling similar positions in the business; or

b. Payments used to defray the expenses associated with starting up or operating a business.

(9) Tenancy supports, including pre-tenancy supports and tenancy-sustaining supports.

(a) Tenancy supports shall be targeted to individuals eighteen (18) and older.

(b) Tenancy supports shall include both pre-tenancy supports and tenancy-sustaining supports.

(c) Pre-tenancy support services shall:

1. Be available if determined to be necessary for a participant to identify, select, and enter into a lease agreement resulting in the participant moving into an independent housing unit;

2. Be tailored to person-centered goals, as stated in the participant's PCSP; and

3. Assist the participant in identifying and leasing a housing unit that is expected to promote the participant's personal health and welfare in a housing arrangement that is not provider-owned or controlled and is instead governed by a lease that is entered into with the owner or landlord of the housing unit.

(d) Pre-tenancy supports shall follow evidence-based practices and may include addressing the following components, as relevant, when these services are not otherwise available in other services pursuant to 907 KAR Chapter 16:

1. Identify the participant's needs and preferences related to:

a. Housing, including type of housing;

b. Location;

c. Living alone or with someone else;

d. Identifying a roommate,

e. Accommodations needed,

f. Community integration; or

g. Other related preferences;

2. Assisting in budgeting for housing or living expenses, including financial literacy education on budget basics based upon anticipated housing, utility, and other known budget components;

3. Assisting participants with finding and applying for housing, including:

a. Filling out housing, utility, or rental assistance applications;

b. Remitting necessary fees; or

c. Obtaining and submitting appropriate documentation required for tenancy approval;

4. Reviewing and understanding the terms of and assisting the participant with consenting to the terms of a rental agreement or lease;

5. Assisting participants with completing reasonable accommodation requests and obtaining disability verifications as needed to secure an appropriate housing arrangement. This type of assistance shall include:

a. Identifying verbal requests for a reasonable accommodation; and

b. Supporting and conducting written documentation of the request with the prospective landlord;

6. Coordinating with the 1915(i) RISE initiative case manager to develop goals and objectives relating to the participant's housing supports plan, which shall:

a. Include a community integration plan;

b. Identify short and long-term measurable goals; how the goals will be achieved; and how barriers to achieving goals will be addressed; and

c. Include plans for:

(i) Housing maintenance;

(ii) Lease adherence; and

(iii) Facilitation of tenant-landlord communications;

7. Assisting with identifying and securing resources to obtain housing, including community-based resources to assist with securing documentation, related fees needed, and transportation needs;

8. Ensuring that the living environment is safe and accessible for move-in, including an assessment of health risks to ensure the living environment is not adversely affecting the occupants' health; or

9. Assisting in arranging for and supporting the details and activities of the move-in. This assistance shall include:

a. Assisting the participant with identifying the date and time that the move-in will take place; and

b. Providing the participant with assistance to arrange necessary transportation for the move-in.

(d)1. Participants enrolling in tenancy supports may currently be residing in any living environment, up to and including those exiting institutional settings.

2. Prior to being enrolled in this benefit, participants shall meet at least one of the at-risk homclessness risk factors.

(e)1. Tenancy-sustaining supports shall be made available to support service participants to maintain tenancy once housing is secured.

2. The availability of ongoing housing-related services in addition to other long-term services and supports shall be intended to:

a. Promote housing success;

b. Foster community integration and inclusion; and

c. Develop natural support networks.

(f) Tenancy-sustaining supports shall follow evidence-based practices and may include the following components:

1. Working collaboratively with the 1915(i) RISE Initiative case manager to:

a. Assist the participant with maintaining entitlements and benefits, including rental assistance, necessary to maintain community integration and housing stability. This type of assistance may include:

(i) Assisting participants in obtaining documentation;

(ii) Assistance with completing documentation;

(iii) Navigating the process to secure and maintain benefits; or

(iv) Coordinating with the entitlement or benefit assistance agency.

b. Assist the participant with securing supports to preserve and maximize independent living.

c. Collaborate with the 1915(i) RISE Initiative case manager to ensure that referrals are made to services that are needed to:

(i) Promote housing stabilization;

(ii) Adaptation to surrounding neighborhood conditions;

(iii) Lease adherence;

(iv) Sustained landlord-tenant communications; and

(v) Problem-solving.

d. Examples of types of referrals allowed pursuant to clause c. include:

(i) Substance use treatment providers;

(ii) Mental health providers;

(iii) Medical;

(iv) Vision, nutritional, and dental providers;

(v) Vocational, education, employment, and volunteer supports,

(vi) Hospital care, including utilization of the emergency department;

(vii) Probation and parole crisis services;

(viii) End of life planning; or

(ix) Other support groups and natural supports.

e. Coordinate with the participant as needed to plan, participate in, review, update, and modify the participant's goals and objectives related to the participant's housing support to reflect current needs and preferences and address existing or recurring housing retention barriers.

2. Providing supports to assist the participant in the development of independent living skills to remain in the most integrated setting. Supports may include:

a. Skills coaching to maintain a healthy living environment;

b. Developing and managing a household budget;

c. Interacting appropriately with neighbors or roommates;

d. Reducing social isolation; and

e. Utilizing local transportation;

3. Providing supports to assist the participant in communicating with the landlord or property manager. These supports may include:

a. Educating and training the participant on the role, rights, and responsibilities of the tenant and landlord; or

b. Providing training and resources to assist the participant with complying with the participant's lease.

4. Assisting in reducing the risk of eviction by providing services to prevent eviction, this may include:

a. Improvement of conflict resolution skills to include; coaching; role-playing and communication strategies targeted towards resolving disputes with landlords and neighbors;

b. Communicating with landlords and neighbors to reduce the risk of eviction;

c. Addressing biopsychosocial behaviors that put housing at risk;

d. Providing ongoing support with activities related to household management; or

e. Linking the participant to community resources to prevent eviction, including expert resources to address legal issues.

5. Supporting the participant with unanticipated threats to housing stability, including man-made and natural disasters and other imminent jeopardy to health and or safety. This support shall include, as necessary;

a. Planning; and

b. Referral to temporary housing arrangements; or

6. Providing early identification, risk management, and proactive intervention for actions or behaviors that may jeopardize housing.

(g) Pre-tenancy and tenancy-sustaining supports services shall adhere to the SAMHSA permanent supportive housing (PSH) principles.

(h) Participants receiving pre-tenancy and tenancy sustaining supports shall be included in the search, choice, and any significant decisions regarding the establishment of the participant's housing arrangement.

(i) Housing selected via this subsection shall be guided by and support the goals for social inclusion and community integration as defined by the participant in their PCSP.

(j) Tenancy Support Services shall:

1. Include direct contact with the participant;

2. Be reimbursed as a daily rate with a benefit limitation of thirty (30) days over a one-hundred and eighty (180) day authorization period; and

3. For any additional time beyond the thirty (30) day initial authorization, be authorized as an exception;

(k) Tenancy support services shall not include:

1. Payment of rent or other room and board costs;

2. Payment of any costs or fees associated with a tenancy application or lease-up;

3. Capital costs related to the development or modification of housing, including implementation of physical reasonable accommodations, which are the responsibility of the property owner;

4. Expenses for utilities or other regularly occurring bills;

5. Goods or services intended for leisure or recreation;

6. Payment of emergency-based or temporary housing arrangements during emergencies or gaps in permanent housing arrangement;

7. Transportation costs and fees incurred during the delivery of pre-tenancy services;

8. Duplicative services from other state or federal programs; or

9. Services to participants in a correctional institution or an Institution of Mental Disease (IMD) other than services that meet the exception of IMD exclusion.

(10) Transportation.

(a) Transportation shall be:

1. Available to participants eighteen (18) years old and older with a primary diagnosis of SMI or SMI co-occurring with SUD;

2. Offered to aid participants in gaining access to 1915(i) RISE Initiative services and other community services, activities, and resources, as specified by the participant's PCSP;

3. Offered in addition to, and not as a replacement for, other transportation services available within the Medicaid program, including:

a. Medical transportation required under 42 CFR Sec. 431.53;

b. Ambulance transportation required pursuant to 907 KAR 1:060;

c. Nonemergency transportation provided pursuant to 907 KAR 3:066; and

d. Any other transportation services under the state plan, defined at 42 CFR § 440.170(a);

4. Offered in accordance with the participant's care plan and shall support the participant with PCSP goal advancement or attainment; and

5. Separate from any transportation component of any other service established in this Section.

(b) If possible, natural supports that can provide transportation without charge shall be exhausted, with 1915(i) RISE Initiative funded transportation being accessed as a last resort.

(c) A provider of a transportation service shall provide and document service provision in accordance with this subsection, program policies and procedures, and billing guidelines. Documentation requirements for transportation shall include:

1. Date of contact;

2. Mileage log with start and stop time;

3. Printed name of service provider;

4. Location of origination and destination; and

5. Signature and title of the person providing the service.

(d) Transportation shall be limited to $2,500 per year, which may be exceeded based on medical necessity.

(e) The participant's service limit of $2,500 is not Medicaid reimbursable for ride sharing applications.

Section 3. Exception Process.

(1) A service listed in Section 2 of this regulation that includes benefit limitations, regardless of delivery method, shall qualify for review as an exception to the benefit limitations:

(a) Based on the needs of the participant for whom the exception is requested;

(b) For a limited period of time not to exceed a full PSCP year;

(c) If the service meets the requirements for an exception in accordance with the Kentucky 1915(i) RISE initiative Exception Process entered within the department-approved system; and

(d) If approved by the department or designee to be an exception.

(2) An exception granted pursuant to this section shall be for the sole purpose of ensuring the health, safety, and welfare of the 1915(i) RISE initiative participant.

(3) Each exception request shall be approved by a consensus vote of the person-centered team via a person-centered team meeting.

(4) Within one (1) day of the person-centered team meeting in which an exception request is approved, the case manager shall submit the exception request through the department-approved system, including:

(a) The name and identifying information of the participant;

(b) A description of the exception being requested;

(c) Specific challenges presented by the participant and interventions provided that have resulted in the request, including dates, times, and locations of occurrences;

(d) Summary notes of the person-centered team meeting held to determine if the request for the requested exception was appropriate, including signatures of the team members and date, time, and location of the meeting;

(e) Documentation of any intervention attempted to stabilize the challenges and the resulting outcomes for any repeat exception requests; and

(f) An updated PSCP with the service exception documented.

(5) Once submitted within the department-approved system, the case manager shall send written notification of the date and time of submission to the service provider who will potentially be providing the extended service.

(6) The department or designee shall:

(a) Review the exception request submission within three (3) business days; and

(b) Either deny or approve the request.

(7) An approved exception request shall be prior authorized for a period of six (6) months or until the end of their eligibility year, whichever is shorter.

(8) The prior authorization shall follow the participant if a transition to another provider occurs through an amendment to the prior authorization.

(9) A new exception request that will continue an existing exception shall be submitted no later than fifteen (15) days prior to the end of a prior authorization period.

Section 4. Federal Approval and Federal Financial Participation. The department's reimbursement for services pursuant to this administrative regulation shall be contingent upon:

(1) Receipt of federal financial participation for the reimbursement; and

(2) Centers for Medicare and Medicaid Services' approval for the reimbursement.

907 KAR 16:020
REVIEWED:

1/24/2025
Date

DocuSigned by:
Lisa Lee
7CB973D213D941E...
Lisa D. Lee, Commissioner
Department for Medicaid Services

APPROVED:

1/27/2025
Date

DocuSigned by:
Eric Friedlander
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Eric C. Friedlander, Secretary
Cabinet for Health and Family Services

PUBLIC HEARING AND PUBLIC COMMENT PERIOD:

A public hearing on this administrative regulation shall, if requested, be held on April 21, 2025, at 9:00 a.m. using the CHFS Office of Legislative and Regulatory Affairs Zoom meeting room. The Zoom invitation will be emailed to each requestor the week prior to the scheduled hearing. Individuals interested in attending this virtual hearing shall notify this agency in writing by April 14, 2025, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who attends virtually will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on this proposed administrative regulation until April 30, 2025. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to the contact person. Pursuant to KRS 13A.280(8), copies of the statement of consideration and, if applicable, the amended after comments version of the administrative regulation shall be made available upon request.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, KY 40621; Phone: 502-564-7476; Fax: 502-564-7091; CHFSregs@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation: 907 KAR 16:020. 1915(i) Home and Community-Based Services (HCBS) Recovery, Independence, Support & Engagement (RISE) Initiative; Covered Services.
Agency Contact: Jonathan Scott
Phone Number: (502) 564-4321, ext. 2015
Email: jonathant.scott@ky.gov

Contact Person: Krista Quarles
Phone Number: (502) 564-7476
Email: CHFSregs@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes covered services for the 1915(i) RISE Initiative. Covered services include Supervised Residential Care, Supported Education, Supported Employment, Tenancy Supports, Transportation, Assistive Technology, Case Management, In-Home Independent Living Supports, Medication Management, and Planned Respite for Caregivers.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the program policies and provider requirements for covered services provided pursuant to the 1915(i) RISE Initiative.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the content of the authorizing statutes by establishing covered services related to the 1915(i) RISE Initiative.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists with the effective administration of the statutes by establishing clear covered services requirements related to the 1915(i) RISE Initiative.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This is a new administrative regulation.

(b) The necessity of the amendment to this administrative regulation: This is a new administrative regulation.

(c) How the amendment conforms to the content of the authorizing statutes: This is a new administrative regulation.

(d) How the amendment will assist in the effective administration of the statutes: This is a new administrative regulation.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: Medicaid providers participating in the 1915(i) RISE Initiative.
DMS estimates up to 5,000 participants may access 1915(i) RISE Initiative services.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Providers will be required to bill under the

1915(i) RISE Initiative specific fee schedule.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): DMS does not anticipate additional costs with participating as a 1915(i) RISE Initiative provider.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Providers will benefit from receiving reimbursement for the services delivered to Medicaid members.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: The department anticipates no additional costs, beyond those detailed in HB 6, in implementing this administrative regulation.

(b) On a continuing basis: The department anticipates no additional costs, beyond those detailed in HB 6, in implementing this administrative regulation.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Sources of funding to be used for the implementation and enforcement of this administrative regulation are federal funds authorized under Title XIX and Title XXI of the Social Security Act, and state matching funds of general and agency appropriations.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: Neither an increase in fees nor funding will be necessary to implement the amendments.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: The amendment does not establish or increase any fees.

(9) TIERING: Is tiering applied? (Explain why or why not) Tiering was not appropriate in this administrative regulation because the administrative regulation applies equally to all those individuals or entities regulated by it.

FISCAL IMPACT STATEMENT

907 KAR 16:020. 1915(i) Home and Community-Based Services (HCBS) Recovery, Independence, Support & Engagement (RISE) Initiative; Covered Services.
Contact Person: Jonathan Scott
Phone: (502) 564-4321, ext. 2015
Email: jonathant.scott@ky.gov

Contact Person: Krista Quarles
Phone Number: (502) 564-7476
Email: CHFSregs@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. 42 CFR § 441.530, KRS 205.520, 194A.030(2), 194A. 050(1), 205.520(3).

(2) Identify the promulgating agency and any other affected state units, parts, or divisions: Department for Medicaid Services is the promulgating agency, the Department for Behavioral Health, Developmental and Intellectual Disabilities is administering the 1915(i) RISE Initiative.

(a) Estimate the following for the first year:

Expenditures: No additional expenditures beyond those allocated to the Department pursuant to 2024 House Bill 6.

Revenues: The Department does not anticipate revenues as a result of this administrative regulation.

Cost Savings: The Department does not anticipate cost savings as a result of this administrative regulation.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? DMS does not expect a change to expenditures, revenues, or cost savings in subsequent years.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts): DMS does not expect that local entities will be impacted by this regulation.

(a) Estimate the following for the first year:

Expenditures: HB 6 from 2024 funds this program with $99 million in total expenditures estimated for the first year.

Revenues: n/a The Department does not anticipate additional revenues.

Cost Savings: n/a The Department does not anticipate cost savings.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? As provider capacity and services ramp up in subsequent years, utilization and thus expenditures may increase over time.

(4) Identify additional regulated entities not listed in questions (2) or (3): N/A

(a) Estimate the following for the first year:

Expenditures: n/a The Department does not anticipate additional expenditures for regulated entities.

Revenues: n/a The Department does not anticipate additional revenues for regulated

entities.

Cost Savings: The Department does not anticipate cost savings for the providers who are billing.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? DMS does not expect expenditures, revenues, or cost savings for other entities as a result of this regulation.

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation: HB 6 from 2024 funds this program with $99 million total funding for state fiscal year 2026. The program is anticipated to have a fiscal impact of $169 million total funding for state fiscal year 2027.

(b) Methodology and resources used to determine the fiscal impact: Estimated utilization of the services based on MMIS claims data were multiplied by anticipated fee schedule rates.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). ($500,000 or more, in aggregate): The administrative regulation will not have a major economic impact – as defined by KRS 13A.010 – on regulated entities.

(b) The methodology and resources used to reach this conclusion: The policies contained in the administrative regulation allow for providers to request additional reimbursement and provide new services to a specific population.

FEDERAL MANDATE ANALYSIS COMPARISON

Administrative Regulation: 907 KAR 16:020. 1915(i) Home and Community-Based Services (HCBS) Recovery, Independence, Support & Engagement (RISE) Initiative; Covered Services.
Agency Contact: Jonathan Scott
Phone Number: (502) 564-4321, ext. 2015
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Email: CHFSregs@ky.gov

1. Federal statute or regulation constituting the federal mandate. 42 U.S.C. Ch. 7 Sec. 1396n

2. State compliance standards. KRS 194A.030(2) requires the Department for Medicaid Services to "serve as the single state agency in the commonwealth to administer Title XIX of the Federal Social Security Act."

3. Minimum or uniform standards contained in the federal mandate. A state plan amendment must be negotiated and finalized with the federal government.

4. Will this administrative regulation impose stricter requirements, or additional or different responsibilities or requirements, than those required by the federal mandate? The amendment will not impose stricter than federal requirements.

5. Justification for the imposition of the stricter standard, or additional or different responsibilities or requirements. The amendment will not impose stricter than federal requirements.