

Kentucky Cabinet for Health and Family Services

COVID-19 Frequently Asked Questions for Medicaid 1915(c) Home and Community Based Services Waivers



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Kentucky 1915(c) HCBS COVID-19 FAQs

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Section 1: Document Background

On March 6, 2020, Governor Andy Beshear declared a state of emergency in Kentucky due to the novel coronavirus, or COVID-19, a respiratory illness that is easily spread person-to-person. The symptoms such as fever, dry cough, and difficulty breathing, can range from mild to severe. According to the Centers for Disease Control (CDC), adults aged 60 and older or people with underlying medical conditions such as heart disease, diabetes, or lung disease are most at risk for severe illness.

The Department for Medicaid Services (DMS), on behalf of the Cabinet for Health and Family Services (CHFS), is publishing this Frequently Asked Questions (FAQs) document in response to COVID-19 questions as they relate to 1915(c) Home and Community Based Services (HCBS) waivers. This includes all six of Kentucky's 1915(c) HCBS waivers: Acquired Brain Injury (ABI), Acquired Brain Injury Long Term Care (ABI LTC), Home and Community Based (HCB), Model II Waiver (MIIW), Michelle P. Waiver (MPW), and Supports for Community Living (SCL).

These questions were collected from inquiries made to the DMS Division of Community Alternatives (DCA) via email and via webinar held March 25, 2020. DMS has modified some questions from the originally submitted language to be as clear as possible and not share case-specific details.

Navigating the FAQ

Readers have a couple of options for navigating to specific parts of this FAQ.

1. Questions have been grouped and are listed by topic in the "Contents" section above. Clicking on the question will take you to the answer.
2. Readers can search for keywords in the document by hitting CTRL+F on the keyboard. This will pop up a search box where the reader can enter a keyword (such as PDS) to find all questions and responses related to that topic.

FAQ Key

Questions have been grouped and are listed by topic in the "Contents" section above. Clicking on the question will take you to the answer.

Each question lists the "Date Added" or "Revised." "Date Added" means the question is new to the FAQ. "Revised" means the response has been substantially updated since the last release of the FAQ.

To further assist readers, DMS has color-coded new and revised questions. The date for each new question is highlighted **yellow** and the date for each revised question is highlighted **green** in the body of the document. The numbers of added and revised questions have been highlighted in the "Contents" sections above as well.

Additional Questions

DMS is working to update this document as more questions are received. If you submitted a question recently, it may be included in a future update.

If you have additional waiver-related questions about the COVID-19 after reviewing this FAQ, please contact the 1915(c) Waiver Help Desk via email at 1915cwaiverhelpdesk@ky.gov or by phone at (844) 784-5614.

All waiver-related COVID-19 resources are available at <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>. Resources for all Medicaid providers are available at <https://chfs.ky.gov/agencies/dms/Pages/cv.aspx>.

For more information on COVID-19, the number of confirmed cases in Kentucky, or a listing of actions

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Governor Beshear has taken due to COVID-19, visit kycovid19.ky.gov.

Assessments and Case Management Activities

Q1: If a waiver participant needs their annual re-certification completed, how should the assessor complete the assessment/re-assessment?

Date Added: 3/20/20

DMS issued a notice to assessors on March 16, 2020, that all assessments and re-assessments should be completed via phone or using remote options (such as FaceTime, Skype, etc.). While DMS knows an assessment is best completed in-person, this measure was implemented to support recommended social distancing measures. Please refer to the following letters for more information:

ABI/MPW Assessments Letter

<https://chfs.ky.gov/agencies/dms/ProviderLetters/abimpwassessmentscovid19.pdf>

Model II Assessments Letter

<https://chfs.ky.gov/agencies/dms/ProviderLetters/modeliiassessmentscovid19.pdf>.

Q2: Are Kentucky Home Assessment Tool, or K-HAT, assessments/re-assessments on hold due to the COVID-19?

Date Added: 3/20/20

No, assessments/re-assessments are not on-hold. DMS issued a notice to assessors on March 16, 2020 that all assessments and re-assessments should be completed via phone or using remote options (such as FaceTime, Skype, etc.). While DMS knows an assessment is best completed in-person, the step was taken to support recommended social distancing measures.

Q3: Are MAP-10 forms required to initiate services during COVID-19?

Date Added: 4/7/20

Yes, DMS still needs this documentation for initial enrollees. If it cannot be obtained, contact DMS at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614.

For participants going through the re-certification process, DMS is allowing their current MAP-10 to be uploaded again.

Q4: How should case managers handle new enrollments? Can the initial visit be conducted over the phone? Do participants have to start services in the 60 day timeframe?

Date Added: 4/7/20

Yes, the initial visit for new enrollees can be conducted over the phone. Do not discharge or disenroll waiver participants because of difficulty or inability to initiate services due to COVID-19. If the enrollee's needs can be met through natural supports, they can receive case management only until Appendix K expires or is discontinued, at which time the 60-day timeframe will be initiated.

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Q5: What if an initial waiver enrollment or re-certification cannot be completed in the required timeframe?

Date Added: 3/20/20

If you have a participant for whom you cannot complete an assessment or re-assessment, please contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844)784-5614 for further guidance.

Q6: Should case managers/support brokers/service advisors conduct remote visits with all waiver participants or only those who show symptoms of or have had known exposure to COVID-19?

Date Added: 3/20/20

To reduce the spread of COVID-19 in Kentucky, case managers and support brokers are allowed to conduct **all visits** via phone or using remote options (such as FaceTime, Skype, etc.), so long as the method used allows for direct interaction between the waiver participant and the case manager (e-mail or leaving a message is not considered interactive). Please refer to the COVID-19: Telehealth letter available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf> for more information.

Q7: Can case managers/support brokers/service advisors conduct remote visits with waiver participants and their families in lieu of face-to-face visits even when no one in the participant's residence is showing signs of COVID-19? Some participants have a higher risk of contracting the virus due to age, health conditions or a compromised immune system and don't want to risk unintentional exposure.

Date Added: 3/20/20

On March 13, 2020, DMS began allowing case managers/support brokers/service advisors to conduct all visits via phone or using remote options (such as FaceTime, Skype, etc.). Please refer to the COVID-19: Telehealth letter available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf> for more information.

Q8: What should a case manager do if a waiver participant needs to have a person-centered service plan meeting, either due to their annual level of care ending or the need for an emergency modification to their plan?

Date Added: 3/20/20

On March 13, 2020, DMS began allowing case managers and support brokers to conduct all visits via phone or using remote options (such as FaceTime, Skype, etc.). DMS issued the same guidance regarding assessments on March 16, 2020. Please refer to the following letters for more information.

COVID-19: Telehealth Letter

<https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf>

ABI/MPW Assessments Letter

Version 5

Updated: 04/01/21

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<https://chfs.ky.gov/agencies/dms/ProviderLetters/abimpwassessmentscovid19.pdf>

Model II Assessments Letter

<https://chfs.ky.gov/agencies/dms/ProviderLetters/modeliiaassessmentscovid19.pdf>.

The related case note should cite COVID-19 as the reason the meeting was not held face-to-face.

Q9: If a case management agency does not have the capability to provide services using remote options (such as FaceTime, Skype, etc.), are they allowed to conduct waiver participant visits via phone?

Date Added: 3/20/20

Yes, it is acceptable to conduct meetings with waiver participants via phone during the COVID-19 if an agency does not have capability to conduct meetings via remote options.

Q10: Some waiver participants do not have phones. Is it appropriate to check-in on participants through individuals who have contact with them? For example, could the case manager/support broker/service advisor contact the participant while they are at another appointment or send another agency's employees to check on them on the case management agency's behalf?

Date Added: 3/20/20

Yes. DMS intends to be as flexible as possible regarding contact with participants during COVID-19 and we encourage providers to work together to meet participant needs. If you use this method to contact a participant, please keep detailed notes on the date, time and method of contact and be sure to indicate the contact took place this way due to COVID-19.

A case manager/support broker/service advisor may make a home visit as a last resort if they cannot contact the participant any other way. For any home visit, providers should follow their agency's infection control policies and CDC guidance.

Q11: Case management providers are not required to have a license to provide services. Does the waiver stipulate only licensed case managers can bill for telehealth services?

Revised: 4/7/20

The waiver does not require case managers to be licensed to provide services. Telehealth services are governed by Kentucky Revised Statute 205.510 (15) and 907 KAR 3:170. See the COVID-19: Telehealth letter available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf> for more information. Case managers delivering services through alternative methods due to COVID-19 should continue to bill under their waiver provider number as they usually do and do not need to use the 02-Place of Service code.

Q12: Should person-centered goals be adjusted due to COVID-19 to add goals that can be worked on at home or should participants work on temporary goals not addressed in their plan?

Date Added: 4/24/20

DMS encourages providers to find creative or unique ways to work toward community-based

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goals during COVID-19. If a community-based goal cannot be worked on, it should be revised or noted as temporarily suspended by the participant. Work done toward goals or updated/temporary goals should be documented, however, this can be done in the case notes rather than by modifying the person-centered service plan.

Q13: How should a case manager/support broker/service advisor collect the signatures required during person-centered planning if the team meeting is conducted via phone or online? Can this be done verbally?

Revised: 4/7/20

During the designated emergency period, consent may be obtained verbally from the participant and/or authorized representative. Provider consent to deliver the services must be obtained in writing. This can include an electronic signature, an email, or via text message documented by a screenshot. Notes should indicate the signatures were collected either verbally, through email, or by text due to COVID-19.

If the participant is unable to consent verbally, please have them or their authorized representative sign at the next face-to-face visit, and note the reason for a lack of signature in the case note.

Q14: When completing the MAP-116 for person-centered service planning that took place over the phone or online, should the case manager/support broker/service advisor indicate that on the form?

Revised: 4/7/20

During the designated emergency period, consent may be obtained verbally from the participant and/or authorized representative. Provider consent to deliver the services must be obtained in writing. This can include an electronic signature, an email, or via text message documented by a screenshot. Notes should indicate the signatures were collected either verbally, through email, or by text due to COVID-19.

If the participant is unable to consent verbally, please have them or their authorized representative sign at the next face-to-face visit, and note the reason for a lack of signature in the case note.

Q15: Regarding the team sign-in sheet, is it okay for the case manager to note the participant took part in the meeting? Some participants do not have the capability to sign electronically or to print the document, sign, and return it electronically.

Date Added: 4/7/20

During the designated emergency period, consent may be obtained verbally from the participant and/or authorized representative.

Provider consent to deliver the services must be obtained in writing. This can include an electronic signature, an email, or via text message documented by a screenshot.

Notes should indicate the signatures were collected either verbally, through email, or by text due to COVID-19.

If the participant is unable to consent verbally, please have them or their authorized representative sign at the next face-to-face visit, and note the reason for a lack of signature in the case note.

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Q16: How should a case manager/support broker/service advisor complete and upload monthly notes for visits that took place via phone or online? What should be entered for note type and meeting location?

Revised: 4/24/20

The case manager/support broker/service advisor should use the “Monthly Summary” option as the “Note Type” and use the “Phone Contact” option as the “Meeting Location” when recording the monthly case note in the Medicaid Waiver Management Application (MWMA). The note should be detailed and include the date and time the meeting took place, how it was conducted (i.e. via phone, Skype, etc.). Please be sure to indicate COVID-19 as the reason the meeting did not occur face-to-face.

Q17: When conducting case management visits by phone, is the case manager/support broker/service advisor allowed to speak to a family member or staff member if the participant cannot verbally communicate?

Date Added: 4/7/20

Yes, case managers/support brokers/service advisors can speak to a family member or staff member in this type of situation during COVID-19.

Q18: What should a case manager/support broker/service advisor do if a participant asks to have his/her waiver services put on hold due to COVID-19? What if the hold goes beyond 60 days – should the participant be discharged?

Date Added: 3/20/20

No, do not discharge or dis-enroll waiver participants due to or during COVID-19. Please document the participant’s decision to stop services in MWMA and contact the waiver participant no less than the number of times required by the applicable waiver regulation to evaluate and determine the best time to resume services. Please keep detailed notes of each contact. The notes should also indicate COVID-19 as the reason services were put on hold.

Q19: A waiver participant is coming up on 60 days with no services and the case manager/support broker/service advisor is having trouble getting services started due to COVID-19. Should the participant be discharged?

Revised: 4/7/20

No, do not discharge or dis-enroll waiver participants due to or during COVID-19. Please document the difficulty initiating services in MWMA and keep detailed notes. The notes should indicate COVID-19 as the reason services have not been initiated.

Case managers should continue to pursue service options, including participant-directed services (PDS), within modified allowable service and service provider rules being implemented by DMS. More information on these modifications is available in Appendix K of the 1915(c) HCBS waiver application at <https://chfs.ky.gov/agencies/dms/dca/Documents/appendixk.pdf>.

If a case manager/support broker/service advisor cannot initiate services and needs further guidance, they should contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov

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or (844) 784-5614.

Q20: If a participant exceeds 60 days without services due to a stay in the hospital or a rehabilitation facility, can the participant resume services or will they have to be closed and re-apply for the waiver?

Date Added: 4/24/20

In this situation, the participant can resume services. Participants should not be discharged or dis-enrolled by waiver participants due to or during COVID-19, unless the participant requests to be discharged or dis-enrolled.

Q21: If a participant dies during COVID-19, can their case be closed?

Date Added: 4/24/20

Yes, the waiver case should be closed upon participant death as per standard practice.

Q22: Can case managers request a conflict-free exemption without going through the state agency approval process?

Date Added: 4/7/20

No. DMS will continue to review conflict-free case management submissions during COVID-19 and allow exemptions only when necessary. The only exception is Home Delivered Meals, which DMS expanded to all waivers (except Model II) under Appendix K and does not need to be conflict-free. The Centers for Medicare and Medicaid Services (CMS) has made clear that the conflict-free case management remains a federal rule that applies during this emergency period.

Q23: If a participant temporarily moves from a staffed residence to a group home due to COVID-19, does their person-centered service plan need to be changed?

Date Added: 4/7/20

No, not if the residential provider and the group home provider have the same provider number. For billing purposes the plan only needs to be updated if the residential provider and group home provider have a different provider numbers.

Q24: How should ABI providers handle the 30-day intent to discharge during COVID-19?

Date Added: 4/7/20

Unless there is an imminent risk to the health, safety, and welfare of the participant or others, do not issue a 30-day intent to discharge during COVID-19. DMS wants to limit the movement of participants from one home to another to reduce the risk of spreading COVID-19.

If a provider has questions about a specific case or has no options, please reach out to the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614 or ABI Branch Manager Karen Maciag at karen.maciag@ky.gov.

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Q25: Will level of care (LOC) determinations and prior authorizations be extended?

Date Added: 3/24/20

No, not at this time. There are processes in place to allow assessments / re-assessment and person-centered planning to continue, which should allow for the required activities needed to maintain current LOC determinations and prior authorization issuance. This includes allowing these visits to be conducted via phone or remote options (such as FaceTime, Skype, etc.).

If an LOC or PA needs to be extended and you are unable to follow guidance provided, please contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614 for assistance.

Billing and Service Limits

Q26: Where will the billing instructions be posted and when?

Date Added: 4/7/20

DMS released billing instructions for Appendix K waiver updates on April 6, 2020. They are available in MWMA and on the DMS DCA website at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q27: Will the billing limits be updated so claims are not denied when they exceed billing limits?

Revised: 04/01/21

Yes, the limits are updated in MWMA. DMS will only review increase requests on services that require DMS review during normal operations. A listing of services requiring DMS review is available on page 19 of the [Service Authorization Training Guide](#) on the [DMS DCA website](#).

Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS does not anticipate high rates of increased services especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

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Q28: Can DMS clarify the dates for billing increased services retroactively?

Date Added: 4/24/20

DMS expects these requests to be the exception as providers were not notified of the waiver allowances detailed in Appendix K until March 25, 2020.

Modifications should correspond with the date the provider began delivering services to address the participant's increased support needs resulting from COVID-19.

For example, some participants stopped attending ADT prior to Governor Andy Beshear's executive order closing ADT sites effective of March 20, 2020. If the participant's residential began providing additional services because the participant's support needs increased due to the closure of the ADT, the modified residential rate can be billed for the dates the additional services were delivered even if it was earlier than March 20, 2020.

Q29: DMS says justification for increased services should be based on a change in the participant's health or community-based status. Does "health" include mental and behavioral health?

Date Added: 4/24/20

Yes, DMS considers mental and behavioral health vital to a participant's overall health, safety, and welfare. Increased service units can be used to help participants coping with mental or behavioral health changes due to the COVID-19.

Q30: Is the cap on Attendant Care lifted under Appendix K?

Revised: 4/24/20

Yes, the lifting of limits applies to any in-person, in-home assistance or supervision service such as Attendant Care.

Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS does not anticipate high rates of increased services especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q31: When case managers/support brokers/service advisors conduct visits via phone or remote options, it may take more than one contact to complete the visit as it can be difficult to keep the conversation going for the appropriate period of time when not meeting in person. How should case management be billed when provided via phone or remote options?

Revised: 4/24/20

Case management should be billed the same during COVID-19 as it is during normal operations. While case managers may need to make multiple contacts, they are not incurring time traveling and thus should be able to balance the contacts needed to support remote monitoring using approved contact methods.

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Q32: Can case managers/support brokers/service advisors bill for participants who have chosen to suspend services and are only receiving case management due to COVID-19?

Date Added: 4/24/20

Yes. For participants who have chosen to suspend services, the participant and the case manager/support broker/service advisor should work together to ensure needs can be met in other ways during the suspension of services, such as using natural supports or through telehealth services. Case managers are expected to observe risk identification, planning and mitigation activities with participants for whom service suspension poses potential risks to health, safety and welfare. These efforts are to be documented in MWMA.

Q33: Are case managers allowed to bill additional units under Appendix K?

Revised: 4/24/20

Yes, DMS is allowing case managers to bill up to two units monthly during Appendix K until it expires or is discontinued. This request should include documentation justifying the need for the additional unit as crisis management is already an essential part of case management services. DMS does not anticipate high rates of exceptional case management especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. While case managers may need to make multiple contacts, they are not incurring time traveling and thus should be able to balance the contacts needed to support remote monitoring using approved contact methods. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q34: How should the additional unit of case management be requested in MWMA?

Revised: 04/01/21

The case manager/support broker/service advisor should modify the person-centered service plan by end dating the existing case management line and adding a new line with two units

The case note should include an explanation of why the additional unit is needed as crisis management is already an expectation of case management services. DMS does not anticipate high rates of exceptional case management especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. While case managers may need to make multiple contacts, they are not incurring time traveling and thus should be able to balance the contacts needed to support remote monitoring using approved contact methods.

DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons. Additional information is available in the COVID-19 waiver billing instructions at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q35: Do case managers/support brokers/service advisors need to submit an extra case note when billing the additional unit?

Date Added: 4/24/20

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No, an additional case note is not needed. The case note should include an explanation of why the additional unit is needed as crisis management is already an expectation of case management services. DMS does not anticipate high rates of exceptional case management especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. While case managers may need to make multiple contacts, they are not incurring time traveling and thus should be able to balance the contacts needed to support remote monitoring using approved contact methods.

DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q36: Can the additional unit of case management be billed for March 2020?

Date Added: 4/24/20

Yes, the additional case management unit can be billed for March 2020 if the participant's case management services were increased due to COVID-19 on or after March 6, 2020. It is possible a case manager will need to bill the additional unit for one month but not the next month due to the participant's needs or emergency person-centered plan stabilizing. If there is a month where the additional unit is not needed, the case manager/support broker/service advisor does not need to modify the plan again and should only bill one unit.

Q37: Are there changes to Community Living Supports (CLS) caps in ABI LTC under Appendix K?

Revised: 6/24/20

Yes, however, CLS activities should focus on what can be done in the home or activities that can be done in the community with measures taken to reduce the risk of spreading or contracting COVID-19. This includes choosing outdoor activities when possible, using masks for the direct care worker and, if possible, for the participant, and maintaining a distance of at least six feet from others (beyond the direct care worker) at all times.

Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS does not anticipate high rates of increased services especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q38: Do the changes to the Behavior Support Services limit apply only to MPW?

Date Added: 4/7/20

No, the limits on Behavior Support Services under Appendix K have been modified in all applicable waivers.

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Q39: If an increase is needed in a service typically reviewed by DMS, is service authorization still required? Examples of such services include Behavior Supports, Counseling, or Consultative, Clinical and Therapeutic Services.

Revised: 4/24/20

Yes. The request should include documentation supporting the need for the increase. Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS does not anticipate high rates of increased services especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q40: If Behavior Support units are increased due to COVID-19, will it affect the amount of units the participant can receive later in the year?

Date Added: 4/7/20

No, as long as the increase is due to COVID-19. Further guidance on how to proceed with changes in caps after the emergency period will be shared once we are closer to a known emergency period end date.

Q41: Does a Behavior Intervention Committee (BIC) need to approve Positive Behavior Support Plans when there is an increase in behavior supports due to COVID-19?

Date Added: 4/24/20

No, not if the participant needs an increase in the approved services already included in their Positive Behavior Support Plan.

Q42: Should BICs continue to meet during COVID-19?

Date Added: 4/24/20

Yes, BICs may continue to meet, review and approve any first-time Positive Behavior Supports Plans or existing plans that require substantial revisions. BICs should follow social distancing guidelines when meeting, which includes holding the meetings using remote options.

Q43: Can MPW participants receive more than 40 hours of services due to COVID-19? Are the \$40,000/\$63,000 yearly limits still in place?

Revised: 4/24/20

The 40 hours a week cap and the \$40,000/\$63,000 yearly limit have been increased under Appendix K, however, services should only be increased in situations where extra support is needed for the participant's health, safety and welfare. If a participant needs to use extra services during this time, it will not result in a decrease in services later in the year when Appendix K expires or is discontinued. Further guidance on how to proceed with changes in caps when Appendix K ends will be shared once we are closer to a known end date.

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Please note that if there has not been a change in the participant's overall health and community-based status as a result of COVID-19, increasing services should not be required. DMS does not anticipate high rates of increased services especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q44: Can Personal Assistance be billed up to 24 hours under Appendix K?

Date Added: 4/24/20

Yes, this is allowed if necessary to address the health, safety and welfare of the participant. These requests should be short-term and include an explanation of how the participant's service needs have changed as a result of COVID-19 to necessitate this level of services. Personal Assistance cannot be billed up to 24 hours for participants accessing Residential services. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q45: For weekly service limits, does the limit run Sunday to Saturday or Saturday to Friday?

Date Added: 4/7/20

Weekly service units are considered on a Sunday to Saturday schedule.

Q46: How long should service increases due to COVID-19 be approved?

Revised: 04/01/21

Services increases can be approved through the end of the participant's LOC year. If the emergency period ends before the participant's LOC year is over, it is the responsibility of the case manager/support broker/service advisor to modify the PCSP based on the services offered during normal waiver operations. There will be a transition period between the end of the emergency period and the return to normal waiver operations to allow for these updates.

Residential Rate Modification

Q47: Can residential providers request the modified residential rate for each participant living in the residence?

Revised: 04/01/21

Yes. The request for the modified rate should be **person-centered and required to address increased support needs** which:

1. Are a direct result of COVID-19.
2. Pose a risk to the participant's health, safety, and welfare.
3. Are above and beyond the residential provider's responsibilities as defined in the applicable waiver Kentucky Administrative Regulation (KAR).

Modified rates are intended to be driven by participant needs and not implemented as a blanket rate increase.

Requests should correspond with the date the provider began meeting the participant's increased service needs but cannot be made for dates prior to March 6, 2020. If the provider is requesting the modification for the date of service already billed and paid, the provider will need to void those dates of service and wait until the case manager completes the modification before billing again. The modification request should include a brief, but detailed explanation of:

1. The changes the participant has experienced due to COVID-19.
2. How those changes pose a risk to the participant's health, safety, and welfare and require support above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

The explanation justifying the modified rate request can be a copy of emails exchanged by the provider and case manager discussing the need for the request or the explanation can be included in the service notes or written up in a separate document and uploaded to MWMA.

DMS understands some participants temporarily stopped or otherwise altered their ADT attendance due to COVID-19. The modified rate can only be requested for dates of service where the participant **is not attending** ADT.

Providers are not eligible to receive the modified rate for participants who already receive exceptional supports for residential.

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Q48: Is a team meeting required for each participant that the modified rate is requested for?

Date Added: 4/24/20

No, a team meeting is not required when requesting the rate modification for a participant. DMS expects the provider and the case manager to collaborate by discussing the need and reason for the rate modification request, including methods available to address emergent needs and risks. Case managers are expected to observe risk identification, planning and mitigation activities with participants for whom increased service needs pose potential risks to health, safety and welfare.

The modification request should include a brief, but detailed explanation of:

1. The changes the participant has experienced due to COVID-19.
2. How those changes pose a risk to the participant's health, safety, and welfare and require support above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

The explanation justifying the modified rate request can be a copy of emails exchanged by the provider and case manager discussing the need for the request or the explanation can be included in the service notes or written up in a separate document and uploaded to MWMA.

Q49: Do goals need to be adjusted for participants for whom the residential provider requests the rate modification?

Date Added: 4/24/20

No, goals do not need to be adjusted when requesting the rate modification. DMS expects the provider and the case manager to discuss the need and reason for the rate modification request.

The modification request should include a brief, but detailed explanation of:

1. The changes the participant has experienced due to COVID-19.
2. How those changes pose a risk to the participant's health, safety, and welfare and require support above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

The explanation justifying the modified rate request can be a copy of emails exchanged by the provider and case manager discussing the need for the request or the explanation can be included in the service notes or written up in a separate document and uploaded to MWMA.

Q50: Can a provider request the residential rate modification for a participant who receives exceptional supports?

Date Added: 4/24/20

No, participants who receive exceptional supports are not also eligible for the residential rate modification.

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Q51: How should a residential provider bill for the modified rate if they have already billed and been paid for the date(s) of service where the modification is needed?

Date Added: 4/24/20

The provider will need to void any claims for the date(s) of service for which they are requesting the modified rate. Once this is complete, the case manager should modify the participant's person-centered plan. The provider can bill the increased rate once the plan modification is complete. Instructions for requesting and billing the increased residential rate is available in the billing instructions at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q52: Can a residential provider request the residential rate modification for Saturday and Sunday?

Date Added: 4/24/20

Yes, if the participant is experiencing increased support needs which:

1. Are a direct result of COVID-19.
2. Pose a risk to the participant's health, safety, and welfare.
3. Are above and beyond the residential provider's responsibilities as defined in the applicable waiver KAR.

Modified rates are intended to be driven by participant needs and not implemented as a blanket rate increase.

Q53: Can providers request the residential rate modification for a participant who no longer attends ADT due to COVID-19? What date can the request begin?

Revised: 04/01/21

Yes, the modified rate can requested for dates of service where the participant **is not attending** ADT.

The request for the modified rate should **be person-centered and required to address increased support needs** which:

1. Are a direct result of COVID-19.
2. Pose a risk to the participant's health, safety, and welfare.
3. Are above and beyond the residential provider's responsibilities as defined in the applicable waiver KAR.

Modified rates are intended to be driven by participant needs and not implemented as a blanket rate increase.

Q54: Can DMS clarify what justifies a request for the residential rate modification?

Revised: 6/24/20

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Yes. The request for the modified rate should be **person-centered and required to address increased support needs** which:

1. Are a direct result of COVID-19.
2. Pose a risk to the participant's health, safety, and welfare.
3. Are above and beyond the residential provider's responsibilities as defined in the applicable waiver KAR.

Modified rates are intended to be driven by participant needs and not implemented as a blanket rate increase.

Requests should correspond with the date the provider began meeting the participant's increased service needs but cannot be made for dates prior to March 6, 2020. If the provider is requesting the modification for the date of service already billed and paid, the provider will need to void those dates of service and wait until the case manager completes the modification before billing again. The modification request should include a brief, but detailed explanation of:

1. The changes the participant has experienced due to COVID-19.
2. How those changes pose a risk to the participant's health, safety, and welfare and require support above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

The explanation justifying the modified rate request can be a copy of emails exchanged by the provider and case manager discussing the need for the request or the explanation can be included in the service notes or written up in a separate document and uploaded to MWMA.

DMS understands some participants temporarily stopped or otherwise altered their ADT attendance due to COVID-19. The modified rate can only be requested for dates of service where the participant **is not attending** ADT.

Providers are not eligible to receive the modified rate for participants who already receive exceptional supports for residential.

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Q55: In what situation would DMS issue a recoupment from a residential provider over the rate modification?

Date Added: 4/24/20

Situations where DMS may issue recoupments to providers include, but are not limited to, when the modified rate is billed for dates of service where a participant was still attending ADT or who bill the modified rate for a participant receiving exceptional supports for residential. Providers would also face recoupment if an audit finds Medicaid fraud, such as billing for a participant who was not in the residence because they went to stay with family or were in an alternative care setting during COVID-19.

Q56: If a case manager approves a residential rate modification and a future audit finds it was not justified, will the residential provider face recoupment or could the case management provider be recouped as well?

Date Added: 4/24/20

DMS expects the provider and the case manager to discuss the need and reason for the rate modification request to ensure it is appropriate, however, in this instance the residential provider would be subject to recoupment.

Q57: Can a residential provider request the rate modification if they have fewer participants due to COVID-19? Some have gone to stay with family to avoid contracting COVID-19.

Revised: 04/01/21

Yes. The request for the modified rate should **be person-centered and required to address increased support needs** which:

1. Are a direct result of COVID-19.
2. Pose a risk to the participant's health, safety, and welfare.
3. Are above and beyond the residential provider's responsibilities as defined in the applicable waiver KAR.

Modified rates are intended to be driven by participant needs and not implemented as a blanket rate increase.

Requests should correspond with the date the provider began meeting the participant's increased service needs but cannot be made for dates prior to March 6, 2020. If the provider is requesting the modification for the date of service already billed and paid, the provider will need to void those dates of service and wait until the case manager completes the modification before billing again. The modification request should include a brief, but detailed explanation of:

1. The changes the participant has experienced due to COVID-19.
2. How those changes pose a risk to the participant's health, safety, and welfare and require support above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

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The explanation justifying the modified rate request can be a copy of emails exchanged by the provider and case manager discussing the need for the request or the explanation can be included in the service notes or written up in a separate document and uploaded to MWMA.

DMS understands some participants temporarily stopped or otherwise altered their ADT attendance due to COVID-19. The modified rate can only be requested for dates of service where the participant **is not attending** ADT.

Providers are not eligible to receive the modified rate for participants who already receive exceptional supports for residential.

Q58: Does the modified residential rate allow for increased wages or additional staff?

Date Added: 4/24/20

DMS anticipates residential providers will use the modified rate to pay for additional staff, however, use of the funds is at the discretion of each provider agency.

Q59: If a participant is participating in ADT remotely, can the residential provider still bill the modified residential rate for them?

Date Added: 4/24/20

This depends upon the level of staff the participant needs to access remote ADT. This would apply in situations where a participant needs assistance above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

Participants should be given the option to participate in remote ADT. The service should be person-centered, meaningful, and related to established goals. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in or is able to participate in remotely delivered programming.

Q60: Can a provider bill the modified residential rate for participants who return to in-person ADT?

Date Added: 6/24/20

No, DMS is not allowing residential providers to bill the modified residential rate for dates of service where the participant attends in-person ADT.

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Q61: As COVID-19 continues, will DMS allow billing of the modified residential rate beyond the initial 120-day period?

Revised: 04/01/21

Yes, DMS is extending the period for billing the modified residential rate. The modified residential rate can be billed until the end of the participant's LOC year. If the emergency period ends before the participant's LOC year ends, it is the responsibility of the case manager/support broker/service advisor to modify the POC to reflect the regular residential rate. There will be a transition period between the end of the emergency period and the return to normal waiver operations.

If a participant returns to ADT, the modified residential rate cannot be billed for any dates of service where the participant attends in-person ADT.

COVID-19 Safety and Concerns

Q62: On March 25, 2020, Governor Andy Beshear ordered non-life sustaining businesses to close. What does this mean for providers of home-based care?

Date Added: 4/24/20

Governor Beshear identified home-based care for adults, seniors, children, and individuals with developmental or intellectual disabilities as a life-sustaining business in his order and these services may continue. The Governor's order is available at https://governor.ky.gov/attachments/20200325_Executive-Order_2020-257_Healthy-at-Home.pdf.

Q63: Is there a timeframe for when providers can resume delivering in-home waiver services?

Revised: 04/01/21

In an Executive Order issued on March 25, 2020, Governor Andy Beshear identified home-based care for adults, seniors, children, and individuals with developmental or intellectual disabilities as a life-sustaining business. Agencies should review each waiver participant's person-centered plan and continue with any essential in-person services needed to protect the waiver participant's health, safety, and welfare. All services delivered in-home should be delivered with the utmost care and [follow CDC guidance](#) during COVID-19.

Q64: Can providers conduct a screening for COVID-19 before entering a waiver participant's home to deliver services?

Date Added: 3/20/20

DMS is not requiring providers to screen for COVID-19 before entering a waiver participant's home, but it is recommended. To do this, providers can call ahead and ask how the participant and everyone in the home is feeling and if they are displaying known viral symptoms (including fever, cough, and shortness of breath). DMS provided screening questions in a letter sent to providers on March 11, 2020. The letter is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cproviderletterCOVID19.pdf>.

Providers should also be vigilant in following their agency's infection control policies and [CDC guidance](#) while providing in-home services to waiver participants.

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Q65: If a waiver participant requests to cancel a visit due to having possible COVID-19 exposure or active symptoms but timesheets indicate he/she is still taking part in community activities, what actions should the provider take?

Date Added: 3/20/20

If the participant indicates or it is observed he/she is taking part in community activities, the provider should counsel the participant on government-issued social distancing guidelines and refer them to the COVID-19 resources available at kycovid19.ky.gov.

If the participant has been exposed to COVID-19 and/or is showing symptoms, but is refusing to self-isolate, contact the state's COVID-19 hotline at (800) 722-5725 or the [local health department](#) to alert them.

Q66: How should waiver participants proceed if they are concerned about agency staff entering their homes? The agency sometimes rotates aides and the participant is concerned about someone unintentionally bringing the virus into his/her home.

Date Added: 3/20/20

A participant has the right to suspend services if he or she wishes to limit the volume of individuals coming into their home during this emergency period. The waiver participant and the case manager/support broker/service advisor should work together to ensure needs can be met in other ways during the suspension of services, such as using natural supports or through telehealth services. Additionally, case managers are expected to observe risk identification, planning and mitigation activities with participants for whom service suspension poses potential risks to health, safety and welfare. These efforts are to be documented in MWMA.

Q67: The caregiver of a participant living in a residential continues to take the participant into the community, despite the Governor's request that individuals stay home. This puts the participant's housemates at risk. What is the appropriate response from the team?

Revised: 04/01/21

The team should discuss the most up to date [guidance from the CDC](#) and [the Kentucky Department for Public Health](#) for preventing the spread of COVID-19, which includes wearing a mask, social distancing, and avoiding large crowds. Additionally, the team should notify DMS of the situation by contacting the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614.

Q68: What kind of flexibility is DMS offering providers as they plan for or experience staffing shortages due to COVID-19? The reason for these shortages could include employees who are sick or employees who need to take time off to care for their families.

Revised: 04/01/21

DMS has made temporary updates to all 1915(c) HCBS waivers due to COVID-19. Those updates are outlined in Appendix K of the 1915(c) HCBS waiver applications, which was approved by CMS on March 25, 2020.

Temporary changes DMS has made to the 1915(c) HCBS waivers in March 2020 include:

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- Allowing providers to deliver services via phone and telehealth, as is appropriate. Please see the COVID-19 and Telehealth letter available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf> for more information.
- Allowing employees, both agency and PDS, to begin providing services while they wait on the results of background check and pre-employment screenings.
 - If the results of a background check or other screening make the employee ineligible, services will be allowed to continue until an alternative employee is found. The only exception is in cases where the employee poses immediate jeopardy to the health, safety, and/or welfare of the participant or has a substantiated finding of past abuse, neglect or exploitation or violent felony.
- Suspending all conflict-of-interest related screening of immediate family members who wish to provide PDS until Appendix K updates expire or are discontinued. This gives providers and participants more options to cover gaps in care resulting from COVID-19.
- Expanding the provider base by waiving requirements that out of state providers be licensed and located in Kentucky as long as they are licensed by another state's Medicaid agency.
- Expanding settings where services can be provided and opening up provider qualifications to allow different provider types to offer services outside of what they typically provide.

DMS included several amendments when renewing Appendix K in March 2021.

- Added Community Mental Health Centers as a provider type for participant-directed case management and financial management services in the Home and Community Based waiver
- Added a provision to allow waiver services to be provided to waiver participants in acute hospital settings when the hospital cannot meet the participant's non-medical needs related to their disability
- Clarified that participants residing with a family home provider or in adult foster care may receive respite and personal assistance to address increased care needs caused by COVID-19
- Clarified that overtime or an increase in requested services beyond the typical limit must be related to the COVID-19 pandemic and can only be applied to situations where there is no alternative caregiver or natural support available
- Updated Home Delivered Meals to clarify the service cannot be used to purchase bulk groceries
- Added an extra service unit for case managers/support brokers/service advisors to assist participants in obtaining a COVID-19 vaccination appointment
- Removed the retainer payments option due to the reopening of congregate settings

Q69: What should a provider do if a waiver participant or an agency employee who has direct contact with waiver participants tests positive for COVID-19?

Revised 04/01/21

If a participant or agency employee who has direct contact with waiver participants begins showing symptoms of COVID-19, they should isolate away from others in the home and their primary care doctor or local health department should be contacted via phone to evaluate them before they seek in-person care. The individual who is confirmed to have COVID-19 should follow [guidance from the CDC](#) or their [local health department](#) regarding quarantine measures.

Version 5

Updated: 04/01/21

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The provider must submit an incident report via the MWMA. DMS issued guidance on the need to report a confirmed COVID-19 case in waiver participants or agency employees on March 17, 2020. The guidance is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cwaivercovid19reporting.pdf>.

Q70: How should providers handle a situation where a participant living in a staffed residence shows symptoms of and/or tests positive for COVID-19?

Revised: 04/01/21

If a participant is showing symptoms of COVID-19, they should isolate away from others in the home and their primary care doctor or local health department should be contacted via phone to provide next steps.

In the case of a positive test for COVID-19, the residential provider should follow [guidance from the CDC](#) or their [local health department](#) regarding quarantine of the participant and other participants and staff who may have been exposed. Providers also need to submit an incident report via MWMA if a participant or a staff member who had direct contact with participants in the prior 14 days tests positive for COVID-19. DMS issued guidance on how to report a confirmed COVID-19 case in waiver participants or agency employees on March 17, 2020. The guidance is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cwaivercovid19reporting.pdf>.

Q71: If a waiver participant living in a residential is in the emergency room or hospitalized, can the agency request that the guardian stays with the participant to limit COVID-19 exposure to employees who could spread it to other waiver participants or staff?

Date Added: 4/7/20

Most hospitals have updated their visitation policies due to COVID-19. Providers should refer to the hospital's visitation policy to determine who, if anyone, can stay with the participant.

Q72: Can a participant visit essential places in the community, such as the grocery store, bank, or pharmacy, with a caregiver if they take the necessary precautions?

Date Added: 4/24/20

On April 8, 2020, Governor Andy Beshear issued an executive order limiting the number of people in essential stores to one adult per household at a time. While the executive order allows an exemption for minors or adults who cannot be left home alone due to their age or a disability, it encourages these individuals to stay healthy at home as much as possible. DMS encourages all waiver participants, their families and caregivers to follow this guidance to reduce the spread of COVID-19 in Kentucky. Governor Beshear's executive order is available at https://governor.ky.gov/attachments/20200408_Executive-Order_2020-275_State-of-Emergency.pdf.

Q73: A participant traveled out of state and is now unable to return to Kentucky due to COVID-19. Can they continue to receive services while waiting to come home?

Date Added: 4/24/20

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Yes. If a participant is unable to travel home due to COVID-19, DMS will allow billing of services to continue while they wait to return if services are delivered by a Medicaid-approved provider from Kentucky or another state.

Q74: Can provider agency employees with an indirect service role (non-DSP positions) work from home?

Date Added: 4/7/20

It is up to each provider agency to allow employees to work from home as they are able, however, DMS encourages agencies to use this option as Governor Andy Beshear has asked businesses to have employees telecommute during COVID-19 and to observe social distancing for employees who must remain the office.

Q75: How will services be resumed once the threat of COVID-19 is reduced?

Revised: 04/01/21

Governor Andy Beshear launched the “Healthy at Work” initiative in mid-April to reopen Kentucky’s economy. The goal is to allow Kentuckians to safely return to work in phases while protecting the state’s most vulnerable populations from COVID-19. The state’s “Healthy at Work” guidance is available at <https://govstatus.egov.com/ky-healthy-at-work>.

ADHC and ADT sites were allowed to reopen on June 29, 2020. Reopening guidelines for these facilities are available below.

[ADHC Reopening Guidelines](#)

[ADT Reopening Guidelines](#)

[ADHC and ADT Reopening Information for Waiver Participants](#)

Home-based care for adults, seniors, children, and individuals with developmental or intellectual disabilities is considered a life-sustaining business per an Executive Order issued on March 25, 2020, and has been allowed to continue throughout the COVID-19 pandemic. Agencies should review each waiver participant’s person-centered plan and continue with any essential in-person services needed to protect the waiver participant’s health, safety, and welfare. All services delivered in-home should be delivered with the utmost care and [follow CDC guidance](#) during COVID-19.

The temporary waiver updates DMS made to the 1915(c) HCBS waiver programs to help participants and providers address increased needs caused by COVID-19 do not expire until six months after the federal public health emergency declaration ends. DMS will give providers a transition period to return to normal waiver operations at the end of the public health emergency.

Critical Incidents

Q76: Do providers follow the normal procedure for reporting during incidents during COVID-19? Are follow-ups or investigation reports required?

Date Added: 4/7/20

Yes, providers should follow the standard reporting process and guidelines for incidents not related to COVID-19. The standard reporting process is outlined in the [Incident Reporting Instructional Guide](#).

The only change to incident reporting is the requirement that certain new incident types be reported including:

- Any waiver-funded disruption to services extending beyond three (3) calendar days that jeopardizes the participant's the health, safety, or welfare. The intent of this policy is to help DMS identify when a participant is at risk due to suspension of services. This includes waiver-funded service disruptions that occur due to staff unavailability directly related to COVID-19 infection, quarantine or other pandemic-related circumstances.
- Program participants who test positive for COVID-19
- Provider staff who test positive for COVID-19 and have had direct contact with waiver participants within the prior 14 days.

For incidents related to COVID-19, providers do not need to conduct follow-up investigations unless requested by DMS or its designee. More information on COVID-19-related critical incidents is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cwaivercovid19reporting.pdf> and in [Appendix K](#) of the 1915(c) HCBS waiver applications.

Q77: Should providers submit an incident report if a participant suspends one service to reduce the risk of contracting COVID-19, but continues to receive another service via phone or remotely?

Date Added: 4/7/20

No, if the scenario does not result in significant risks to the participant's health, safety, and welfare, an incident report is not required. When a participant opts to suspend a service due to COVID-19, steps should be taken to meet their needs through alternative options such as telehealth or using natural supports.

An incident report is needed if the participant is receiving no services or the provider cannot continue providing services and there is not an alternative way to deliver the service

Q78: Should providers submit an incident report if a participant is unable to receive services or chooses not to receive services, but has natural supports to provide care during COVID-19?

Date Added: 4/7/20

No, if the modified care arrangement using natural supports does not result in significant risks to the participant's health, safety, and welfare, an incident report is not required. The case manager/support broker/service advisor should document when services stopped and the reason.

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Q79: Should providers submit an incident report if a participant or participant's household is in self-quarantine as a preventive measure against COVID-19 for more than three calendar days?

Date Added: 4/7/20

No, as long as the participant's health, safety, and welfare is not in jeopardy and a COVID-19 diagnosis for the participant is not confirmed.

Q80: Should a provider submit an incident report each time a participant goes three or more calendar days without services?

Date Added: 4/7/20

No, an incident should be submitted at the start of the period when a participant goes three or more days without services, services are not anticipated to resume and the disruption poses significant risk to the participant's health, safety and welfare. There is no need to submit a repeat incident report, related to a service suspension that has been reported, if the suspension exceeds three days.

Q81: Does the requirement for reporting an incident when a participant goes three or more calendar days without services only apply to direct care services? Does it apply to traditional services or PDS services?

Date Added: 4/7/20

Yes, this requirement primarily applies to direct care services, whether delivered through traditional or PDS. Other services that are suspended like Behavior Support Services, Home Delivered Meals, therapies, etc. should be reported if the suspension of these services poses significant risk to the participant's health, safety and welfare. DMS wants to know about situations where a participant is not receiving services and their health, safety, and welfare is in jeopardy. ADHCs and ADTs do not need to file a critical incident report as the suspension of those services is known and actions are underway to address service suspension.

Q82: When an incident needs to be reported due to COVID-19, who is responsible to submit it? For example, if the participant is missing a service is it the service provider's responsibility or the case manager's?

Date Added: 4/7/20

DMS asks that providers communicate in a timely manner with each other to coordinate critical incident submission. At a minimum, the case manager should be made aware within the same business day to initiate a report. Timely reporting is essential, DMS is asking for these reports on certain COVID-19-related incidents to identify situations where providers may need help connecting to needed resources or preventing the spread of the virus.

Adult Day Health Care (ADHC) and Adult Day Training (ADT)

Q83: ADHC and ADT sites were temporarily ordered closed from March 17, 2020, to June 29, 2020, due to COVID-19. What do ADHCs or ADTs need to know before reopening and/or resuming in-person services?

Revised: 04/01/21

Per Governor Beshear and the Kentucky Department for Public Health, ADHCs and ADTs can resume in-person services if providers meet certain guidelines developed by CHFS. Guidance for ADHC is available at <https://chfs.ky.gov/cv19/AdultDayHealth.pdf> and guidance for ADT is available at <https://chfs.ky.gov/cv19/ADHCTrainingGuidance.pdf>.

After reopening, ADHCs and ADTs can continue to offer telehealth or in-home services (for ADHCs only) as defined in Appendix K. Waiver participants can choose whether to return to on-site ADHC or in-person ADT services, to continue to receive these services via telehealth, or to stop these services based on what their chosen provider is offering and their person-centered needs and wishes.

Q84: Do ADHCs and ADTs need to submit their reopening plans to DMS? Will DMS audit reopening plans?

Date Added: 6/24/20

No, ADHCs and ADTs do not need to submit their reopening plans to DMS for approval. DMS will not audit reopening plans or compliance with plans. ADHCs and ADTs are advised to follow reopening guidance as closely as possible. Reopening guidance for ADHCs is available at <https://chfs.ky.gov/cv19/AdultDayHealth.pdf>. Reopening guidance for ADT is available at <https://chfs.ky.gov/cv19/ADHCTrainingGuidance.pdf>

Q85: Do ADHCs and ADTs need to submit an incident report due to the temporary closures mandated by Governor Andy Beshear from March 17, 2020, to June 29, 2020?

Revised: 04/01/21

No, ADHCs and ADTs serving waiver participants do not need to complete an incident report due to the closure, as this change is known to DMS.

Q86: Did ADHCs and ADTs receive guidance on their temporary closure as mandated by the Governor?

Revised: 04/01/21

Yes, DMS sent an updated letter on March 27, 2020. The letter is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cadhcadtcllosurescovid19.pdf>.

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Q87: For participants who only receive ADHC or ADT services, if they cannot receive these services for 60 consecutive days or more, should they be dis-enrolled from the waiver?

Revised: 6/24/20

No, do not discharge or dis-enroll waiver participants who do not receive ADHC or ADT services for more than 60 days. DMS does not need an extension request for this circumstance. Update the person-centered service plan and keep detailed notes that cite COVID-19 as the reason service is not being delivered.

The waiver participant and the case manager/support broker/service advisor should work together to meet service needs in other ways, such as using natural supports or through remotely delivered or telehealth services.

Q88: Can ADT providers continue to deliver ADT via telehealth once the ADT reopens?

Revised: 6/24/20

Yes. Participants can choose to receive ADT in-person, via telehealth or to not receive ADT services based on the options their chosen provider is offering and their person-centered needs and wishes.

When a participant chooses remote ADT, the service should be person-centered, meaningful, and related to established goals. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage or is able to participate in remotely delivered programming.

Q89: If an agency is meeting with participants in groups remotely to work on skills during this time away from traditional ADT services, is this type of meeting billable?

Date Added: 4/24/20

Yes, this is considered remote ADT. Providers should continue to request and bill ADT on each participant's person-centered service plan. Participants should be given the option to participate in remote ADT. The service should be person-centered, meaningful, and related to established goals. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in or is able to participate in remotely delivered programming.

Q90: Can ADT delivered via telehealth be provided and billed for participants living in their own home, in Adult Foster Care, with a Family Home Provider or for those living in a provider-controlled residential home?

Revised: 6/24/20

ADT can be provided to multiple participants via telehealth options. Participants should be given the option to participate in remote ADT. The service should be person-centered, meaningful, and related to established goals. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in or is able to participate in remotely delivered programming.

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Q91: Are monthly summaries required for ADTs during the time they are closed?

Date Added: 4/24/20

No, ADTs are not required to complete a monthly summary if they are not providing services. If an ADT continues to provide services remotely, the monthly summary should be completed.

Q92: Does DMS have guidance on an appropriate length of time for providing ADT remotely?

Date Added: 4/7/20

Participants should be given the option to participate in remote ADT. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in or is able to participate in remotely delivered programming. Providers should consider that it may be challenging or uncomfortable for participants to sit in a confined space where they are visible by telemonitoring. Additionally, providers should keep in mind that some participants reside with other household members who may need to share household computer and telephone lines.

Q93: If a residential provider feels ADT provided via telehealth is not appropriate for a participant, how should they proceed?

Date Added: 4/24/20

Participants should be given the option to participate in remote ADT. The service should be person-centered, meaningful, and related to established goals. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in or is able to participate in remotely delivered programming. If a residential provider believes a participant is being pressured to receive services that he or she does not agree to or want, the residential provider should address their concerns with the participant's case manager and contact DMS at 1915cWaiverHelpDesk@ky.gov or (844) 764-5614 for further assistance.

Q94: Can ADTs bill virtual summer camps as ADT services?

Date Added: 6/24/20

Yes, if the virtual summer camp meets the requirements of ADT as defined in MPW regulation 907 KAR 1:835 or SCL regulation 907 KAR 12:010. This includes meeting any specified age limitation and that it is not diversional in nature.

Q95: Can DMS clarify the services an ADHC can provide under Appendix K?

Revised: 6/24/20

ADHCs can provide the following services:

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- *Attendant Care*: ADHC staff can go into the home and deliver hands-on personal care services that are essential to the participant's health, safety, and welfare.
- *Skilled Nursing*: ADHCs can provide skilled nursing care essential to the participant's health, safety, and welfare in-home and bill the ADHC code.
- *ADHC*: This can be delivered on-site or via telehealth options. The service should be person-centered, meaningful, and related to established goals.
- *Home Delivered Meals*: ADHCs can provide and bill this service to participants in all waivers, except Model II.

Q96: How should an ADHC bill for ADHC services provided via telehealth or in-home?

Revised: 4/7/20

ADHCs should continue to use code S5100 for ADHC services provided via telehealth and for nursing services provided in the home. For nursing services, ADHCs should bill the number of ADHC units that correspond to the time spent in the participant's home providing care.

Q97: What type of documentation should be done for in-home nursing services?

Date Added: 4/7/20

Documentation of the in-home nursing visit should include the time in, time out, a description of the service(s) completed, and any pertinent changes in participant status or care outcomes / findings.

Q98: If an ADHC is providing one-on-one, in-home nursing services to a participant, can these overlap with Attendant Care?

Date Added: 4/7/20

No, as this is duplicative billing and is not allowed.

Q99: Can an ADHC provide remote services to ADT participants whose regular day program is not providing telehealth services due to COVID-19?

Date Added: 4/24/20

Yes. In this instance, the case manager should modify the plan to request the service and list the agency as the provider.

Q100: What should ADHCs do if they are unable to continue providing skilled nursing services to participants?

Date Added: 4/24/20

If an ADHC is unable to provide services to a participant, and those services are necessary to the participant's health, safety, and welfare, the ADHC should submit an incident report. Additionally, the ADHC should notify the participant's case manager who can address the loss of skilled nursing

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services by identifying alternative providers, working with the participant to ensure needs can be met in other ways such as using natural supports or through telehealth services, and conduct risk identification, planning and mitigation activities. ADHCs can also contact the 1915(c) Waiver Help Desk for assistance at (844) 784-5614 or 1915cWaiverHelpDesk@ky.gov.

Q101: Appendix K allows ADHCs and ADTs to provide Residential services and Respite services at their sites. How does this work given the temporary closure of these sites ordered by the Governor?

Date Added: 4/7/20

In emergency situations, ADHCs and ADTs can be allowed to provide on-site Residential (ABI, ABI LTC, and SCL only) or Respite. The site must have sufficient space to house participants in a manner that observes CDC guidance on safe practices and social distancing, essentially meaning participants must have six or more feet of distance from each other at all times. The space must also have the necessary facilities such as a kitchen, bathrooms, and appropriate facilities and bedding for sleeping, treatment rooms to allow care to be delivered privately and allow safe, secure storage of medication.

Home Delivered Meals

Q102: How should a case manager/support broker/service advisor request Home Delivered Meals on the person-centered service plan for ABI/ABI LTC, MPW or SCL?

Date Added: 4/7/20

DMS issued updated billing instructions for this service on April 6, 2020. The updated billing instructions are available at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q103: What is the billing code for Home Delivered Meals? Is it in the MWMA dropdown menu?

Date Added: 4/7/20

For provider type 42, use code 991. For all other provider types, use code S5170.

Q104: What is the reimbursement rate for Home Delivered Meals?

Date Added: 4/7/20

Home Delivered Meals will be reimbursed at the current rate for HCB, which is \$7.50 per meal. This information is in 907 KAR 7:015 (<https://apps.legislature.ky.gov/law/kar/907/007/015.pdf>) and is included in updated billing instructions available at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q105: How is the cost of meal prep and transport billed when providing Home Delivered Meals?

Date Added: 4/24/20

Home Delivered Meals will be reimbursed at the current rate for HCB, which is \$7.50 per meal. This information is in 907 KAR 7:015 (<https://apps.legislature.ky.gov/law/kar/907/007/015.pdf>) and is

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included in updated billing instructions available at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q106: Will ADHCs be reimbursed for Home Delivered Meals?

Date Added: 4/7/20

Yes. Home Delivered Meals will be reimbursed at the current rate for HCB, which is \$7.50 per meal. This information is in 907 KAR 7:015 (<https://apps.legislature.ky.gov/law/kar/907/007/015.pdf>) and the updated billing instructions available at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

ADHC providers have the discretion to opt to provide this service at the established rate.

Q107: When providing Home Delivered Meals, can an ADHC bill Attendant Care for the time it takes to prepare and deliver meals?

Date Added: 4/24/20

No, this is an inappropriate use of Attendant Care and a potential duplication of services when billed inappropriately. Reimbursement of Home Delivered Meals is intended to fund obtaining food, preparing, and delivering the meal. Attendants can only bill the time spent preparing a home delivered meal for a participant to eat (i.e. microwaving the meal or preparing a place-setting, etc.).

Q108: If a provider is interested in offering Home Delivered Meals under Appendix K, who should they contact to get approval?

Date Added: 4/7/20

Providers, regardless of which waiver(s) they currently service, may provide Home Delivered Meals and do not need DMS approval while Appendix K of the 1915(c) HCBS waiver application is in effect. The definition of Home Delivered Meals in Appendix K is available at <https://chfs.ky.gov/agencies/dms/dca/Documents/appendixk.pdf>. DMS issued updated billing instructions for this service on April 6, 2020. The updated billing instructions are available at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q109: Can a case management agency provide Home Delivered Meals to the participants they serve?

Date Added: 4/7/20

Yes, this is allowed under Appendix K. Conflicted services will still be reviewed but there will be more consideration given to exceptions beyond the 30-mile radius due to COVID-19.

Q110: Can an agency provide Home Delivered Meals to participants they do not currently serve?

Date Added: 4/24/20

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Yes, an agency can provide this service to any 1915(c) HCBS waiver participant who needs it, except for participants of the Model II waiver. The participant's case manager should modify the person-centered plan to add this service.

Q111: If a participant returns to ADHC or ADT after it reopens, can they continue to receive Home Delivered Meals? If so, how should this be worded in MWMA?

Date Added: 6/24/20

Yes, a participant can continue to receive the expanded Home Delivered Meals on dates of service where they do not attend ADHC or ADT. This is allowed only while Appendix K waiver updates remain in effect. The case manager/support broker/service advisor should indicate in MWMA how many days of the week the participant attends ADHC or ADT and how many days they receive Home Delivered Meals.

Q112: Is a listing of Home Delivered Meals providers available?

Revised: 4/24/20

DMS compiled a listing of providers offering home delivered meal under Appendix K. It is available at <https://bit.ly/kycovid19hdm>.

If an agency plans to provide Home Delivered Meals, please submit your name, county and contact information to the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614. Please let other providers in your area know if you plan to offer Home Delivered Meals as well.

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Q113: What types of Home Delivered Meals can be provided?

Revised: 04/01/21

Providers can deliver hot, shelf-stable or frozen meals. Any provider of Home Delivered Meals should be considerate of the participant's dietary needs and preferences when delivering the service and adhere to food safety best practices such as those described by the U.S. Department of Agriculture (USDA). Information is available at <https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/keep-food-safe-food-safety-basics>.

The Home Delivered Meals service is for the delivery of meals only. This service cannot be used for the purchase and delivery of bulk groceries.

Q114: Can an agency sub-contract with a frozen meal provider under Appendix K?

Date Added: 4/7/20

Yes, this is allowed until Appendix K expires or is discontinued.

Q115: Do the meals provided have to come from a licensed catering company?

Date Added: 4/7/20

No, however, any provider of Home Delivered Meals should be considerate of the participant's dietary needs and preferences when delivering the service and adhere to food safety best practices such as those described by the USDA. Information is available at <https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/keep-food-safe-food-safety-basics>.

Q116: Can a provider work with a local restaurant or catering company to deliver meals to participants?

Date Added: 4/24/20

Yes, this is allowed under Appendix K. Any provider of Home Delivered Meals should be considerate of the participant's dietary needs and preferences when delivering the service and adhere to food safety best practices such as those described by the USDA. Information is available at <https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/keep-food-safe-food-safety-basics>.

Q117: Can two meals be delivered at once? For example, can a provider deliver at 10:30am for lunch and drop off breakfast for the following day?

Date Added: 4/24/20

Yes, a provider can drop off multiple meals at once. Meals can be hot, shelf-stable, or frozen. Any provider of Home Delivered Meals should be considerate of the participant's dietary needs and preferences when delivering the service and adhere to food safety best practices such as those described by the USDA. Information is available at <https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/keep-food-safe-food-safety-basics>.

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Q118: Can participants receive up to three meals per day?

Date Added: 4/24/20

No, CMS only allows Medicaid to reimburse up to two meals per day. Advancing States and other organizations are working to submit temporary legislation to increase this to three meals per day due to COVID-19. DMS is watching this effort closely and will consider making further updates to the limit if needed. Participants who need assistance with grocery shopping or meal prep can receive one of the following services:

- **ABI:** Companion
- **ABI LTC:** CLS
- **HCB:** Attendant Care/Home and Community Supports
- **MPW:** CLS
- **SCL:** Personal Assistance

Participants can access a third meal using non-Medicaid funded programs.

Q119: Can a participant in residential receive Home Delivered Meals?

Revised: 4/24/20

No, for most residential services the residential provider remains responsible for providing meals for participants in Supervised Residential Level I, II and III in ABI and ABI LTC and Residential Support Level I and II in SCL. DMS is allowing participants in Technology Assisted Residential in SCL to receive Home Delivered Meals.

Q120: Can a PDS participant receive Home Delivered Meals?

Date Added: 4/24/20

Yes. In most situations this is allowed as DMS wants all participants to have access to food during COVID-19. This includes situations where a PDS participant lives alone, lacks natural supports, or is having difficulty acquiring food due to financial concerns, access to the grocery store, or the absence of a caregiver because of COVID-19. Duplicate billing of Home Delivered Meals and PDS completion of shopping and meal preparation is not permitted, beyond what is required to prepare a Home Delivered Meal for the participant to eat (i.e. microwaving the meal or preparing a place-setting, etc.).

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Q121: Is the meal required to meet certain nutritional guidelines?

Date Added: 4/24/20

Any provider of Home Delivered Meals should be considerate of the participant's dietary needs and preferences when delivering the service and adhere to food safety best practices such as those described by the USDA. Information is available at <https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/keep-food-safe-food-safety-basics>.

Q122: Will the changes to Home Delivered Meals be allowed past the initial 120-day approval period?

Revised: 04/01/21

Yes, DMS is extending the period for requesting the expanded Home Delivered Meals service until Appendix K expires. It is the responsibility of the case manager/support broker/service advisor to modify the POC based on the definition of Home Delivered Meals during normal waiver operations once the emergency period ends. There will be a transition period between the end of the public health emergency and the return to normal waiver operations.

Telehealth

Q123: Can providers deliver services remotely due to COVID-19?

Date Added: 3/20/20

Yes, DMS is allowing providers to deliver 1915(c) HCBS waiver services remotely for certain services. This can be done in situations where a participant is quarantined due to symptoms of or having been exposed to COVID-19 or as a precaution against spreading COVID-19. Services that could be provided via telehealth include:

- Physical, Occupational or Speech Therapy,
- Supported Employment,
- Behavior supports and counseling services,
- In-home services such as Personal Care or Homemaking (cueing and prompting support only)
- Case Management.

Hands-on direct care services can only be reimbursed if performed in person. Providers should also be vigilant in following their agency's infection control policies and [CDC guidance while providing in-home services](#) to waiver participants. Please see the COVID-19: Telehealth letter available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf> for more information. All providers should work together to allow participants to receive services via telehealth when possible.

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Q124: If a provider delivers a service via telehealth, does the participant's person-centered service plans need to be revised beforehand?

Date Added: 4/7/20

No, plans do not need to be revised prior to delivering services via telehealth. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q125: If services are provided through telehealth platform, how should it be documented in the note?

Date Added: 4/7/20

This change only modifies the method in which the service is being delivered. All standard post-delivery documentation practices still stand, and should continue, including case manager oversight and monitoring of the effectiveness of service delivery. The case note should reflect any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q126: Are verbal consents for telehealth permissible?

Date Added: 4/7/20

Participation in services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals.

A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q127: Do services have to be provided through a video conferencing platform or can they be provided over the phone?

Date Added: 4/7/20

Other than case management contact and/or completion of a participant welfare check, providers should use video conferencing platforms whenever possible to effectively deliver the service.

Telehealth services are most appropriate for services where providers are instructing or cueing the participant and, therefore, providers need the video component to monitor that care and services delivered successfully advanced a need or goal.

Participation in services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

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Q128: Which platforms are approved for telehealth during COVID-19?

Date Added: 4/7/20

For the duration of the COVID-19 nationwide public health emergency, the Office for Civil Rights (OCR) within the Department of Health and Human Services has relaxed its enforcement of the Health Insurance Portability and Accountability Act (HIPAA) for certain non-public facing applications. This means OCR will not enforce penalties for the good faith provision of telehealth. Common applications that are currently exempted include, but are not limited to:

- Apple FaceTime
- Facebook Messenger Video Chat
- Google Hangouts Video
- Skype
- Zoom

Public facing services are specifically not allowed by OCR and should not be used for the provision of telehealth. These include, but are not limited to:

- Facebook Live
- Twitch
- TikTok

More information on providing telehealth, including a list of HIPAA-compliant platforms, is available at in the [DMS COVID-19 FAQ](#).

Q129: Should all waiver services be billed using the 02-Place of Service when provided via telehealth?

Date Added: 4/7/20

Yes, all services provided via telehealth except Case Management should use the 02-Place of Service code.

Case managers only need to update the related case note to indicate how the participant was contacted and cite COVID-19 as the reason the meeting was not held face-to-face.

Q130: If a provider delivered a service via telehealth and didn't bill it with the 02-Place of Service code, should they go back and change it?

Date Added: 4/24/20

No, providers do not need to go back and add the 02-Place of Service code to services already billed. Please use the 02-Place of Service code when billing units in the future.

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Q131: Do case managers/support brokers/service advisors need to use the 02-Place of Service code when providing case management via telehealth?

Date Added: 4/24/20

No, case managers/support brokers/service advisors do not need to use the 02-Place of Service code when providing case management via telehealth or by phone.

Q132: If a case manager/support broker/service advisor billed case management as telehealth, does it need to be changed?

Date Added: 4/24/20

No, if a case manager/support broker/service advisor already billed case management using the 02-Place of Service code, it does not need to be changed. Future units do not need to be billed using the 02-Place of Service code.

Q133: When a participant is receiving therapies through telehealth, can a PDS employee bill for providing hands-on services needed to complete the telehealth visit at the same time the telehealth therapy is taking place?

Revised: 4/24/20

Yes, if the assistance is necessary for the participant and they would be unable to receive the service via telehealth without it. The need for assistance and the type of assistance provided should be documented in the service notes.

Participants should be given the option to participate in remote therapies. The service should be person-centered, meaningful, and related to established goals. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in or is able to participate in remotely delivered programming.

Q134: Can Community Access be provided via telehealth?

Date Added: 4/7/20

Yes, this is allowed under Appendix K. Participation in Community Access via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q135: Can CLS be provided through remote options such as FaceTime, Skype, Zoom, etc. during due to COVID-19?

Date Added: 4/7/20

Yes, this is allowed in some situations due to COVID-19. DMS expects to see this primarily used for adult participants who need cueing for tasks such as medication administration, coaching individuals through hygiene or meal preparation / completion. If natural supports are being paid to provide CLS,

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DMS would not expect to see it provided by an agency via telehealth as this would be a duplication of service.

Q136: Can dietary services provided through Consultative Clinical and Therapeutic Services in SCL be delivered via telehealth?

Date Added: 4/7/20

Yes, this is allowed due to COVID-19. Participation in dietary services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q137: Can Person Centered Coach be delivered via telehealth?

Date Added: 4/7/20

Yes, this is allowed due to COVID-19. Participation in Person-Centered Coach via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q138: Can Respite be provided via telehealth?

Date Added: 4/24/20

This would depend on the participant's circumstances. If a provider encounters a situation where they think telehealth respite could be appropriate, please contact DMS at (844) 784-5614 or 1915cWaiverHelpDesk@ky.gov to discuss it.

Q139: Can Supported Employment be provided via telehealth?

Date Added: 4/7/20

Yes, this is allowed due to COVID-19. Participation in Supported Employment via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions. Examples of Supported Employment activities that can be completed via telehealth include:

- Assistance with applying for unemployment,
- Adjusting to being laid-off,
- Supportive skills to cope with the demands of a current job
- Developing next steps when the crisis ends.

Q140: Can exceptional supports be provided via Zoom, Skype, or FaceTime, etc. if it meets the needs of the participant?

Date Added: 4/7/20

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This depends on the nature of the service. For example, participants who receive exceptional support units for services provided under Consultative Clinical and Therapeutic Services in SCL may be able to receive those via telehealth. In the case of exceptional supports provided one-to-one, telehealth is likely not appropriate. Participation in telehealth services should be voluntary, person-centered, meaningful and work toward established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q141: Can medication administration be done remotely?

Date Added: 4/7/20

Yes, this is allowed due to COVID-19 for participants **but only for participants who need cueing** in relation to medication administration.

Q142: If a participant wants to receive services via telehealth, is the residential provider obligated to assist them?

Date Added: 4/24/20

DMS expects the residential provider to collaborate with other providers on the participant's person-centered team to assist participants who wish to receive services via telehealth.

Participation in services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q143: What are the rates for services provided via telehealth?

Date Added: 4/24/20

The reimbursement rates for services remain unchanged when they are provided via telehealth. Reimbursement rates can be found in the each waiver's [corresponding KAR](#).

Covered Services

Q144: Which services have been expanded to all waivers under Appendix K?

Date Added: 4/7/20

Home Delivered Meals is the only service DMS has expanded to all waivers (except Model II) under Appendix K. The service menus for each waiver remain unchanged at this time, beyond Home Delivered Meals where not previously available

Q145: Why were Behavior Support Services not included for the SCL waiver in Appendix K?

Date Added: 4/7/20

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Behavior Support Services are provided within the Consultative, Clinical and Therapeutic Services definition in the SCL waiver. This service was referenced in [Appendix K](#).

Q146: Can Behavior Support Services be delivered face-to-face when a participant's behaviors jeopardize their health, safety, and welfare?

Date Added: 4/7/20

DMS is allowing Behavior Support Services to be provided via telehealth during the due to COVID-19 and encourages providers to exercise this option as much as possible to reduce the risk of spreading COVID-19.

If a provider encounters a situation where they are concerned about delivering Behavior Support Services via telehealth, please contact DMS at 1915cWaiverHelpDesk@ky.gov or by calling (844) 784-5614 and will work with you to make sure the participant's needs are addressed.

Q147: Should nursing services only be delivered remotely or can they be delivered in-home as well?

Date Added: 4/7/20

Nursing services may continue to be delivered in-home. DMS recognizes that many nursing services require in-person, direct contact with the participant. All services delivered in-home should be delivered with the utmost care and [CDC guidelines](#). Nursing services that can be delivered remotely include medication monitoring, nursing instruction limited to cueing and prompting, and monitoring of vital signs (if appropriate equipment is available in the home).

Q148: Can a participant continue to receive CLS in-home or via remote options such as FaceTime, Skype, Zoom, etc, even if they do not live alone?

Date Added: 4/7/20

Yes, if it is necessary for the participant's health, safety, and welfare and the natural supports in the home are unable to provide it. If natural supports are being paid to provide CLS, DMS would not expect to see it provided by an agency via telehealth as this would be a duplication of service.

Q149: Can virtual activities, such as touring attractions or accessing religious services/classes online, be billed as CLS when it furthers goals and objectives on the participant's plan?

Date Added: 4/24/20

Yes, this is allowed if the activity meets the service definition, is person-centered, meaningful, and related to established goals, and the service provider has an active role in facilitating the viewing if necessary. Participants should be given the option to participate in virtual activities, which should occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in or is able to participate in the activity.

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Q150: Can services where participants receive support with community inclusion and/or socialization resume community activities?

Date Added: 6/24/20

Yes, as long as measures are taken to reduce the risk of spreading or contracting COVID-19. This includes choosing outdoor activities when possible, using masks for the direct care worker and, if possible, for the participant, and maintaining a distance of at least six feet from others (beyond the direct care worker) at all times.

Q151: Can CLS services be provided in the community if practicing social distancing?

Revised: 6/24/20

Yes, as long as measures are taken to reduce the risk of spreading or contracting COVID-19. This includes choosing outdoor activities when possible, using masks for the direct care worker and, if possible, for the participant, and maintaining a distance of at least six feet from others (beyond the direct care worker) at all times.

Q152: For CLS, are participants/staff allowed to go for walks in the neighborhood or in local parks that are open?

Revised: 6/24/20

Yes, as long as measures are taken to reduce the risk of spreading or contracting COVID-19. This includes choosing outdoor activities when possible, using masks for the direct care worker and, if possible, for the participant, and maintaining a distance of at least six feet from others (beyond the direct care worker) at all times.

Q153: Some agencies providing CLS are directing DSPs to take clients to their homes for services. Is this appropriate?

Date Added: 4/24/20

No, this is inappropriate and is not allowed as it does not follow social distancing guidelines. Due to COVID-19, community-based CLS activities should be suspended. CLS activities that require cueing, such as medication administration or coaching individuals through hygiene or meal preparation / completion, can be delivered via telehealth. Only CLS activities necessary for the participant's health, safety, and welfare should be provided in-person. These should take place at the participant's residence with proper infection control and use of personal protective equipment (PPE) in place.

Q154: Can Community Access be provided in the participant's home?

Date Added: 4/7/20

No, Community Access should only be provided via telehealth or in-person as long as measures are taken to reduce the risk of spreading or contracting COVID-19. This includes choosing outdoor activities when possible, using masks for the direct care worker and, if possible, for the participant, and maintaining a distance of at least six feet from others (beyond the direct care worker) at all times.

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Participation in Community Access via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q155: A waiver participant is experiencing difficulty finding needed supplies, such as incontinence supplies. How can providers help them?

Date Added: 3/24/20

DMS will allow Goods and Services providers to provide supplies to participants in all waivers, regardless of which waiver the provider typically serves. For example, a provider who only bills Goods and Services through HCB can bill for this service using any waiver under Appendix K. Providers of Goods and Services who are authorized by Medicaid programs in other states may also furnish and bill for supplies.

Q156: Can Goods and Services be approved without a letter from a doctor due to COVID-19?

Date Added: 4/24/20

Yes, DMS is allowing some items to be provided without a letter at this time. This includes non-specialized items such as incontinence supplies. Specialized items or items that require a fitting, such as hearing aids, glasses or dental work, would still need a letter to be approved.

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Q157: When trying to obtain supplies for waiver participants, should the case manager/support broker/service advisor do a modification if they need to use a different source than what is prior authorized on the participant's plan? The sources of needed supplies may vary due to product shortages/availability caused by COVID-19.

Date Added: 4/7/20

When obtaining supplies during COVID-19, case managers/support brokers/service advisors should only modify the source on the plan if they run out of funds authorized within the prior authorization.

Q158: Can masks and other PPE be obtained for traditional and PDS participants using Goods and Services?

Revised: 6/24/20

Yes, this is allowed due to COVID-19.

Q159: Who is responsible for providing PPE for agency DSPs and PDS employees?

Date Added: 6/24/20

The agency employing the DSP is responsible to pay for and provide PPE needed for the DSP to perform the functions of their job.

For PDS employees, the employee and the participant and/or the participant's PDS representative should discuss and determine whether the employee or the participant will be responsible for providing any necessary PPE.

Q160: What types of masks are covered under Goods and Services?

Revised: 04/01/21

DMS is not limiting reimbursement to a certain type of mask, however, masks purchased for participants using Goods and Services should meet the CDC guidelines for masks used by non-health care workers available at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>.

Q161: If an MPW participant receives PPE through Goods and Services, how will it affect their yearly service limit?

Date Added: 6/24/20

The \$40,000/\$63,000 yearly limit has been increased under Appendix K. Using Goods and Services for PPE due to COVID-19 will not result in a decrease in services when Appendix K expires or is discontinued.

Q162: If a participant is currently receiving Residential, are they also eligible to receive Respite due to COVID-19?

Revised: 04/01/21

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Yes, this is allowed for Residential Support Level II in the SCL waiver only. Residential Support Level II includes participants residing in adult foster care or with a family home provider. The participant must demonstrate a need for Respite services due to a service disruption or circumstance directly caused by COVID-19.

Q163: Can an agency provide Respite under Appendix K if they are not already listed as a Respite provider?

Date Added: 4/7/20

Yes, this is allowed until Appendix K expires or is discontinued. The case manager / support broker / service advisor should modify the person-centered service plan to indicate which provider is the Respite provider.

Q164: Will Respite services need to be used every six months? Due to the COVID-19, some families are not comfortable bringing outside individuals into their homes at this time. Should a Corrective Action Plan (CAP) be done or is it okay to document the suspension of Respite services and note that it is due to the COVID-19?

Date Added: 4/7/20

A CAP is not required in this scenario. A participant has the right to suspend Respite services if he or she wishes to limit the volume of individuals coming into their home during this emergency period and/or the right to suspend services at any time. The participant and the case manager / support broker / service advisor should talk and establish a plan to meet needs that were being met using respite in other ways while not receiving respite services, such as using natural supports.

Although a CAP is not required, case managers are still expected to observe risk identification, planning, and mitigation activities with participants for whom service suspension poses potential risks to health, safety and welfare. These efforts are to be documented in MWMA, following standard procedure.

Q165: Some summer camps that typically provide Respite to minor children who receive waiver services are holding virtual camps instead of in-person camps this summer. If the child attends a virtual camp, can it still be used as Respite?

Date Added: 6/24/20

No, this is not allowed because it does not meet the definition of Respite.

Q166: Can Specialized Respite supervisory visits be conducted via phone during the COVID-19 outbreak?

Date Added: 3/24/20

Yes, this is allowed via phone if monitoring staff. Calls should be conducted by qualified supervisory staff.

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Q167: Can personal care-type services be billed when running errands on a participant's behalf due to COVID-19?

Date Added: 4/24/20

Yes, this is allowed during COVID-19 for participants who require or request this assistance. This option is only available to participants who live in a private, community-based residence, not for those residing in a provider-owned or controlled residential setting. Services under which this is allowable are:

- **ABI:** Companion
- **ABI LTC:** CLS
- **HCB:** Attendant Care/Home and Community Supports
- **MPW:** CLS
- **SCL:** Personal Assistance

Q168: With schools closed, can school-aged participants receive help with their classwork?

Revised: 11/30/20

No, DMS does not currently allow agency or PDS employees to help participants with homework or non-traditional instruction, and Medicaid is not intended to deliver educational supports. Case managers/support brokers/service advisors who identify this need for a school-aged participant are encouraged to direct parents/guardians to the participant's teacher or education provider to obtain needed educational supports.

DMS is allowing children to receive Respite while at home participating in non-traditional instruction (NTI) when their parents or caregivers must work or are unavailable. Respite provided during NTI should only be for supervision or other needs typically addressed in the parent or caregiver's absence. More information about Respite and NTI during COVID-19 is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cnticovid.pdf>.

Q169: Can staff to participant ratios for residential be adjusted to cope with staffing shortages caused by COVID-19? Are there any resources to help providers find staff?

Date Added: 4/7/20

For ABI/ABI LTC, staff who work in ADHCs and ADTs from the same agency can be allowed to provide on-site residential **in emergencies only**, to ensure sustained staffing ratios in residential services. The site must have sufficient space to house participants according to CDC guidance on safe practices and social distancing related to mitigating COVID-19 spread. The space must also have the necessary facilities such as a kitchen, bathrooms, and appropriate facilities and bedding for sleeping, treatment rooms to allow care to be delivered privately and allow safe, secure storage of medication.

SCL does not require specific staffing ratios. In cases where participants receive exceptional supports, if the provider is not able to meet the approved additional staffing it should be documented and the increased rate should not be billed.

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Updated: 04/01/21

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Q170: If an agency has a staffing crisis at a residential site due to COVID-19, can houses be combined?

Date Added: 4/7/20

If a residential provider encounters a staffing crisis, please contact DMS for assistance.

Q171: Can a participant receiving nursing services through the Model II Waiver stop these services due to COVID-19?

Date Added: 4/7/20

Yes. A participant has the right to suspend services if he or she wishes to limit the volume of individuals coming into their home due to COVID-19. The participant and the provider should talk and establish a plan to meet needs that were being met using respite in other ways while not receiving nursing services, such as using natural supports.

Additionally, case managers are expected to observe risk identification, planning and mitigation activities with participants for whom service suspension poses potential risks to health, safety and welfare. These efforts are to be documented in MWMA.

Q172: In the event that there are periods of time when people are asked to stay at home, will direct support professionals (DSPs) be able to provide in-person residential through 1915(c) HCBS waivers which offer that service option?

Date Added: 3/20/20

Yes, the residential service may be provided. Providers should monitor staff and should not allow any DSP who has been exposed to someone who tested positive for COVID-19 or who is displaying symptoms to provide the care.

Q173: In the event that there are periods of time when people are asked to stay at home, will the DSP or PDS employees be permitted to provide in-home care to 1915(c) waiver participants?

Date Added: 3/20/20

Yes, if the service being provided by the DSP or PDS employee is emergent, meaning that without the service the participant would be placed in danger or the person would lose functioning that could never be restored, the care may be provided. The DSP or PDS employee should not provide care if he/she has been exposed to someone who tested positive for COVID-19 or who is displaying symptoms.

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Q174: In a previous version of this FAQ, DMS said PDS employees and DSPs would be allowed to provide care to waiver participants if there is a period of time where people are asked to stay home if the participant would be placed in danger or lose functioning that could never be restored by not receiving the care. Can DMS clarify what services would be allowed in this instance?

Date Added: 4/7/20

This applies to any personal care or supervision-type service necessary for the participant's health, safety, and welfare that a natural support in the home is unable or unavailable to provide. The anticipated focus of this care is to support participants with activities of daily living, intermediate activities of daily living, and services essential to preserving a person's health, safety and welfare in his or her home.

Q175: Will there be extensions for exceptional supports in the SCL waiver?

Date Added: 3/24/20

Automatic extensions will not be granted. Case managers / support brokers / service advisors must still submit the required information found in [SCL provider letter #A-49](#), however, they can work with providers through email and do not need to go see the participant in-person during COVID-19 to finalize an exceptional supports request. If a case manager/support broker/service advisor is unable to gather a piece of the documentation, please contact the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) for guidance.

Q176: For SCL participants receiving exceptional supports, will rates be increased?

Date Added: 4/7/20

DMS does not anticipate raising the exceptional support rate at this time. The current rate goes up to 200% of the established residential rate.

Provider/Employee Qualifications – Agency and PDS

Q177: Can an employee, PDS or agency, begin work without a completed background check?

Date Added: 4/24/20

Yes, this is allowed under Appendix K. If the results of a background check or other screening make the employee ineligible, services will be allowed to continue until an alternative employee is found. The only exception is in cases where the employee poses immediate jeopardy to the health, safety, and/or welfare of the participant or has a substantiated finding of past abuse, neglect or exploitation or violent felony.

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Q178: Can provider agencies or PDS employers use background checks on an employee that were completed by a different provider agency or PDS employer?

Date Added: 3/24/20

Yes, this is allowed under Appendix K.

Q179: Do employers, agency or PDS, need proof background checks were requested prior to the employee delivering services?

Date Added: 4/24/20

Agency and PDS employers should retain documentation of when the background check was requested.

Q180: When a PDS employee is hired using a background check done by another PDS employer or by an agency, will a new background check need to be done once Appendix K expires or is discontinued or will the previously completed background check be sufficient?

Date Added: 4/7/20

The typical PDS employee background check requirements will be reinstated at the end of the emergency so, if possible, employees should continue to work to confirm these pre-employment requirements. This includes obtaining an updated background check.

Q181: If a PDS employee's background check comes back with a finding that disqualifies them, how long should the participant be allowed to look for a replacement? There could be instances where a participant tells the support broker/service advisor they are looking for an alternate employee but in reality is not.

Date Added: 4/7/20

During the emergency period, Appendix K allows for the sustained enrollment of a participant on a 1915(c) HCBS waiver without receiving services for longer than the standard 60-day period. The participant can continue to look for a replacement throughout the emergency period, and is encouraged to do so, acknowledging the volume of unemployed citizens throughout the Commonwealth. After the emergency period, participants will revert to program requirements that require use of services within the previous 60 days or be dis-enrolled from the waiver.

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Q182: Can the approval process for hiring immediate family members as PDS employees be temporarily waived to deal with service disruptions, such as the closure of ADHCs and ADTs, and staffing shortages caused COVID-19?

Revised: 11/30/20

Yes, the Department for Aging and Independent Living (DAIL) is temporarily waiving the additional screening and approval process to hire immediate family members as PDS employees. Potential employees must still initiate a background check and complete any pre-employment requirements that can be filled, however, they can begin providing services while waiting for the results. If the background check uncovers a substantiation or conviction of past abuse, neglect, or exploitation, and/or violent felony (in accordance with regulatory language), the employee must stop working and an alternative employee must be found. The Kentucky Applicant Registry and Employed Screening (KARES) system is not conducting fingerprinting at this time due to COVID-19. If an employee previously resided out of state, they will need to have a background check from that state completed that is equivalent to Kentucky's Administrative Office of the Courts (AOC) background check.

Q183: Does documentation need to be submitted for immediate family members being hired as a PDS employee even though they are receiving automatic approval under Appendix K?

Revised: 11/30/20

Yes. DAIL created a letter to be uploaded to MWMA that grants temporary approval of the immediate family member as a PDS employee. The letter is available at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19ifmletter.pdf>. The employee still needs to have a background check, however, they will be able to start providing services while waiting on the results as outlined in the question above.

Q184: Does the suspension of the immediate family member approval process for PDS employees apply to potential employees who were submitted for review prior to the start of COVID-19?

Revised: 11/30/20

Yes, if the PDS employer needs the employee to begin working due to COVID-19, and that person was pending approval by DAIL, then this suspension allows them to be paid as a PDS employee.

Q185: How does the temporary suspension of the PDS employee immediate family member approval process affect applicants who were denied prior to COVID-19 and going through an appeal?

Date Added: 4/7/20

These individuals are allowed to act as PDS employees while Appendix K is in effect, however, once Appendix K expires or is discontinued the appeals process will be resumed, and these individuals will no longer be eligible to be paid PDS employees.

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Q186: Will immediate family members approved as PDS employees under Appendix K have to undergo the normal approval process once it ends? Will they have to stop services immediately or can they continue to work until DAIL makes a decision on the immediate family member request?

Revised: 11/30/20

Once Appendix K updates expire or are discontinued, the PDS employer will be allowed to keep the immediate family member as a PDS employee until the time of their annual re-certification. Upon the waiver participant's re-certification, the PDS employee will need to complete the immediate family member exemption process used during normal waiver operations to receive approval from DAIL to continue providing paid waiver services.

Q187: When adding an immediate family member who is being hired as a PDS employee due to COVID-19, what "relationship type" should be selected in MWMA? What document should be uploaded?

Revised: 11/30/20

To add an immediate family member as the PDS employee due to COVID-19, upload the Immediate Family Member Request Approval Letter (<https://chfs.ky.gov/agencies/dms/dca/Documents/covid19ifmletter.pdf>) to MWMA and enter the "relationship type" as immediate family member.

Q188: Can a PDS representative become a PDS employee due to COVID-19? If they do, does a new representative need to be designated?

Date Added: 4/7/20

Yes, the PDS representative can become a PDS employee due to COVID-19. In this instance, a new PDS representative needs to be appointed. If there is an obstacle in appointing a new PDS representative and the participant cannot self-direct, contact DAIL for guidance. PDS representatives who are acting as a PDS employee are to exercise sound judgment, prioritize the needs of the participant and their well-being, and observe rules related to Medicaid fraud, waste and abuse.

Q189: CPR and first aid classes are being canceled due to COVID-19. Will there be an extension for agency and PDS employees who are due to receive this training?

Revised: 04/01/21

Yes. DMS encourages employee requirements to be kept as up to date as possible during the public health emergency, however, if training or screening cannot be completed please document the reason it cannot be completed on-time and the plan for getting it completed in the employee's record.

Once the federal public health emergency ends, there will be a transition period before returning to normal waiver operations. This will give providers an opportunity bring employee requirements up to date.

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Q190: An agency or PDS employee is due to have his/her tuberculosis test completed soon. If the employee is unable to do so because of COVID-19, will they be considered ineligible to work?

Revised: 6/24/20

No, they will not be considered ineligible to work unless they are demonstrating symptoms of tuberculosis or have active illness. With health care services reopened, an employee should receive a tuberculosis risk assessment/screening if they can. Until then, please document the reason the tuberculosis test could not be completed on-time and the plan for getting it completed in the employee's record.

Q191: Once Appendix K expires or is discontinued, how long will agency and PDS employees have to get requirements (such as training or tuberculosis screenings) up to date?

Revised: x/x/xx

DMS encourages employee requirements to be kept as up to date as possible during the public health emergency, however, if training or screening cannot be completed please document the reason it cannot be completed on-time and the plan for getting it completed in the employee's record.

Once Appendix K expires or is discontinued, DMS will allow a transition period of at least sixty (60) days before returning to normal waiver operations. This will give providers an opportunity bring employee requirements up to date.

Q192: Which trainings for new or existing agency or PDS employees can be delayed during COVID-19?

Date Added: 4/7/20

Training that supports participant safety is still required. DMS considers the following topics as still required: training on the participant's person-centered service plan, safe delivery of hands-on care, care delivery needs, and medication administration.

Q193: If a newly hired agency employee has not worked in the field, can they complete required trainings while working?

Revised: 4/7/20

Yes, this is allowed due to COVID-19. Training that supports participant safety is still required. DMS considers the following topics as still required: training on the participant's person-centered service plan, safe delivery of hands-on care, care delivery needs, and medication administration.

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Q194: Do Attendant Care providers in HCB need special training beyond the typical trainings all providers must complete?

Date Added: 4/7/20

Training that supports participant safety is still required. DMS considers the following topics as still required: training on the participant's person-centered service plan, safe delivery of hands-on care, care delivery needs, and medication administration.

Q195: Do agency employees in MPW and SCL still need to complete individualized instruction and medication administration training before working independently?

Date Added: 3/24/20

Yes, but due to COVID-19 these can be completed remotely.

Q196: Can an employee transfer their medication administration training from one agency to another?

Date Added: 4/7/20

Yes, medication training completed within the past year when employed for another Medicaid-approved agency may be "transferred" or considered complete upon hire by another agency, however, new employees must complete a competency review at the new agency. The competency review can be completed remotely due to COVID-19.

Q197: If agency staff, such as DSPs, are laid off due to COVID-19, do they have to go through the hiring process again when the agency resumes their employment?

Date Added: 4/24/20

DMS does not consider pre-existing employees who were laid off due to COVID-19 as "new hires." The agency should have their own policies in place for re-introducing returning employees.

Q198: Will DMS, DAIL, and DBHDID continue provider certification visits during COVID-19?

Revised: 04/01/21

DMS has temporarily suspended most provider certification visits. Pre-certification visits and visits for investigations related to the health, safety and welfare of participants will still be conducted. DMS issued a provider letter on March 17 with more information on provider certification and monitoring due to COVID-19. The letter is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cprovidercertificationscovid19.pdf>.

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Q199: When will agencies receive site visit extension letters?

Date Added: 3/24/20

Providers who qualify for an extension will receive a letter before their contract expiration date and/or Office of Inspector General license expiration date.

Q200: Are off-site audits using MWMA still occurring during COVID-19?

Date Added: 4/7/20

Yes, DMS is still conducting off-site audits using MWMA. Please see the Provider Certification and Monitoring letter issued on March 16, 2020. It is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cprovidercertificationscovid19.pdf>.

Q201: Is DMS automatically updating Medicaid provider statuses in the Kentucky Medicaid Management Information System (MMIS) for 60 days?

Date Added: 4/7/20

Yes, DMS is addressing this in Partner Portal.

Q202: Do the updates to Appendix K mean 1915(c) HCBS waiver providers in other states, such as Ohio, provide services in Kentucky during COVID-19?

Date Added: 4/7/20

Yes, DMS is allowing providers who are licensed by Medicaid agencies in other states to provide waiver services while Appendix K is in effect. This is intended to expand the provider base to reduce service disruptions and gaps in services for participants.

PDS Questions - Other

Q203: Can a participant receiving a service via the traditional delivery method switch to the PDS delivery method to reduce disruptions in services caused by COVID-19?

Date Added: 4/7/20

Yes. DMS has modified the PDS employee approval process to ease the process for participants who need to switch from traditional to PDS to reduce service disruptions.

Q204: Can a PDS employee provide medication administration to a participant who switched from traditional services to PDS due to the closure of their ADHC?

Date Added: 4/24/20

No, as medication administration assistance is considered to be a skilled nursing service. The participant's ADHC is allowed to provide nursing services via telehealth to make sure required medications are taken and/or to remind the participant to refill medication planners.

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Q205: How should the support broker/service advisor add new PDS employees during COVID-19?

Revised: 04/01/21

Support brokers/service advisors should add new PDS employees being hired due to COVID-19 in MWMA using the same process they would for any other PDS employee.

Q206: Will there be a grace period on the annual requirements for maintaining PDS employee eligibility?

Date Added: 3/24/20

Yes, DMS will temporarily allow services to be initiated before confirmation of certain eligibility requirements such as tuberculosis risk assessments and screenings, CPR/first aid and other trainings, and providing a copy of driver's licenses. The case manager/support broker/service advisor is responsible to ensure it is documented that these requirements have not been met due to COVID-19. These requirements will be reinstated at the end of the emergency so, if possible, employees should continue to work to confirm these pre-employment requirements.

Q207: PDS representatives are supposed to be seen in the home once per quarter. How should this be handled due to COVID-19?

Date Added: 4/24/20

In order to comply with social distancing guidelines and reduce the spread of COVID-19, DMS does not recommend conducting in-person visits at this time. The support broker/service advisor should document that this requirement could not be met due to COVID-19.

Q208: Can a PDS employee be permitted to work overtime to reduce gaps in service caused by the COVID-19?

Revised: x/x/xx

Yes, under Appendix K, overtime is allowed in limited situations for PDS employees providing more than 40 hours of services to a single participant. The overtime must be necessary to address the health, safety and welfare of the participant due to COVID-19 and can only be applied in situations where there is not alternative caregiver or natural support available. The need should first be discussed with the case manager/support broker/service advisor, who is responsible to document this need and update the emergency person-centered service plan.

Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS does not anticipate high rates of PDS overtime especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Requests for overtime that are not directly related to the COVID-19 will need to follow established limitations and/or exception processes as applicable.

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Q209: Should agencies receive paper timesheets due to concerns about the transmission of COVID-19?

Revised: 04/01/21

Agencies can continue to accept paper timesheets, as not all participants have technology available to send them electronically. DMS encourages participants and providers to take precautions when handling timesheets sent via the U.S. Post Office or having them dropped off.

DMS encourages any provider not currently accepting timesheets electronically do to so due to COVID-19. If your agency does not have a secure method in place for accepting timesheets electronically, they can be submitted by email or fax if accepted by the agency.

[Services required to use electronic visit verification \(EVV\)](#) should be recorded using the agency's EVV system.

Q210: Will electronic delivery of timesheets be accepted during COVID-19?

Revised: 04/01/21

Yes. Electronic delivery of timesheets is already permitted and DMS encourages any provider not currently accepting them electronically do to so during COVID-19. If your agency does not have a secure method in place for accepting timesheets electronically, they can be submitted by email or fax if accepted by the agency.

[Services required to use EVV](#) should be recorded using each agency's EVV system.

Q211: What will DMS accept as an official signature on PDS timesheets during COVID-19?

Revised: 04/01/21

Timesheets can be signed by hand, by email or by text. In the case of email or text message, a copy of the email or a screenshot of the text message should be saved as documentation. Please note that timesheets are still to be accurately completed and adequately reviewed before signing or attesting to timesheet contents. Laws related to fraud, waste and abuse of Medicaid services are still applicable during COVID-19.

[Services required to use EVV](#) should be recorded using each agency's EVV system.

Q212: Can a PDS employer send timesheets without an employee signature?

Revised: 04/01/21

No, but timesheets can be signed by hand, by email or by text. In the case of email or text message, a copy of the email or a screenshot of the text message should be saved as documentation. Please note that timesheets are still to be accurately completed and adequately reviewed before signing or attesting to timesheet contents. Laws related to fraud, waste and abuse of Medicaid services are still applicable during COVID-19.

[Services required to use EVV](#) should be recorded using each agency's EVV system.

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Q213: What if a support broker/service advisor makes an error on a timesheet? Can this be corrected without having to send it back?

Revised: 04/01/21

During COVID-19, the support broker/service advisor may make minor corrections to the timesheet, such as adjusting a.m./p.m. or correcting hour totals based on review of the document and with the approval of self-directed participant / PDS representative. When the support broker/service advisor makes a correction, they should sign and date it. Hours are **not** to be changed at the sole discretion of the support broker/service advisor and must include the consent of the participant or designated representative.

Services required to use EVV should be recorded and, if need be, corrected using each agency's EVV system.

Q214: Can any case manager provide PDS case management under Appendix K?

Revised: 04/01/21

In the Appendix K renewal approved in 2021, DMS expanded PDS case management in the HCB waiver to allow community mental health centers as providers.

Due to the current structure of the 1915(c) HCBS waivers, provider types for **PDS case management in all other waivers remains the same** as it is during normal waiver operations.

Q215: Can a PDS employee who lives in the home with the participant continue to provide services during COVID-19??

Date Added: 4/7/20

Yes.

Q216: Can a PDS employee who is unable to work due to the COVID-19 file for unemployment?

Revised: 04/01/21

PDS employees may file for unemployment if they meet the eligibility requirements. Information on filing an unemployment claim is available on the Kentucky Career Center website at <https://kcc.ky.gov/Pages/default.aspx>.

PDS employees can also reach out to the support broker or service advisor for additional information on whether they have paid into unemployment.

Q217: In the past, PDS employees filing for unemployment had their unemployment tax rate adversely affected. This means that some participants will not be able to pay employees as much in the future if their employees file for unemployment. Will there be any changes to prevent this because of COVID-19?

Revised: 04/01/21

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Please visit KCC website at <https://kcc.ky.gov/Pages/default.aspx> or call KCC for questions regarding unemployment. KCC is asking individuals to call the office closest to where they live. The numbers are as follows:

Bowling Green area: (270) 746-7425
Elizabethtown area: (270) 766-5115
Covington area: (859) 292-6666
Hazard area: (888) 503-1423
Hopkinsville area: (270) 889-6509
Lexington area: (859-233-5940
Louisville area: (502) 595-4003
Morehead area: (606-783-8525
Owensboro area: (270) 686-2502
Paducah area: (270) 575-7000
Prestonsburg area: (888) 503-1423
Somerset area: (606) 677-4124

You can also call (502) 564-2900 for general unemployment information, (502) 875-0442 to file a claim, or (877) 369-5984 to request a payment.

Welfare Check Information

Q218: How do providers document telephonic welfare checks?

Date Added: 4/7/20

DMS has created a form providers can use when conducting telephonic welfare checks. The form is available at: <https://chfs.ky.gov/agencies/dms/MAPForms/waiverwelfarecheckform.docx>.

Instructions for using the form are available at <https://chfs.ky.gov/agencies/dms/MAPForms/waiverwelfarecheckforminstructions.pdf>

Q219: Who should complete the Welfare Check Form and how often?

Date Added: 4/7/20

Any provider can use the standardized Welfare Check Form developed by DMS to conduct telephonic welfare checks.

As a minimum standard, DMS recommends providers align the frequency of contact to the frequency of service attendance or in-home services specified in a participant's person-centered service plan. For instance, if a participant attends ADHC one day a week on Tuesday, then at a minimum that participant should receive a welfare check once a week on Tuesday. If a participant attends ADHC five days a week, then the participant should receive a call five days a week. This is not a mandatory requirement and it is at the discretion of the provider to attempt more frequent contacts with participants, as needed.

If a participant is hospitalized or in an alternate level of care such as a rehabilitative stay, then a welfare check is not required, but should be resumed when the participant returns to his or her home setting. Any provider type can use and complete the welfare check form. DMS encourages providers

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and case managers to coordinate welfare checks so the participant doesn't receive multiple calls on the same day. Any emergent needs or risks to a participant's health, safety or welfare should have timely follow-up, coordination with the participant's case manager, referral to child/adult protective services, emergency medical services, etc.

Q220: When providers conduct welfare checks, should they focus only on participants who live alone, who do not have natural supports, or who have experienced a reduction in services due to COVID-19 or can welfare checks be conducted on participants who live with other individuals, such as in adult foster care or with family home providers?

Date Added: 4/7/20

Providers should conduct welfare checks on any participant they think needs the added oversight and support to address any emergent needs. In the case of participants who live with others, such with family, in adult foster care or with a family home provider, the others in the home may not be around or the participant may feel more comfortable sharing information or concerns with the providers they are used to seeing on a regular basis. However, many participants may benefit from continued contact and engagement with the staff members they are familiar with – thus there are various benefits to performing welfare checks on participants who are experiencing changes in their home and community-based services.

Q221: What if the participant cannot be reached during the welfare check?

Date Added: 4/7/20

Providers who cannot reach a participant during their first attempt to make a welfare check call should observe the following next steps:

- If the participant does not answer their first call, attempt to contact him or her two more times that day.
- If those calls go unanswered, additional calls should be made to notify their emergency contact, who should be made aware of the unsuccessful provider attempts and be encouraged to check on the participant.
- The failure of the participant and alternate to answer could result in requesting a welfare check from local law enforcement.

Q222: Can a provider bill for conducting welfare checks on participants during the COVID-19 pandemic?

Date Added: 4/24/20

No, welfare checks are not billable at this time. DMS encourages agencies to conduct welfare checks on the participants they serve who have experienced a reduction in congregate services and may need the added oversight and support to address any emergent risks to their health, safety and welfare. In the case of participants who live with others, such with family, in adult foster care or with a family home provider, the others in the home may not be around or the participant may feel more comfortable sharing information or concerns with the providers they are used to seeing on a regular basis. DMS asks providers and case managers to coordinate welfare checks so the participant doesn't receive multiple calls on the same day.

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Q223: Can the Welfare Check Form DMS issued on March 23, 2020, be used in place of a case manager/support broker/service advisor's monthly summary?

Date Added: 4/7/20

Yes, the case manager/support broker/service advisor can use the Welfare Check Form in lieu of the monthly summary due to COVID-19. Case managers should make sure all information required in their monthly summary is included when filling out the Welfare Check Form, including oversight and monitoring of the effectiveness of service delivery.

Q224: What is the difference between a telehealth visit and welfare check?

Date Added: 4/24/20

A welfare check is a short, periodic phone call made to participants with a reduction in congregate service who may need added oversight and support. A welfare check call allows screening for and identifying any emergent participant needs during COVID-19. DMS developed a welfare check form to give providers performing these checks a tool to guide the call, please find the tool at <https://chfs.ky.gov/agencies/dms/MAPForms/waiverwelfarecheckform.docx>

Telehealth is used to deliver services on the person-centered service plan remotely and is intended to offer a continued method to advance a participant's person-centered goals during COVID-19 while reducing face-to-face contacts, adhering to social distancing guidelines, and preventing the spread of COVID-19.

Medicaid Eligibility

Q225: Will participants have their Medicaid financial eligibility extended during COVID-19?

Revised: 04/01/21

For questions about Medicaid financial eligibility, contact the [Department for Community Based Services](#) (DCBS) at (855) 306-8959 or DFS.Medicaid@ky.gov. DCBS phone lines are open 8:00 a.m. to 5:00 p.m. Eastern Monday through Friday.

Q226: If patient liability is not updating for a participant who had their Medicaid financial eligibility extended due to COVID-19, how should this be addressed?

Revised: 04/01/21

Medicaid financial eligibility extensions should not affect patient liability. For questions about patient liability, contact the [Department for Community Based Services](#) (DCBS) at (855) 306-8959 or DFS.Medicaid@ky.gov. DCBS phone lines are open 8:00 a.m. to 5:00 p.m. Eastern Monday through Friday.

Q227: If a participant turned in paperwork for their Medicaid financial eligibility renewal but their coverage ended before it was processed due to COVID-19, is there a way for them to complete the renewal?

Revised: 04/01/21

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Yes, contact the [Department for Community Based Services](#) (DCBS) at (855) 306-8959 or DFS.Medicaid@ky.gov. DCBS phone lines are open 8:00 a.m. to 5:00 p.m. Eastern Monday through Friday.

Q228: If a participant receives a stimulus check, will it be counted as income? If so, will it affect their Medicaid eligibility?

Revised: 04/01/21

For questions about Medicaid financial eligibility, contact the [Department for Community Based Services](#) (DCBS) at (855) 306-8959 or DFS.Medicaid@ky.gov. DCBS phone lines are open 8:00 a.m. to 5:00 p.m. Eastern Monday through Friday.

Q229: For new allocations, what is the best way to get Medicaid financial eligibility since DCBS is not open for face-to-face business right now?

Revised: 04/01/21

For questions about Medicaid financial eligibility, contact the [Department for Community Based Services](#) (DCBS) at (855) 306-8959 or DFS.Medicaid@ky.gov. DCBS phone lines are open 8:00 a.m. to 5:00 p.m. Eastern Monday through Friday.

Q230: If a waiver participant's family is collecting unemployment and the unemployment is more than what the family's income typically is, how will this affect their financial eligibility for waiver services?

Revised: 04/01/21

For questions about Medicaid financial eligibility, contact the [Department for Community Based Services](#) (DCBS) at (855) 306-8959 or DFS.Medicaid@ky.gov. DCBS phone lines are open 8:00 a.m. to 5:00 p.m. Eastern Monday through Friday.

General Questions

Q231: What is Appendix K?

Revised: 04/01/21

Appendix K is an additional appendix in the 1915(c) HCBS waiver application. It is enacted during emergency situations to allow states to make temporary changes to waiver policy that address programmatic needs and participant health, safety, and welfare for the duration of the emergency. DMS initially submitted and received CMS approval for Appendix K due to COVID-19 in March 2020. CMS approved a renewal of Appendix K in March 2021. The renewal is effective until six months after the end of the federal public health emergency declaration. Under the renewal of Appendix K, providers will have a transition period between the end of the public health emergency and the return to normal waiver operations.

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Kentucky's Appendix K amendments are available at <https://bit.ly/kyhcsappendixk>.

Q232: Is Appendix K available for reference?

Revised: 4/24/20

Yes, Kentucky's Appendix K amendments are available at <https://bit.ly/kyhcsappendixk>.

Q233: Can provider staff who may be laid off during COVID-19 apply for Medicaid?

Revised: 11/30/20

Yes, all citizens of Kentucky who qualify may apply for Medicaid. Individuals can apply:

- Using the kynect at kynect.ky.gov.
- By contacting an application assister through the Kentucky Health Benefit Exchange website at <https://healthbenefitexchange.ky.gov>
- By calling the Kentucky Health Benefit Exchange at (855) 459-6328 or the DCBS Call Center at (855) 306-8959.

More information on eligibility rules and how to apply is available on the DMS website at <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>.

Q234: How long will the waiver updates included in Appendix K be in effect?

Revised: 04/01/21

Appendix K is effective until six months after the end of the federal public health emergency declaration. Providers will have a **transition period of at least 60 days** between the end of the public health emergency and the return to normal waiver operations.

Q235: For participants who were working a community job, but left as a preventative measure against contracting COVID-19, can they file for unemployment benefits?

Revised: 04/01/21

Please visit KCC website at <https://kcc.ky.gov/Pages/default.aspx> or call KCC for questions regarding unemployment. KCC is asking individuals to call the office closest to where they live. The numbers are as follows:

Bowling Green area: (270) 746-7425
Elizabethtown area: (270) 766-5115
Covington area: (859) 292-6666
Hazard area: (888) 503-1423
Hopkinsville area: (270) 889-6509
Lexington area: (859)-233-5940
Louisville area: (502) 595-4003
Morehead area: (606)-783-8525
Owensboro area: (270) 686-2502
Paducah area: (270) 575-7000
Prestonsburg area: (888) 503-1423
Somerset area: (606) 677-4124

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You can also call (502) 564-2900 for general unemployment information, (502) 875-0442 to file a claim, or (877) 369-5984 to request a payment.

Q236: A participant's family is in need of assistance with their utility bills due to COVID-19. What resources are available to them?

Revised: 04/01/21

The Kentucky Public Service Commission ordered utilities under its jurisdiction to halt disconnections during the state of emergency. More information is available at https://psc.ky.gov/agencies/psc/press/032020/0316_r01.pdf. Families who are concerned about their utility status can contact the utility company.

The Healthy at Home Eviction Relief Fund can assist with rent or utility payments during COVID-19. Information is available online at <https://teamkyhherf.ky.gov/>. Case managers should also help connect the family to local resources that can provide assistance.

Q237: Do the updates to the 1915(c) HCBS waivers apply to individuals receiving waiver-services through Money Follows the Person (MFP) / Kentucky Transitions?

Date Added: 4/7/20

Yes, individuals receiving waiver services through MFP/Kentucky Transitions are able to access these updates to help meet any changes in community-based needs due to COVID-19.

Q238: Will DMS allow retainer payments for providers who had to close due to COVID-19?

Revised: 04/01/21

DMS included retainer payments as an option in the initial Appendix K that CMS approved on March 25, 2020. The CHFS Office of the Secretary reviewed the option of retainer payments for some waiver service providers and made the final decision on implementation. The retainer payment option has been discontinued in the version of Appendix K approved in March 2021.