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CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Eric Friedlander
SECRETARY

Pam Smith
DIRECTOR

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Lisa Lee
COMMISSIONER

To: Area Development Districts
Community Mental Health Centers

From: Pam Smith
Director, Division of Long-Term Services and Supports

Date: March 13, 2023

Re: Home and Community Based Waiver – Participant Directed Services

Enrollment in the Home and Community Based (HCB) waiver has grown in the past few years and, along with it, the number of HCB participants who wish to use the Participant Directed Services (PDS) delivery model. The Department for Medicaid Services (DMS) understands some Area Development Districts (ADD) and Community Mental Health Centers (CMHC) are having difficulty meeting the growing demand.

If a participant is having difficulty accessing services from an ADD, CMHC, or other waiver providers, please complete the attached form and email it to the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov. This will allow DMS and the Department for Aging and Independent Living (DAIL) to track areas where demand is outpacing provider availability and to assist participants in meeting their needs. ADDs and CMHCs can also refer participants directly to DMS or DAIL for assistance.

- DMS
 - Phone: (844) 784-5614
 - Email: 1915cWaiverHelpDesk@ky.gov
- DAIL
 - Phone: (877) 315-0589
 - Email: dail.pds@ky.gov

The following flexibilities are also available to expand PDS access for HCB participants:

- Participants may enroll with ADDs outside their region.
- CMHCs have been temporarily approved to provide Participant Directed Coordination for HCB under Appendix K.

DMS enacted Appendix K due to the COVID-19 federal public health emergency. While the federal public health emergency is [set to end on May 11, 2023](#), **Appendix K will remain in effect until November 11, 2023**, to allow a transition period for 1915(c) HCBS waiver programs to return to normal operations. DMS will make more information about the transition available to 1915(c) HCBS waiver providers soon.

Sincerely,

A handwritten signature in blue ink that reads "Pam Smith". The signature is written in a cursive, flowing style.

Pam Smith
Director, Division of Long-Term Services and Supports

INTEREST FORM

PARTICIPANT DIRECTED SERVICES



PROVIDER INFORMATION

Name of Area Development District (ADD) or Community Mental Health Center (CMHC):

Date ADD/CMHC Contacted:

ADD/CMHC Provider Number:

PARTICIPANT INFORMATION

Participant Name:

Medicaid ID Number:

Legal Guardian or Responsible Party (if applicable):

Participant, Legal Guardian or Responsible Party Phone Number:

Participant, Legal Guardian or Responsible Party Email:

Desired Waiver: ABI ABI LTC HCB MPW SCL

Desired Services:

Notes: Please include any details relevant to the request, including a list of other agencies the participant was referred to.

Submit Completed Form To:
1915cWaiverHelpDesk@ky.gov

Name of Person
Completing Form:

Date: