



1915(c) Service Authorization Crosswalk

Model II Waiver

**Kentucky 1915(c) Home and Community Based
Waiver Services**

Education for Case Managers

Model II Waiver Crosswalk

WELCOME TO THE 1915(c) SERVICE AUTHORIZATION CROSSWALKS

The 1915(c) Service Authorization Crosswalks provide case managers with an overview of the 1915(c) waiver service offerings available to participants. Crosswalks include the following eight (8) elements for each waiver service:

1. **Service:** Name of the service
2. **Applicable 1915(c) Waivers:** A list of all 1915(c) waivers the service applies to (*if the crosswalk contains more than one waiver service*)
3. **Summary at a Glance:** A brief description of the service and limits
4. **Definition:** The service as defined in the 1915(c) Home and Community Based Services (HCBS) waiver specific Kentucky Administrative Regulation (KAR)
5. **Limitations:** Any limits associated with the service, such as volume limits, conflicts with other services, variation based upon a specific waiver
6. **Duplication of Service Risk:** Limitations on this service where it cannot be billed concurrently with another service
7. **Cabinet-level Review/Approval:** Indication that the service requires approval by DMS or its designee prior to service delivery
8. **Service Indicators:** Examples of rationale that support use of the service

Crosswalks contain the service definition and limitations for each service as indicated in the 1915(c) waiver applications and the KARs, both found on the [Division of Community Alternatives website](#). There are five (5) crosswalks:

1. Acquired Brain Injury Waivers (ABI, ABI-LTC) Crosswalk
2. Home and Community Based Waiver (HCB) Crosswalk
3. Michelle P. Waiver (MPW) Crosswalk
4. Supports for Community Living Waiver (SCL) Crosswalk
5. Model II Waiver (MIW) Crosswalk

Case managers will find the Model II Waiver Crosswalk on the following pages. The additional crosswalks are found on the [Division of Community Alternatives website](#).

Model II Waiver Crosswalk

Service Name	Skilled Services by a Licensed Practical Nurse (LPN) (559)
Summary at a Glance	Non-custodial skilled nursing care provided by an LPN.
Definition	Skilled nursing services by an LPN are defined as the provision of medically necessary complex skilled nursing care in the home by an LPN. The purpose is to assess, monitor, and provide skilled nursing care as defined in KRS 314.011 in the home on an hourly basis. Services must be skilled and non-custodial in nature.
Limitations	Reimbursement shall be based on a fixed fee for a unit of service provided. A unit of service is fifteen (15) minutes.
Duplication of Service Risk	Waiver Service: No State Plan Service: Yes Other Service: No
Requires Cabinet-Level Review	Yes
Service Indicators	Participant requires non-custodial complex skilled nursing care in the home by an LPN.

Service Name	Skilled Services by a Registered Nurse (RN) (552)
Summary at a Glance	Non-custodial skilled nursing care provided by an RN.
Definition	Skilled nursing services by an RN are defined as the provision of medically necessary complex skilled nursing care in the home by an RN. The purpose is to assess, monitor, and provide skilled nursing care as defined in KRS 314.011 in the home on an hourly basis.
Limitations	Reimbursement shall be based on a fixed fee for a unit of service provided. A unit of service is fifteen (15) minutes.
Duplication of Service Risk	Waiver Service: No

Model II Waiver (MIIW)

	State Plan Service: Yes Other Service: No
Requires Cabinet-Level Review	Yes
Service Indicators	Participant requires non-custodial complex skilled nursing care in the home by an RN.

Service Name	Skilled Services by a Respiratory Therapist (RT) (410)
Summary at a Glance	Non-custodial skilled nursing care provided by an RT.
Definition	Skilled nursing services by an RT are those that specialize in the promotion of optimal pulmonary function and health. This includes assessment of the participant's respiratory function, a diagnostic evaluation, monitoring and rehabilitation of the participant's pulmonary disorder. It involves the use and management of therapeutic medical gases and their apparatus and ventilator support. Services are provided by a licensed RT.
Limitations	Reimbursement shall be based on a fixed fee for a unit of service provided. A unit of service is fifteen (15) minutes.
Duplication of Service Risk	Waiver Service: No State Plan Service: Yes Other Service: No
Requires Cabinet-Level Review	Yes
Service Indicators	Participant requires non-custodial complex skilled nursing care in the home by an RT.