

Kentucky Cabinet for Health and Family Services

Medicaid 1915(c) HCBS Waiver Redesign Project: Frequently Asked Questions (FAQs)



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Kentucky 1915(c) HCBS Waiver Redesign FAQs

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Section 1: Document Background

The Department for Medicaid Services (the Department) on behalf of the Cabinet for Health and Family Services (the Cabinet) is publishing this Frequently Asked Questions (FAQs) document to provide timely updates and respond to stakeholder questions about redesign of the Cabinet's 1915(c) Home and Community Based Services (HCBS) waivers. The questions included in this FAQs document are a combination of submitted questions from stakeholders and anticipated questions identified by the Department.

Please Note:

- The Department has modified some questions from the format originally submitted for clarity.
- Stakeholders have submitted questions that are not related to the 1915(c) HCBS waiver redesign project to the Medicaid public comment inbox. Those questions will not be responded to in this FAQs. The Department will reply directly to those individuals.
- If your question was not addressed in this document and you did not receive a reply, see Q46 (below) for a list of contacts available to assist you.

We thank you for your continued interest in the 1915(c) HCBS waiver redesign process. We value your feedback and consider it an important part of the waiver redesign project. Please send any additional feedback and/or questions to the Department by emailing MedicaidPublicComment@ky.gov or by calling (502) 564-7540.

Section 2: Navigant's Assessment Activities

Q1: What are the 1915(c) HCBS waiver assessment areas?

Date Added/Revised: 5/31/18

There are three (3) assessment areas:

1. **Stakeholder Engagement** – which focused on obtaining stakeholders' thoughts, opinions, and experiences with 1915(c) HCBS waivers.
2. **Operational Redesign** – which focused on assessing the way in which the Cabinet is organized and conducts waiver administration and oversight activities.
3. **Waiver Redesign** – which focused on reviewing existing 1915(c) HCBS waiver applications, regulations, and other policies to understand how current programs are designed, and what strengths and weaknesses exist due to design.

Q2: How did the Cabinet and Navigant choose the assessment areas?

Date Added/Revised: 5/31/18

The Cabinet selected Navigant following a competitive procurement completed in April 2017 to assess the 1915(c) HCBS waiver programs. The procurement Navigant responded to required them to review program oversight and administration, quality of care, and service delivery, and to improve provider and participant experience. Assessment areas were developed to obtain the necessary level of information to respond to the requests within the procurement.

Q3: Is the 1915(c) HCBS waiver redesign being done in phases?

Date Added/Revised: 12/14/18

The redesign activities are proposed to take place in two (2) phases:

1. **Phase One** – Began in April 2017 and continues through the end of 2019. The Cabinet will assess the impact and improvements achieved as changes are implemented in 2019.
2. **Phase Two** – Anticipated to begin in 2020. During this phase, the Cabinet may choose to assess what waiver configuration and activities are the best fit for the Commonwealth.

Q4: What work is currently being completed to redesign the 1915(c) HCBS waivers?

Date Added/Revised: 12/14/18

Navigant has completed its initial assessment of Kentucky's 1915(c) HCBS system. The final report was released to the public on September 20, 2018 and can be found here:

<https://chfs.ky.gov/agencies/dms/dca/Documents/kyhcbssassessmentfinalreport.pdf>

The Cabinet's official response to Navigant's recommendations was published on October 15, 2018 and is available online using the following link:

<https://chfs.ky.gov/agencies/dms/dca/Documents/DMS%20Response%20Final%20PDF.pdf>.

In the Cabinet's official response, the Cabinet highlighted three (3) priority Groups (A, B, C) and the timing of the upcoming activities of these Groups.

Activities have already begun for Groups A & B. Activities for Group C are not scheduled to begin

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until late 2019. Here is a brief explanation of each priority Group:

- **Priority Group A** – Department activities **beginning Fall 2018**, anticipated implementation by Summer 2019. This Group addresses:
 1. Areas that need to be updated to comply with Centers for Medicare and Medicaid Services (CMS) guidance and
 2. Program administration and consistency.
- **Priority Group B** – Department activities **beginning Fall 2018**, anticipated implementation by Fall 2019. This Group addresses:
 1. Participant directed services (PDS) policies;
 2. The rate setting methodology;
 3. The use of assessment data to develop an independent assessment method; and,
 4. Case management standards, tools, and processes.
- **Priority Group C** – Department activities **beginning late 2019** and beyond. This Group addresses:
 1. A quality improvement strategy;
 2. Potential future assessment of Long Term Services and Supports (LTSS) needs; and,
 3. Needs-based care planning, budgets, and assessment methods.

Q5: What are the next steps in the 1915(c) HCBS waiver redesign process?

Date Added/Revised: 12/14/18

As we continue to work on identified processes, additional activities will start in late 2019 (in priority Group C). This includes activities to enhance the Commonwealth's 1915(c) HCBS waivers to reflect national best practices, to use a robust quality improvement strategy, and to assess potential future needs of participants in 1915(c) HCBS waiver programs. Please see Q4 for a more specific 1915(c) HCBS waiver redesign timeline.

Q6: How did the Department identify what redesign activities to move forward with first?

Date Added/Revised: 12/14/18

When prioritizing which recommendations to adopt first, the Department considered the needs of participants, stakeholder feedback, and financial constraints. The Department's current response plan will continue through 2019 and beyond. Although the Department plans to move quickly to initiate implementation, it will be deliberate as it moves forward to ensure that reforms are well designed and effectively implemented, without flooding the public with changes. These activities have already started (in priority Groups A & B).

Q7: Where do I find a copy of Navigant's recommendations?

Date Added/Revised: 12/14/18

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On September 20, 2018, the Cabinet released Navigant's final Assessment Recommendations Report. This report was released following Navigant's assessment of Kentucky's 1915(c) HCBS waivers and includes a series of findings and recommendations intended to improve the Commonwealth's 1915(c) HCBS waiver programs. You can access the Assessment Report online using the following link:

<https://chfs.ky.gov/agencies/dms/dca/Documents/kyhcbssassessmentfinalreport.pdf>.

Documents are also available in an alternative format by contacting the Department at MedicaidPublicComment@ky.gov or by calling (502) 564-7540.

Q8: Which 1915(c) HCBS waivers have been reviewed?

Date Added/Revised: 5/31/18

All the existing 1915(c) HCBS waivers, including:

1. Acquired Brain Injury (ABI) waiver
2. Acquired Brain Injury – Long Term Care (ABI-LTC) waiver
3. Home and Community Based (HCB) waiver
4. Michelle P. Waiver (MPW)
5. Model II Waiver (MIIW)
6. Supports for Community Living (SCL) waiver

Q9: How did the Cabinet and Navigant review the waiver language?

Date Added/Revised: 5/31/18

The Cabinet and Navigant are conducting a full, appendix-by-appendix review of all waiver language across the six (6) current 1915(c) HCBS waivers. The project team and Navigant subject matter experts review language, comparing each waiver to identify areas that can be strengthened, standardized, or restructured to better clarify processes, expectations, and to meet federal requirements. These revisions are drafts and are not considered final.

Q10: Does the Cabinet expect to change 1915(c) HCBS waiver regulations within the Kentucky Administrative Regulation (KAR)?

Date Added/Revised: 12/14/18

The Cabinet is currently identifying regulatory changes that may be necessary following the appendix-by-appendix waiver review process. State regulations will need to be aligned with any CMS-approved waivers and any subsequent changes to regulations will be made using the legally defined process.

Section 3: Governance

Q11: What is the 1915(c) HCBS governance team and what is their role in overseeing waiver redesign?

Date Added/Revised: 12/14/18

The Cabinet governance team is made of State leaders and decision makers in 1915(c) HCBS

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waiver program management. This includes the Medicaid Commissioner, executive leadership from the Cabinet, and the Governor's office.

The role of the governance team is to help guide the redesign process and make important decisions about project activities and the future of home and community based services. They are also responsible for monitoring the ongoing success of the 1915(c) HCBS redesign project and help Cabinet staff work through any issues or concerns as they arise. Together, these State leaders have many years of experience overseeing community based programs and several have direct experience with disability populations who need home and community based services. The types of decisions brought to the governance team cover a wide variety of topics.

In addition, the governance team is supported by colleagues from departments who contribute to home and community based services delivery, including:

- Department of Aging and Independent Living (DAIL)
- Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)
- Department for Community Based Services (DCBS)
- The Cabinet for Health and Family Services (the Cabinet) Office of the Ombudsman
- The Cabinet for Health and Family Services (the Cabinet) Office for Administrative and Technology Support (OATS)

Section 4: Covered Services

Q12: Some of the service definitions are confusing and do not accurately portray what they offer or cover. Will service definitions be addressed through waiver redesign?

Date Added/Revised: 3/15/19

All waiver service definitions are being considered for revisions that would improve and clarify the terms of that service. The Department's proposed service definition changes are included in the waiver amendments released for public comment on March 15, 2019.

Q13: Who will or could lose services as a result of these proposed changes to 1915(c) HCBS service definitions?

Date Added/Revised: 3/15/19

In the proposed waiver amendments released on March 15, 2019, the Department updated service definitions to standardize services that are similar across waiver programs. While the names of service types will be adjusted to help make terms consistent across all 1915(c) HCBS waivers, the nature of services currently available on the waiver will remain the same, therefore participants should not experience a direct loss of those services due to these changes.

The Department plans to transition Occupational, Physical, and Speech Therapy out of MPW based on guidance received from CMS. MPW participants will still be able to access these services through the Medicaid State Plan. Occupational, Physical, and Speech Therapy services offered the state plan are the same as what was offered through MPW.

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While available services remain the same, the Department reserves the right to deny a requested service when it is considered inappropriate or unnecessary, which is a continuation of current waiver policy.

Q14: Is the Michelle P. Waiver (MPW) going to change its allowable service units so that if you don't use them, you lose them?

Date Added/Revised: 12/14/18

The Cabinet is planning to revise its service allocation requirements to address stakeholder concerns that there is "one size fits all" approach to service allocation and usage requirements. The Department plans to adjust the Michelle P. Waiver 40-hour a week service allocation standard to be more individualized to a participant's needs as they have been assessed. However, for the time-being the 40-hour limit is not changing due to the potential impact on the Medicaid budget.

Proposed waiver revisions will also reflect changes to how services can be spread out over time in a participant's person-centered service plan to allow participants to use services when they are needed. Our goal is to avoid a "use it or lose it" culture, so that participants can make better use of services when they are needed. The Cabinet also wants to reduce waste and misuse of services as a part of this process.

Q15: Will occupational, physical and speech therapies continue to be offered through the ABI, ABI LTC and Michelle P. waivers?

Date Added/Revised: 4/11/19

In the waiver amendments made public on March 15, 2019, the Department proposed removing occupational, physical and speech therapy from the Michelle P. waiver. The Department has determined the services were duplicative of services offered under the Medicaid State Plan, which all Medicaid enrollees can access. Participants will continue to have access to these services as they do today through their State Plan benefit.

The ABI and ABI LTC waivers will continue to offer therapies through the 1915(c) HCBS waivers (i.e. occupational and speech therapy will be available under ABI and occupational, speech and physical therapy will be offered under ABI LTC). The therapies offered under the ABI and ABI LTC waivers are specialized to the needs of the ABI population and intended to maintain the participant's level of functioning.

Q16: I heard the Department plans to change services after the rate study is complete. Which services will be changed after the rate study?

Date Added/Revised: 4/11/19

The HCBS rate study currently underway will help establish a new rate setting and payment methodology across all 1915(c) HCBS waiver providers and service types. The Department reserves the right to make changes to service definitions and payment rates once the rate methodology study is complete and a final methodology has been determined. Upon completion of the rate study and after a new rate setting and payment methodology is developed, the Department will host a public comment period as required by CMS and submit waiver amendments to CMS for approval. The waiver amendments will include any service menu changes as well as the new rate methodology.

Section 5: Eligibility and Enrollment

Q17: Will the Department consider using a more technologically-friendly process to be used for enrollment applications and the recertification process (for example, an App for smart phones or tablets)?

Date Added/Revised: 12/14/18

The Department appreciates feedback on how to make the applications and recertification process easier in the future. An iPhone or Android app is not currently under development for use with existing Medicaid application processes.

Q18: Who will or could lose eligibility as a result of these proposed changes?

Date Added/Revised: 12/14/18

The first round of 1915(c) HCBS waiver redesign activities do not include changes to the 1915(c) HCBS waiver eligibility groups.

Q19: Will my amount of patient liability change through waiver redesign?

Date Added/Revised: 3/15/19

Based on stakeholder feedback from summer 2018, the Department is proposing changes to the way it calculates patient liability, listed in the waiver amendment under Appendix B-5, Post Eligibility Treatment of Income. The proposed changes are intended to reduce or eliminate patient liability for the majority of waiver participants.

Section 6: Participant-Directed Services

Q20: Is Participant-Directed Services (PDS) a waiver?

Date Added/Revised: 12/14/18

No, there is no “Participant-Directed Services” (PDS) waiver. Participants in five (5) out of six (6) 1915(c) HCBS waivers may elect to use PDS or a blended service delivery model, including:

1. Acquired Brain Injury (ABI) waiver
2. Acquired Brain Injury – Long Term Care (ABI-LTC) waiver
3. Home and Community Based (HCB) waiver
4. Michelle P. Waiver (MPW)
5. Supports for Community Living (SCL) waiver

To view which services are available under PDS, visit the Department website online using the following link: <https://chfs.ky.gov/agencies/dms/dca/Pages/cdo.aspx>.

Note: Model II Waiver is excluded from using PDS and blended services and only uses a traditional service delivery model.

Q21: Is the Consumer-Directed Option (CDO), the same as Participant-Directed Services (PDS)?

Date Added/Revised: 12/14/18

Yes, one of the terms that we are making consistent across all 1915(c) HCBS waivers is the use of the term *participant-directed services* (PDS). The title consumer-directed option will no longer be used in waivers. This change in name will not change a participant’s services or service plan if their waiver used the term *consumer-directed option* (CDO).

Q22: Are parents (or other family members) being removed as community living supports (CLS) / participant-directed services (PDS) / consumer-directed option (CDO) workers? If so, will there be exceptions and what are they?

Date Added/Revised: 3/15/19

The Department received a high volume of comments from stakeholders about the need to hire legally responsible individuals, including parents, spouses, legal guardians, and legal representatives as PDS workers. **The Department plans to allow this practice to continue.** The Department has released proposed updated criteria to more clearly define when it is allowable to employ legally responsible individuals. The Department believes these proposed criteria offer improved clarity to the public and will support the Department in monitoring for any potential legal conflict of interest that can lead to program fraud, waste, and abuse, as well as participant abuse and exploitation. Stakeholders may comment on these proposed changes during the waiver amendment public comment period between March 15, 2019 and April 15, 2019.

Section 7: 1915(c) HCBS Assessment

Q23: Will the waiver redesign assessment tool be the same for children and adults or will it be different?

Date Added/Revised: 12/14/18

There are no immediate plans to introduce a new tool specifically for participants under the age of 18 years old. As part of 1915(c) HCBS assessment redesign activities, the Department plans to review existing tools. In addition, the Department will consider how assessment outcomes can be reviewed or “scored” to differentiate functional needs between adult participants and youth participants under the age of 18. This review would take place prior to the adoption of a new tool.

Q24: Will a 1915(c) HCBS assessment tool adequately assess needs for 1915(c) HCBS waiver participants?

Date Added/Revised: 12/14/18

The Department is considering how to improve 1915(c) HCBS assessment tools so that participant needs are effectively identified and drive service plan development, along with assessment processes. These planned updates to the assessment methodology will aim to improve data collection as well. The focus for immediate redesign is on improving assessor training on use of the current tools to promote inter-rater reliability. There are no plans to introduce new assessment tools during planned 1915(c) HCBS redesign activities for 2019.

Section 8: Access to Services

Q25: Why isn't transportation available and affordable for 1915(c) HCBS participants, specifically in rural settings?

Date Added/Revised: 12/14/18

The Department recognizes the varied needs of 1915(c) HCBS waiver participants and their families, including the transportation needs of participants in different geographic areas of the Commonwealth. In an effort to create more customized services, the Department is improving the way it allocates resources and give participants more flexibility with their services in the future. The Department understands there is a need for transportation, especially in rural settings and will continue to consider how to assist participants with those needs.

Section 9: 1915(c) HCBS Rate Setting Methodology Study

Q26: What is the purpose of the rate study?

Date Added/Revised: 12/14/18

The rate study will help establish a new Department rate-setting and payment methodology across all 1915(c) HCBS providers and service types. The Department has contracted with Navigant, a national leader in 1915(c) HCBS rate development and service delivery strategies, to conduct this study.

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Q27: How can I provide feedback on the rate study / how can stakeholders stay informed about the rate study?

Date Added/Revised: 12/14/18

Stakeholder feedback is key to the project and welcomed.

- Rate Study Workgroup that will meet regularly throughout the project and provide feedback on key rate components and assumptions (the Department retains full decision-making authority). This workgroup consists of participants and providers / provider association representatives reflecting the wide range of services and populations included in these important programs.
- 30-day formal public comment period after the rate methodology / rates have been developed.

Please note that the above opportunities for stakeholder feedback are specific to this rate study and do not replace the overall 1915(c) HCBS stakeholder engagement strategy that the Department will be implementing across the entire 1915(c) HCBS delivery system.

Q28: Where do I find the most recent Rate Study webinar?

Date Added/Revised: 12/14/18

The Department has used webinar platforms throughout the 1915(c) HCBS waiver redesign process. The most recent Rate Study Webinar took place on November 8, 2018. Details below:

All Provider Rate Study Webinar (November 8, 2018)

- All Provider Webinar recording:
<https://chfs.adobeconnect.com/a1154899231/p8vjjw1pw9c/?proto=true>
- All Provider Webinar slides:
<https://chfs.ky.gov/agencies/dms/dca/Documents/1915cratestudywebinarslides.pdf>

Q29: Are budget cuts for the 1915(c) HCBS waiver programs being considered?

Date Added/Revised: 12/14/18

The rate study will help establish a new departmental rate-setting and payment methodology across all 1915(c) HCBS waiver providers and service types. The Department currently assumes that overall funding across all waivers will remain constant. Changes in service-specific payment rates are possible but have not yet been identified as the rate study is not complete.

Q30: Will the rates for providers be competitive so that the 1915(c) HCBS waiver programs attract and keep good employees?

Date Added/Revised: 12/14/18

The Department has received feedback from providers regarding the need to attract and retain good employees for the 1915(c) HCBS waiver programs. The rate study will include an examination of direct care worker wages, including wages reported by providers via a special survey, input from a Rate Study Work Group, and examination of Bureau of Labor Statistics data.

Section 10: Waiver Configuration

Q31: Are the 1915(c) HCBS waiver programs going to be moved from Fee-for-Service (FFS) to Managed Care? Is that a possibility?

Date Added/Revised: 12/14/18

There are no formal plans to move the Commonwealth's 1915(c) HCBS waiver programs into a Managed Care delivery model.

Q32: Does the Department plan to implement one "super waiver" to combine all 1915(c) HCBS waivers into one?

Date Added/Revised: 12/14/18

No, at this time the Department does not plan to change the number or types of 1915(c) HCBS waivers until we have completed the first phase of 1915(c) HCBS related activities. This was specified in the Cabinet's response to Navigant's program assessment, which was released to the public in October 2018.

Section 11: Case Management

Q33: Why are we changing the current case management approach?

Date Added/Revised: 12/14/18

The Department recognizes previous stakeholder feedback noted inconsistencies in participant experiences with case management. The process of improving the case management approach will streamline and clarify the guidelines that case managers use today to serve 1915(c) HCBS participants. As a result of additional training and clearer guidelines, service plans will be more tailored to participant needs. Also, the process to escalate any service issues with any of the individuals they care for will be clearer and more direct since new supports will be implemented.

Q34: Where do I find the most recent Case Management webinar?

Date Added/Revised: 12/14/18

The Department has used webinar platforms throughout the 1915(c) HCBS waiver redesign process. The most recent Case Management webinar was on October 26, 2018. Details below:

1915(c) HCBS Proposed Case Management Enhancements Webinar (October 26, 2018)

- Case Management Webinar recording:
<https://insidenci.webex.com/insidenci/ldr.php?RCID=d41ff338c4582240fea42cd7a7b51986>
- Case Management Webinar slides:
<https://chfs.ky.gov/agencies/dms/dca/Documents/cmwebinaroct18.pdf>

Q35: What supports does the Department intend to provide case managers and participant directed case managers?

Date Added/Revised: 4/11/19

The Department will support case managers to respond to the proposed changes by offering a

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significant amount of training about the role of a case manager and expectations for case management delivery. The Department's goal is to provide training that is accessible and aligns with federal regulations and national leading practices. The training is anticipated to include real-life scenarios obtained from case managers in the field that will demonstrate the possible issues and appropriate resolutions to anticipated situations.

The Department also intends to launch a one-stop, help desk for statewide case managers seeking technical assistance. The help desk will provide case managers timely guidance to help respond to case-specific questions, policy clarification and other types of technical assistance that may be needed. Access to timely information and guidance should empower case managers to be more effective and efficient in their role as they work with participants to complete person-centered service planning and coordination activities.

Section 12: Centralized Quality Management

Q36: What is Centralized Quality Management?

Date Added/Revised: 12/14/18

Centralized Quality Management (CQM) is the process of organizing and strengthening 1915(c) HCBS waiver operations and oversight under one quality management business unit within the Department for Medicaid Services. It serves to centralize decision-making authority and responsibility.

Q37: Why are we changing the current quality management process?

Date Added/Revised: 12/14/18

The Department, as the single State Medicaid Agency, is responsible for the oversight and management of all 1915(c) HCBS waivers in Kentucky. The Cabinet is working toward centralizing quality management within the Department, including data management, operational tracking, and reporting to CMS. This centralization will improve the Department's ability to monitor activities and report quality measures efficiently to CMS. The Cabinet also seeks to reduce duplication in monitoring to offer improved support to providers and allow them to focus their efforts on delivery of high-quality services to 1915(c) HCBS waiver participants.

Q38: Will the Department of Aging and Independent Living (DAIL) and Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) still be involved in waiver operations?

Date Added/Revised: 12/14/18

Yes, both DAIL and DBHDID will continue to have important roles in supporting and leading certain parts of day to day operations of the 1915(c) HCBS waiver programs. As part of centralizing quality management, these departments will defer primarily to the Department of Medicaid Services as a "lead agency" who has final decision-making authority on a number of topics. However, both DAIL and DBHDID will continue to work with the 1915(c) HCBS provider network and have an active role in providing technical assistance, conducting provider monitoring and oversight, delivering training, and other quality management related activities.

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Q39: How will the critical incident reporting process change?

Date Added/Revised: 4/11/19

The Department is updating its critical incident reporting materials to:

- Streamline waiver reporting requirements and processes across all 1915(c) HCBS waivers.
- Address deficiencies identified during the 1915(c) HCBS waiver assessment

The updated incident reporting materials will impact all service providers, case managers, and support brokers providing services to 1915(c) HCBS waiver participants. The updated incident reporting process is anticipated to occur in two phases. The first phase, proposed to begin in June 2019, intends to update incident reporting materials. The second phase intends to develop a web-based system. Additional information and training sessions will be provided prior to implementation of the web-based system.

The Department will host an informational webinar on **Tuesday, May 7, 2019 from 2pm - 3:30pm EST** to review the updated incident reporting materials. On the day of the webinar, the updated incident reporting materials will be posted to the Division of Community Alternatives (DCA) website (<https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>).

Providers can attend the webinar using the following information:

1. There is no registration for the webinar. You can log in beginning at 1:30pm on May 7.
2. Log in using this link: <http://chfs.adobeconnect.com/hcbs2019webinars/>
3. Join the audio conference one of two ways:
 - Listen through your phone: Call 1-877-746-4263 and enter conference code 2210534.
 - Listen through your device: Click "Listen Only" and listen via the speakers on your desktop, laptop, tablet, or cellphone.

Complete access information for the webinar can be found at:

<https://chfs.ky.gov/agencies/dms/ProviderLetters/citraining1915cproviderletter.pdf>

For providers unable to attend the webinar, it will be recorded and posted to the DCA website for viewing.

Section 13: Stakeholder Engagement

Q40: How can stakeholders provide input?

Date Added/Revised: 12/14/18

There are multiple ways for stakeholders to provide their input, ask questions, and provide suggestions throughout the redesign process:

1. **Stakeholder Advisory Panels:** The Department has formed a Home and Community-Based Services Advisory Panel (HCBS-AP) and three (3) subpanels to address specific 1915(c) HCBS topics and better include stakeholders in the decision-making process.
 - a. **The HCBS-AP** provides subject matter expertise to advise the Department on 1915(c) HCBS waiver redesign and changes to the 1915(c) HCBS system in Kentucky. The HCBS-AP engages multiple stakeholder types, including panelists representing all waivers. Panelists collectively consider 1915(c) HCBS waiver policy and operational changes proposed by the Department and the impacts those changes may have on all

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stakeholders, especially participants.

b. Three (3) subpanels focused on specific 1915(c) HCBS topics support the HCBS-AP's work. The subpanels focus on the following areas:

- **Subpanel 1: Participant-Directed Services (PDS) Advisory Subpanel**

The PDS Advisory Subpanel provides input and offers firsthand examples and perspectives related to 1915(c) HCBS, PDS, and Fiscal Management Agency (FMA) policies and operations. The PDS Advisory Subpanel will

- Discuss clarifying the PDS policies and adjust the process for approving all workers;
- Developing a PDS self-assessment tool; and,
- Identifying standardized FMA performance standards.

- **Subpanel 2: Centralized Quality Management Advisory Subpanel**

The Centralized Quality Management Advisory Subpanel offers the Department stakeholders' input and perspective related to

- Assessing the Commonwealth's management of critical incidents;
- Considering a web-based system that will track and trend critical incidents;
- Streamlining provider certification across waivers; and,
- Issuing and monitoring provider corrective action plans.

- **Subpanel 3: Case Management Advisory Subpanel**

The Case Management Advisory Subpanel provides input and offers firsthand examples and perspectives related to case management processes, support, and training needs. The Case Management Advisory Subpanel will discuss

- Streamlining service authorizations;
- Developing standards for person-centered service planning;
- Designing case manager training; and,
- Implementing a case manager help desk.

2. Rate Study Workgroup: The rate study work workgroup consists of participants, providers, and provider association representatives covering a wide range of services and populations included in the 1915(c) HCBS waiver programs. This group will meet regularly throughout the project and provide feedback on key rate components and assumptions.

3. Ongoing Stakeholder Engagement: The established email address is open and staff from the Department is monitoring it for your comments and questions. Your feedback is critically important for this redesign to succeed. Please share your feedback at any time by:

- Emailing MedicaidPublicComment@ky.gov,
- Calling the Division of Community Alternatives (DCA) at (502) 564-7540, or
- Sending a letter to the following address:

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Department for Medicaid Services
Division of Community Alternatives
275 E. Main Street 6W-B
Frankfort, Kentucky 40621

Q41: What are the public comment webinars? How do I access them?

Date Added/Revised: 3/15/19

Webinars are an efficient way to communicate detailed information to a wide audience in an efficient manner. The Department has used webinar platforms throughout the 1915(c) HCBS waiver redesign process. The Department continues to build its informational webinar library with a webinar recording on the amended 1915(c) HCBS waiver applications released on March 15, 2019.

Q42: Why did the Department pause the original public comment period in January 2019?

Date Added/Revised: 3/15/19

The Department started a formal public comment period on Monday, January 7, 2019 and paused the public comment period on Friday, January 18, 2019. During that period, the Department received valuable comments from stakeholders and identified a need to pause public comment in order to revise the waivers further. Now that revisions are complete, the Department is restarting the public comment period for a full thirty (30) days to allow stakeholders to view the revisions and provide comment.

Q43: What has changed since the original release of the waivers in January 2019?

Date Added/Revised: 3/15/19

In addition to the proposed changes included in the January 7, 2019 release of the waivers, the Department has made the following additional changes:

- Based on stakeholder feedback from summer 2018, the Department updated the way it calculates patient liability. This should reduce or eliminate patient liability for waiver participants.
- The Department clarified PDS policies, including the criteria for hiring legally responsible individuals, background check and training requirements for PDS employees, and which services can be delivered by a legally responsible person, a legal guardian and/or a relative via the PDS service delivery option.
- The Department plans to transition Occupational, Physical and Speech Therapy from MPW to the Medicaid State Plan based on guidance received from CMS.
- The Department updated text to ensure easier readability and understanding.
- The Department double checked each waiver to ensure program and population-specific notations were correct and updated those notations as needed.
- Based on the updated 1915(c) waiver application released by CMS in January 2019, the Department added Appendix H-2 regarding the use of participant experience surveys.

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Q44: If I submitted a comment during the original comment period (January 7, 2019 through February 6, 2019), do I have to resubmit my comment for it to be counted as part of public comment?

Date Added/Revised: 3/15/19

No, you do not need to resubmit your comment. The Department will count, review, and consider all comments submitted beginning with the original formal public comment period that began January 7, 2019 through the end the new formal public comment period that runs from March 15, 2019 to April 15, 2019, as part of the public comment process with CMS. Comments submitted outside of this timeframe will be addressed through either a regularly updated Frequently Asked Questions (FAQs) document or Department staff interaction.

Q45: What are the public comment period details? How do I submit an official Public Comment?

Date Added/Revised: 3/15/19

Public comment period (beginning March 15, 2019): CMS requires a 30-day formal public comment period prior to the Department submitting updated waiver applications or substantive amendments for approval. The Department will hold a formal public comment period for the amended 1915(c) HCBS waiver applications from March 15, 2019 until April 15, 2019.

During the formal comment period, comments submitted between March 15, 2019 and April 15, 2019 will be considered an “official public comment.” These comments will not be responded to individually. They will be publicized and responded to through the public comment process with CMS. The public comment period announcement can be found online using the following link: <https://chfs.ky.gov/agencies/dms/dca/Documents/marchpubliccommentnotice.pdf>

The Department is dedicated to continuously recognizing and considering stakeholder input. Comments can be submitted once the formal public comment period ends, however, those comments will not be part of what the Department submits to CMS. Those comments will be addressed through either a regularly updated Frequently Asked Questions (FAQs) document or Department staff interaction.

Submitting a Public Comment:

To submit an official public comment during the formal public comment period, please use one of the following methods of submission:

1. **Email:** Please send an email to: MedicaidPublicComment@ky.gov.

Subject: Public Comment

2. **Phone:** Please call Kendra Sears or Jacklyn Butler at (502) 564-7540. They will notate your comments and submit them for review.

3. **Mail:** Please send a letter to:

Department for Medicaid Services

Attn: Public Comment

275 E. Main St., 6W-B

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Frankfort, KY 40621

What to Include in Your Public Comment:

In your comment, please provide the following information with your submission:

1. Contact Information:

- If you are **commenting as an individual**, please submit identifying or contact information.
- If you are **commenting on behalf of a provider**, please include the provider name and the contact information.
- If you are **commenting on behalf of an organization or association**, include the organization's name and your contact information.

2. Waiver:

- Please indicate which waiver(s) you are commenting on.

3. Comment:

- You may submit general comments or comments on specific areas of the waiver. Please be clear about the areas you are commenting on.
- **Do not include personal health information in your comments. Your comments may be shared publicly.**

You can request this document, the amended waiver applications, or a summary in paper form by contacting Kendra Sears or Jacklyn Butler at (502) 564-7540.

The amended 1915(c) HCBS waiver applications will be available online at <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx> by the **close of business on March 15, 2019**.

Each waiver will have its own amendment, so there will be six (6) amendment documents posted. There will also be summaries available describing the amendments to all six (6) waivers.

Q46: I submitted a comment during the public comment period. How will my comment impact the 1915(c) HCBS waiver amendments?

Date Added/Revised: 4/11/19

Throughout the public comment period, Department staff review and categorize the comments. After the public comment period is closed on April 15, 2019, the Department will determine which recommendations submitted during public comment will be adopted. The Department will incorporate adopted recommendations into the 1915(c) waiver amendments prior to submitting to CMS.

As required by CMS, the Department will also provide a public response to all comments. The public response will summarize all the comments submitted during public comment and provide the Department's rationale for adopting or not adopting the recommendation.

Some questions submitted during the public comment period will be answered through upcoming editions of this FAQ document.

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Q47: Will there be more town halls in 2019? When will they be held?

Date Added/Revised: 3/15/19

Yes, the Department is planning to hold in-person Town Hall Meetings in various regions of the Commonwealth to further discuss the Department's changes to the 1915(c) HCBS waiver applications and update stakeholders on 1915(c) HCBS waiver redesign.

These meetings are tentatively scheduled for **Summer 2019**. Meeting dates, times, and locations will be announced approximately 30 days prior to the meeting.

Q48: What are the stakeholder advisory panels and how will the panels impact redesign?

Date Added/Revised: 4/12/18

The Department has selected four (4) advisory panels comprised of 1915(c) HCBS stakeholders (described in Q36 above). These panels are made up of stakeholders (panelists), who will provide subject matter expertise and input throughout the 1915(c) HCBS waiver redesign process. Feedback received from the panelists will be helpful as the Department considers ways to improve HCBS in Kentucky. The advisory panels include multiple stakeholder types and panelists represent all waivers.

Although the panels' input will be used to inform the Department's decision-making, the Department, as the single State Medicaid Agency, will remain the final decision-maker throughout redesign of Kentucky's 1915(c) HCBS waiver programs.

The public can review the panels' meeting minutes on the Division of Community Alternatives website at: <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>.

Q49: Why was I not selected for the stakeholder advisory panel?

Date Added/Revised: 12/14/18

Due to the enthusiastic response from stakeholders, we were unable to accommodate everyone who applied to be a panelist. The Department chose panelists for their unique point of view and perspective. Individuals were appointed based on representation of stakeholder types, waiver representation, geographical location, and expertise in the panel subject matter.

Q50: If I was not selected to serve on the stakeholder advisory panel, am I still able to offer input? Is there time to have my voice heard?

Date Added/Revised: 3/15/19

Yes, the Department welcomes feedback from all stakeholders. Anyone is welcome to ask questions and make comments regarding 1915(c) HCBS waiver programs at any time.

Note: Please share your feedback at any time by:

- Emailing MedicaidPublicComment@ky.gov,
- Calling the Division of Community Alternatives (DCA) at (502) 564-7540, or
- Sending a letter to the following address:

Department for Medicaid Services

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Division of Community Alternatives
275 E. Main Street 6W-B
Frankfort, Kentucky 40621

Please note: During the formal comment period, comments submitted between March 15, 2019 and April 15, 2019 will be considered an “official public comment.” These comments will not be responded to individually. These comments will be publicized and responded to through the public comment process with CMS. Comments submitted outside of this timeframe will be addressed through either a regularly updated Frequently Asked Questions (FAQs) document or Department staff interaction.

Q51: What if I have a case-specific question about a HCBS topic?

Date Added/Revised: 12/14/18

We have attached a table with contact information depending the topic / waiver area you may need assistance with. If you do not see your topic listed, email MedicaidPublicComment@ky.gov, or call the Division of Community Alternatives (DCA) at (502) 564-7540.

Additionally, please see the current and future stakeholder engagement activities listed under Q36: “How can stakeholders provide input?” for additional opportunities to provide feedback to the Department.

Department for Medicaid Services Contact List by Topic:

Topic	Name	Phone Number	Email
ABI and ABI-LTC Waivers	Randy Compton	(502) 564-7540	Randy.Compton@ky.gov
HCBS Waiver	April Lowery	(502) 564-7540	April.Lowery2@ky.gov
Medicaid Eligibility	Member Services	(800) 635-2570	MS.Services@ky.gov
Michelle P. Waiver	Mary Dee Boemker	(502) 564-7540	Mary.Boemker@ky.gov
Model II Waiver	April Lowery	(502) 564-7540	April.Lowery2@ky.gov
MWMA	MWMA Contact Center	(800) 635-2570	MedicaidPartnerPortal.info@ky.gov
SCL Waiver	Ricky May	(502) 564-7540	Ricky.May@ky.gov
State Plan Benefits Information	Member Services	(800) 635-2570	MS.Services@ky.gov

Q52: How has the Cabinet informed legislators of the project?

Date Added/Revised: 5/31/18

Briefings and updates on the 1915(c) HCBS waiver assessment are available to legislators upon request. DMS and Navigant provided a formal update to the Medicaid Advisory and Oversight

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Committee regarding our progress. The Cabinet welcomes future engagement of legislators and their staff and is actively seeking ways to better educate and inform them on this project.

Q53: I emailed my comments to the public comment email box. Who is reviewing them and how are they used?

Date Added/Revised: 5/31/18

The Department welcomes public comment. The public comment email box is available for those who may not be able to, or comfortable with, sharing their thoughts in a public meeting. You can provide comments about any 1915(c) HCBS waiver related topic. All submissions to the public comment inbox are forwarded to Navigant, who reviews feedback, and catalogues the comment for tracking purposes. The Department also reviews all comments and utilizes the input to help guide the decisions made within this process.

Q54: How do I join a Technical Advisory Committee (TAC)?

Date Added/Revised: 5/31/18

Each TAC is governed by regulations that designate appointment positions for each TAC. To determine if there is an opening on a TAC, an individual would need to reach out to the chairperson of the TAC to discuss if they can be nominated. For information on the TACs, please visit <https://chfs.ky.gov/agencies/dms/tac/Pages/default.aspx>.

Q55: How can I receive further updates and/or notification about any future meetings related to the 1915(c) HCBS assessment or waiver changes?

Date Added/Revised: 5/31/18

Please send your request to MedicaidPublicComment@ky.gov to be added to a list-serve. You do not have to attend a meeting to have your name added to this list.

Q56: In addition to this FAQs document, are there any recently published documents regarding 1915(c) HCBS redesign?

Date Added/Revised: 3/15/19

The Department published two (2) stakeholder handouts in October 2018 for individuals using the waivers and for waiver providers to help educate the public on the future of 1915(c) HCBS waiver redesign:

1. ***What Does This Mean to Me? Individuals Who Use Waivers Edition.*** This guide summarizes upcoming redesign activities and how they are expected to impact participants and their families. It is available online using the following link: <https://chfs.ky.gov/agencies/dms/dca/Documents/whatdoesthismeanindividuals.pdf>
2. ***What Does This Mean to Me? Provider Edition.*** This guide describes planned redesign activities and how they may impact providers. It is available online using the following link: <https://chfs.ky.gov/agencies/dms/dca/Documents/whatdoesthismeanproviders.pdf>

In March 2019, the Department released the proposed waiver amendments. To accompany the release, **the Department released waiver specific one-pagers and a webinar recording** that summarize the changes. These materials can be found at:

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<https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>.

More documents will be published as 1915(c) HCBS waiver redesign moves forward. Stakeholders can find all documents related to redesign at

<https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>.

Section 14: Other Medicaid Topics

Q57: I am on a 1915(c) HCBS waiver. Do I have to enroll in the Kentucky HEALTH program?

Date Added/Revised: 3/15/19

Individuals who are getting 1915(c) HCBS waiver benefits will not be in Kentucky HEALTH.

Q58: What is the difference between an 1115 waiver and a 1915(c) HCBS waiver? How do I know which one I should be in?

Date Added/Revised: 3/15/19

1915(c) HCBS waivers are for home and community based services. These waivers let the state pay for services that are not normally covered by Medicaid. The services are designed to allow individuals to keep living at home in the community and getting services instead of going to an institution like a nursing home.

1115 waivers are usually for people who do not have serious health issues. These waivers let states test new ways to improve health for people on Medicaid and lower Medicaid program costs.

Kentucky has both 1915(c) HCBS and 1115 waivers approved by CMS. When you apply for Medicaid, the Department will use set rules to figure out which part of the Medicaid program you should be in. If your situation changes, you should let the Department know as soon as possible so it can change the program you are in, if needed.

Q59: Will 1915(c) HCBS waiver participants have to meet the Kentucky HEALTH community engagement requirements?

Date Added/Revised: 3/15/19

No. 1915(c) HCBS waiver participants will not be in Kentucky HEALTH, so they will not need to meet Kentucky HEALTH requirements.

Q60: If I am a participant on a 1915(c) HCBS waiver and someone in my household is a member of the Kentucky HEALTH program, is the person in my family exempt from the community engagement requirements?

Date Added/Revised: 3/15/19

People on Kentucky HEALTH may have a PATH Community Engagement requirement, even if someone in their household does not. Individuals on Kentucky HEALTH may check if they qualify for an exemption from the requirement. Some common exemptions are if the person is medically frail, a former foster youth up to age 26, or a survivor of domestic violence.

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Q61: If I am a 1915(c) HCBS waiver participant and there is someone in my household who is a member of the Kentucky HEALTH program who is my caregiver, can that fulfill their community engagement requirement?

Date Added/Revised: 3/15/19

Caregiving is a PATH Community Engagement activity. The person in your household would need to provide the caregiving services and report them to the Department for Community Based Services (DCBS).

Q62: If I am a 1915(c) HCBS waiver participant and there is someone in my household who is a member of the Kentucky HEALTH program, how does that impact my home and community based services?

Date Added/Revised: 3/15/19

Kentucky HEALTH will not impact the home and community based services you receive on the 1915(c) HCBS waiver. If the person in your household gets a penalty on Kentucky HEALTH, that penalty will not impact your coverage.

Q63: Can my Participant Directed Services (PDS) employee use their Medicaid funded working hours to satisfy the Kentucky HEALTH community engagement requirement?

Date Added/Revised: 3/15/19

Yes, your PDS employee can use Medicaid funded working hours to count towards their community engagement requirement.

Q64: What impact does the 1115 related litigation have on the 1915(c) HCBS redesign timeline?

Date Added/Revised: 3/15/19

1115 waiver activities should have no impact on the 1915(c) HCBS redesign timeline.

Q65: Will 1915(c) HCBS waiver participants earn My Rewards benefits?

Date Added/Revised: 3/15/19

No, the My Rewards account is only available to Kentucky HEALTH members. 1915(c) HCBS participants are exempt from Kentucky HEALTH membership and do not have My Rewards accounts.

Q66: Do 1915(c) HCBS waiver participants have to pay a cost share like a Kentucky HEALTH member?

Date Added/Revised: 3/15/19

1915(c) HCBS waiver participants have always paid a copayment for State Plan services, such as pharmacy and hospital stays. This will not change due to the Kentucky HEALTH program.

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Q67: I am a 1915(c) waiver participant, will the implementation of Kentucky HEALTH change my patient liability?

Date Added/Revised: 3/15/19

No, 1915(c) waiver participants' patient liability will not change due to the implementation of the Kentucky HEALTH program. Please refer to Q17 for more information on patient liability.

Q68: If I am a participant on a 1915(c) HCBS waiver and would like to work, am I allowed to?

Date Added/Revised: 3/15/19

Yes. Medicaid does not prohibit participants of any Medicaid program from working.

Q69: A Federal judge blocked Kentucky's 1115 waiver in March 2019. What impact does the legal ruling have on the 1915(c) HCBS waivers?

Date Added/Revised: 4/11/19

The Federal judge's ruling in March 2019 regarding the Kentucky HEALTH 1115 waiver does not impact the 1915(c) HCBS waivers or the Department's proposed changes to the 1915(c) HCBS waivers. For questions regarding Kentucky's 1115 waiver, beneficiaries should reach out to their managed care organization (MCO).