



# **1915(c) Service Authorization Crosswalk**

Michelle P. Waiver (MPW)

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

**Education for Case Managers**

## WELCOME TO THE 1915(c) SERVICE AUTHORIZATION CROSSWALKS

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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 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 (MIIW) Crosswalk

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

**Michelle P. Waiver (MPW) Service Authorization Crosswalk**

Service Name	<b>Adult Day Health Care (S5100)</b>
Summary at a Glance	Skilled nursing services, one meal per day and snacks, registered nurse (RN) supervision, regularly scheduled daily activities, and routine personal and healthcare needs services provided to waiver participants who are twenty-one (21) years or older.
Definition	<p>Adult day health care (ADHC) services include basic and ancillary services for waiver participants who are twenty-one (21) years or older. ADHC includes the following basic services and necessities provided to participants during the posted hours of operation:</p> <ul style="list-style-type: none"> <li>• Skilled nursing services provided by an RN or licensed practical nurse (LPN), including ostomy care, urinary catheter care, decubitus care, tube feeding, venipuncture, insulin injections, tracheotomy care, or medical monitoring</li> <li>• Meal service corresponding with hours of operation with a minimum of one (1) meal per day and therapeutic diets as required</li> <li>• Snacks</li> <li>• RN supervision</li> <li>• Age and diagnosis appropriate daily activities</li> <li>• Routine services that meet the daily personal and healthcare needs of a participant, including monitoring of vital signs, assistance with activities of daily living (ADLs), and monitoring and supervision of self-administered medications, therapeutic programs, and incidental supplies and equipment needed for use by the participant</li> </ul> <p>Non-medical transport is not covered under the ADHC element.</p>
Limitations	Unit of service is fifteen (15) minutes. Limited to 40 hours per calendar week alone or in any combination with other services. Fixed upper payment limit of \$2.75.
Duplication of Service Risk	<p><b>Waiver Service:</b> Yes</p> <p><b>State Plan Service:</b> Yes</p> <p><b>Other Service:</b> No</p>
Requires Cabinet-Level Review	No
Service Indicators	ADHC is the most appropriate setting to meet the participant needs.

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>Participant can benefit from socialization and structured activities. Participant has expressed a willingness to engage in social activities with others.</p> <p>Participant requires skilled care services that are included in ADHC.</p> <p>Participant is able to access services that are within a reasonable distance and best meet the specific needs of the participant.</p> <p>Relief to the caregiver to ease caregiver strain and/or burnout.</p>
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Service Name	<b>Adult Day Training (T2021)</b>
Summary at a Glance	<p>Trainings in ADLs, self-advocacy, and adaptive and social skills to support participation in daily, meaningful routines of the community.</p> <p>May include work-like settings that do not meet the definition of supported employment for adult participants.</p>
Definition	<p>Adult Day Training services are intended to support participants in daily, meaningful, routines of the community, which for adults may include work-like settings that do not meet the definition of supported employment. Adult day training services stress training in the activities of daily living, self-advocacy, adaptive and social skills and are age and culturally appropriate. The training, activities, and routines established shall not be diversional in nature but rather, shall be meaningful to the person, shall provide an appropriate level of variation and interest, and shall assist the person to achieve personally chosen outcomes which are documented in the person-centered service plan (PCSP).</p> <p>Adult day training services can be provided at a fixed location, or in community settings. Services provided in a fixed location are typically provided on a regularly scheduled basis, no more than five (5) days per week. The hours must be spent in training and program activities and must be based on the person's PCSP. Support services lead to the acquisition, improvement, and/or retention of skills and abilities to prepare the person for work and/or community access or transition from school to adult responsibilities and community integration. Adult day training services</p>

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>may be provided as an adjunct to other services included on the participant's PCSP.</p> <p>Adult day training services will only be billable for the time that the person actually received the service. Adult day training services may also include group approaches to work-related training that occur in community settings (mobile work crews, enclaves, entrepreneurial models). Any person receiving adult day training services that are performing productive work that benefits the organization or would have to be performed by someone else if not performed by the person, must be paid. People who are working must be paid commensurate with members of the general work force doing similar work per wage and hour regulations of the U.S. Department of Labor.</p> <p>In addition to work-related training, adult day training services may include involvement in community-based activities that assist the person in increasing his/her ability to access community resources and being involved with other members of the general population. Adult day training services can be used to provide access to community-based activities that cannot be provided by natural or other unpaid supports and is defined as activities designed to result in increased ability to access community resources without paid supports.</p> <p>These services may not supplant educational services available under the Individuals with Disabilities Education Act (IDEA) 20 U.S.C. 1401 et seq.).</p>
Limitations	Unit of service is fifteen (15) minutes. Limited to forty (40) hours per calendar week, alone or in any combination with other services. Fixed upper payment limit of \$2.75.
Duplication of Service Risk	<p><b>Waiver Service:</b> Yes</p> <p><b>State Plan Service:</b> No</p> <p><b>Other Service:</b> No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Participant requires training and support to achieve community integration goal.</p> <p>Ensure balance between this and other services received based on the participant's needs and wants.</p> <p>Evaluate options: Is participant best suited to day training versus adult day health, employment,</p>

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>remaining in home/living environment or receiving other services.</p> <p>Review time of day and/or days of week to access adult day training.</p> <p>Selected adult day training activities provide the opportunity to build relationships and natural supports in the community.</p>
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Service Name	<b>Attendant Care (S5125 / 580)</b>
Summary at a Glance	Hands-on care provided to a participant who is medically stable but functionally dependent and requires care or supervision twenty-four (24) hours per day.
Definition	<p>Attendant care service consists of hands-on care that is provided by direct care staff to a participant who is medically stable but functionally dependent and requires care or supervision twenty-four (24) hours per day and has a family member or other primary caretaker who is employed or attending school and is not able to provide care during working hours.</p> <p>Attendant care is not of a general housekeeping nature and is not provided to a participant who is receiving any of the following services: personal care, homemaker, adult day health care, adult day training, community living supports, or supported employment.</p>
Limitations	One unit of service is fifteen (15) minutes. Limited to forty (40) hours per calendar week, alone or in any combination with other services. Fixed upper payment limit of \$2.90.
Duplication of Service Risk	<p><b>Waiver Service:</b> Yes</p> <p><b>State Plan Service:</b> No</p> <p><b>Other Service:</b> No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Strong support for keeping a participant integrated with family/community/support systems.</p> <p>Personal care/homemaker/ADHC not to occur at the same time however the services can occur on the same day.</p> <p>Risk factors to indicate a participant requires attendant care could include (not an all-inclusive list):</p> <ul style="list-style-type: none"> <li>• Engages in risk behaviors</li> </ul>

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<ul style="list-style-type: none"> <li>• "Sundowner" (experiencing increased confusion during evening hours)</li> </ul> <p>Assess for less invasive measures that would assure participant safety other than attendant care (i.e. taking handles/burners off stove).</p>
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Service Name	Behavioral Support Service (H0004)
Summary at a Glance	Utilize data collected during functional assessment to assist the participant with significant, intensive challenges that interfere with ADLs, social interaction, or work and volunteer situations.
Definition	<p>Behavior support services shall be the systematic application of techniques and methods to influence or change a behavior in a desired way. The service call be provided to assist participants to learn new behaviors that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors.</p> <p>Behavior support services include a functional assessment of the participant's behavior, which shall include an analysis of the potential communicative intent of the behavior, the history of reinforcement for the behavior, critical variables that preceded the behavior, effects of different situations on the behavior, and a hypothesis regarding the motivation, purpose, and factors that maintain the behavior. Behavior support services include the development of a behavioral support plan, which shall be developed by the behavior support specialist, be implemented by MPW waiver staff in all relevant environments and activities, be revised as necessary, define the techniques and procedures used, be designed to equip the participant to communicate his or her needs and to participate in age-appropriate activities, include the hierarchy of behavior interventions ranging from the least to the most restrictive, reflect the use of positive approaches, and prohibit the use of restraints, seclusion, corporal punishment, verbal abuse, and any procedure that denies private communication, requisite sleep, shelter, bedding, food, drink, or use of a bathroom facility.</p> <p>Behavior support services shall include the provision of training to other MPW providers concerning implementation of the behavioral support plan and include monitoring of a participant's progress, which shall be accomplished by the analysis of data concerning the frequency, intensity, and duration of a</p>

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>behavior and the reports of an MPW provider involved in implementing the behavior support plan. Services shall provide for the design, implementation, and evaluation of systematic environmental modifications and be provided by a behavior support specialist.</p> <p>These services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.).</p>
Limitations	Unit of service is fifteen (15) minutes. Limited to forty (40) hours per calendar week, alone or in any combination with other services. Fixed upper payment limit of \$33.25.
Duplication of Service Risk	<p><b>Waiver Service:</b> No</p> <p><b>State Plan Service:</b> No</p> <p><b>Other Service:</b> No</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Timeframe of service and progress toward goals specified in the PCSP.</p> <p>Participant demonstrates behaviors creating concern among those who know the person the best and interferes with ADLs, social interaction or work.</p> <p>Team members (i.e. case manager, guardian, authorized representative, natural supports, staff) observes signs of increased agitation, and/or increased behavioral outbursts on the part of the participant.</p>

<b>Service Name</b>	<b>Case Management (T2022 / 590)</b>
Summary at a Glance	Assists in identifying and implementing support strategies to assure that the participant's health, safety, welfare, and desires are met, issues are addressed, social networks are developed, and appointments are scheduled.
Definition	Case management shall consist of coordinating the delivery of direct and indirect services to a participant and be provided by a case manager who shall arrange for a service but not provide a service directly, contact the participant monthly through a face-to-face visit at the home, in the ADHC center, or at the adult day training provider's location and assure that service delivery is in accordance with a PCSP.

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>Case management involves working with the participant and others that are identified by the participant, such as family member(s), in developing a PCSP. Case management is responsible for the assessment, reassessment, appropriate evaluations, intake, referral, and eligibility processes. Using a person-centered planning process, case management assists in identifying and implementing support strategies. These strategies will incorporate the principles of empowerment, community inclusion, health and safety assurances, and the use of formal, informal and community supports. Case managers will work closely with the participant to assure his or her ongoing expectations and satisfaction with their lives in the community, the processes and outcomes of supports, services, and available resources. Case managers will assure that participants have freedom of choice of providers in a conflict-free climate.</p> <p>Case management involves face-to-face and related contacts to make arrangements for activities which assure the following: The health, safety and welfare of the participant are met, the desires and needs of the participant are determined, the supports and services desired and needed by the participant are identified and implemented; housing and employment issues are addressed, social networks are developed, and appointments and meetings are scheduled. A person-centered approach to planning is provided while utilizing waiver and other community supports. The quality of the supports and services as well as the health and safety of the participants are monitored. The case manager will assist the participant in managing benefits as needed. Activities are documented and plans for supports and services are reviewed at least annually and more often as needed utilizing person-centered planning processes. The case manager or designee must be able to respond to a call regarding a crisis event within fifteen (15) minutes and be able to respond or send a designee within forty-five (45) minutes if necessary.</p> <p>Case management shall not include direct services. Agencies providing case management services to a participant may not also provide other waiver services to that same participant. This prohibition applies to subsidiaries, partnerships, not-for-profits or other business entities that are under the control of the same umbrella agency.</p> <p>Conflict-free case management requires that a provider, including any subsidiary, partnership, not-</p>
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### Michelle P. Waiver (MPW) Service Authorization Crosswalk

	for-profit, or for-profit business entity that has a business interest in the provider, who renders case management to a participant must not also provide another waiver service to that same participant, unless the provider is the only willing and qualified provider in the geographical area (thirty (30) miles from the participant's residence).
Limitations	One unit = Sixty (60) minutes. Upper payment rate limit of \$200.
Duplication of Service Risk	<b>Waiver Service:</b> No <b>State Plan Service:</b> No <b>Other Service:</b> No
Requires Cabinet-Level Review	No
Service Indicators	Participant has been approved for waiver and requires case management for PCSP development and ongoing monitoring.  A specific situation / event has occurred in which the participant may require additional outreach.

<b>Service Name</b>	<b>Community Living Supports (589 / 97535)</b>
Summary at a Glance	Community Living Supports services shall be provided to facilitate independence and promote integration into the community.
Definition	Community Living Supports services shall be provided to facilitate independence and promote integration into the community for a participant residing in his or her own home or in his or her family's home. Community Living Supports shall be supports and assistance that shall be related to chosen outcomes, not be diversional in nature, and may include: routine household tasks and maintenance, ADLs , personal hygiene, shopping, money management, medication management, socialization, relationship building, leisure choices, participation in community activities, therapeutic goals or nonmedical care not requiring nurse or physician intervention.  Community Living Supports shall not replace other work or day activities, be provided on a one-on-one basis, and not be provided at an adult day training or children's day habilitation site.
Limitations	A unit of service is fifteen (15) minutes. Community Living Supports is limited to one-hundred sixty (160)

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	units per week in combination with other services. Upper payment limit of \$5.54.
Duplication of Service Risk	<b>Waiver Service:</b> Yes <b>State Plan Service:</b> No <b>Other Service:</b> No
Requires Cabinet-Level Review	No
Service Indicators	<p>Participant has expressed interest in increased engagement in the community, especially to become connected in meaningful ways with people without disabilities.</p> <p>Training provided to assist participant in acquiring, practicing, utilizing and improving skills related to:</p> <ul style="list-style-type: none"> <li>• Connecting with others</li> <li>• Independent functioning</li> <li>• Self-advocacy</li> <li>• Socialization</li> <li>• Personal responsibility</li> <li>• Financial responsibility</li> </ul> <p>Service shall increase participant's presence, participation, belonging and contribution in valued social roles in integrated settings.</p>

Service Name	<b>Environmental and Minor Home Adaptation Service (E1399/ 290)</b>
Summary at a Glance	<p>Adaptations designed to enable participants to interact more independently with their environment thus enhancing quality of life and reducing dependence on support from others.</p> <p>May include installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant.</p>
Definition	<p>Environmental and Minor Home Adaptation services consist of adaptations which are designed to enable participants to interact more independently with their environment thus enhancing their quality of life and reducing their dependence on physical support from others. Environmental and Minor Home Adaptations consist of physical adaptations to the waiver participant's or family's home which are necessary to</p>

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>ensure the health, welfare and safety of the participant, or which enable the participant to function with greater independence in the home and without which, the waiver participant would require institutionalization. Such adaptations consist of the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant, but exclude those adaptations or improvements to the home which are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, central air conditioning, etc. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). All services shall be provided in accordance with applicable state and local building codes.</p> <p>Environmental and Minor Home Adaptations will not be approved for homes that are provider owned.</p>
<p>Limitations</p>	<p>Shall not exceed \$500 per participant, per calendar year.</p>
<p>Duplication of Service Risk</p>	<p><b>Waiver Service:</b> No  <b>State Plan Service:</b> Yes  <b>Other Service:</b> Yes</p>
<p>Requires Cabinet-Level Review</p>	<p>Yes</p>

### Michelle P. Waiver (MPW) Service Authorization Crosswalk

Service Name	<b>Financial Management Service (T2040)</b>
Summary at a Glance	Management and direction of funds for a participant's approved PCSP.
Definition	Management and direction of funds in the participant's approved PCSP. The provider shall perform the employer responsibilities of payroll processing which includes: issuance of paychecks, withholding federal, state and local tax and making tax payments to the appropriate tax authorities; and issuance of W-2 forms. The provider shall be responsible for performing all fiscal accounting procedures including issuance of expenditure reports to the participant, their representative, the case manager and DMS. The provider shall maintain a separate account for each participant while continually tracking and reporting funds, disbursements and the balance of the participant's budget. The provider shall process and pay for invoices for all participant directed services (PDS) approved in the participant's PCSP. Financial Management Service is a required service for participants that elect to direct any service.
Limitations	Defined as a fifteen (15) minute unit and limited to eight (8) units per participant per calendar month. Fixed upper payment limit of \$12.50.
Duplication of Service Risk	<b>Waiver Service:</b> No <b>State Plan Service:</b> No <b>Other Service:</b> No
Requires Cabinet-Level Review	No
Service Indicators	Participants in these waivers who elect to self-direct through PDS are required to use the financial management service.

Service Name	<b>Goods and Services (T1999)</b>
Summary at a Glance	Services, equipment or supplies not otherwise provided through Medicaid are purchased to reduce the need for personal care or to enhance independence within the home or community of the person.
Definition	Goods and Services are services, equipment or supplies that are individualized to the person or their representative who chooses to self-direct their

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>services. Goods and services may be utilized to reduce the need for personal care or to enhance independence within the home or community of the person. These services are not otherwise provided through the Medicaid State Plan but address an identified need in the PCSP (including improving and maintaining the participant’s opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant’s safety in the home environment; and, the participant does not have the funds to purchase the item or service or the item or service is not available through another source.</p> <p>Experimental or prohibited treatments are excluded.</p> <p>The specific goods and services provided under Goods and Services must be clearly linked to a participant need that has been identified through a specialized assessment, established in the Support Spending Plan and documented in the participant’s PCSP. Goods and services purchased under this coverage may not circumvent other restrictions on waiver services, including the prohibition against claiming for the costs of room and board.</p> <p>The participant/representative must submit a request to the case manager for the goods or service to be purchased that will include the supplier/vendor name and identifying information and the cost of the service/goods. A paid invoice or receipts that provide clear evidence of the purchase must be on file in the participant’s records to support all goods and services purchased. Authorization for these services requires case manager documentation that specifies how the Goods and Services meet the above-specified criteria for these services.</p> <p>An individual serving as the representative of a waiver participant for whom the goods and service are being purchased is not eligible to be a provider of Participant Directed Goods and Services. The Financial Manager, a Medicaid enrolled provider, makes direct payments to the specified vendor.</p>
<p>Limitations</p>	<p>Goods and services shall:</p> <ul style="list-style-type: none"> <li>• Be individualized</li> <li>• Be utilized to reduce the need for personal care or to enhance independence within the home or community of the participant</li> <li>• Not include experimental goods or services</li> </ul>

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<ul style="list-style-type: none"> <li>• Not include chemical or physical restraints</li> </ul>
Duplication of Service Risk	<p><b>Waiver Service:</b> No</p> <p><b>State Plan Service:</b> Yes</p> <p><b>Other Service:</b> Yes</p>
Requires Cabinet-Level Review	Yes (Any submission of \$500 or more must be approved by DMS or its designee prior to service delivery.)
Service Indicators	<p>Confirm whether or not the goods or services can be covered through the State Plan or through another resource.</p> <p>Goods or services are supportive of participant's goals as identified on the PCSP and support participant's overall HCBS needs.</p>

Service Name	<b>Homemaker (\$5130 / 582)</b>
Summary at a Glance	Provides support to participants with general household activities.
Definition	Homemaker services shall consist of general household activities and shall be provided by direct care staff. Homemaker services shall be provided to a participant who is functionally unable, but would normally perform age-appropriate homemaker tasks and if the caregiver regularly responsible for homemaker activities is temporarily absent or functionally unable to manage the homemaking activities.
Limitations	A unit of service is fifteen (15) minutes. Homemaker services are limited to one-hundred sixty (160) units per week in combination with other services. Upper payment limit of \$6.50.
Duplication of Service Risk	<p><b>Waiver Service:</b> Yes</p> <p><b>State Plan Service:</b> No</p> <p><b>Other Service:</b> No</p>
Requires Cabinet-Level Review	No
Service Indicators	Individual responsible for activities is unavailable or participant has primary responsibility for maintaining health and safety of the living environment.

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>Service is for the benefit of the participant rather than the entire household.</p> <p>Participant requires assistance with meal planning (i.e. diabetic meals, low-sodium, etc.).</p> <p>Required assistance relates to the participant's disability.</p>
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Service Name	<b>Occupational Therapy (430 / 97530)</b>
Summary at a Glance	Physician-ordered services provided by an occupational therapist or certified occupational therapist assistant to assist the participant in obtaining highest possible level of functioning. This service includes therapeutic, curative, and self-care activities.
Definition	<p>Occupational therapy shall be:</p> <ul style="list-style-type: none"> <li>• Physician-ordered evaluation of a participant's level of functioning by applying diagnostic and prognostic tests.</li> <li>• Physician-ordered services in a specified amount and duration to guide a participant in the use of therapeutic, creative, and self-care activities to assist the participant in obtaining the highest possible level of functioning.</li> <li>• Training of other MPW providers on improving the level of functioning.</li> <li>• Exclusive of maintenance or the prevention of regression.</li> <li>• Provided by an occupational therapist or an occupational therapy assistant supervised by an occupational therapist in accordance with 201 KAR 28:130.</li> </ul> <p>Occupational Therapy services shall be documented reflecting the participant's progression, regression, and maintenance toward outcomes identified in the PCSP.</p> <p>Occupational Therapy services cover evaluation and therapeutic services that are not otherwise covered by Medicaid State Plan services. These services address the occupational therapy needs of the participant that result from his or her developmental disability as well as development of a home treatment/support plan with training and technical assistance provided on-site to improve the ability of paid and unpaid caregivers to carry out therapeutic interventions. Occupational therapy facilitates maximum independence by establishing life skills with an emphasis on safety and environmental adaption to improve quality of life and</p>

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	increase meaning and purpose in daily living and community integration. Occupational Therapy promotes fine motor skills, coordination, sensory integration, and/or facilitate the use of adaptive equipment or other assistive technology. Specific services include occupational therapy evaluation of the participant and/or environment, therapeutic activities to improve functional performance, sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, and participant/family education. Services may be delivered in the participant's home and in the community as described in the PCSP.
Limitations	A unit of service is 15 minutes. OT is limited to 160 units per week in combination with other services. Upper payment limit of \$22.17.
Duplication of Service Risk	<b>Waiver Service:</b> Yes <b>State Plan Service:</b> Yes <b>Other Service:</b> No
Requires Cabinet-Level Review	Yes
Service Indicators	Case manager to initiate completion of an OT assessment when participant expresses need and/or case manager observes/assesses need for improved level of functioning (e.g. participant complains that they are having difficulty "reaching" things, feeding self w/regular utensil, etc.).  Therapy shall be exclusive of maintenance or the prevention of regression.

Service Name	<b>Personal Care Service (T1019 / 581)</b>
Summary at a Glance	Hands-on assistance, reminding, guiding, or training waiver participants in ADLs and instrumental activities of daily living (IADLs). Assistance services take place in participant's home and community.
Definition	Personal care services shall be age-appropriate and consist of assisting a participant with eating, bathing, dressing, personal hygiene, or other ADLs. Personal care services shall be provided by direct care staff and be provided to a participant who does not need highly skilled or technical care; for whom services are essential to the participant's health and welfare and

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>not for the participant's family; and who needs assistance with age-appropriate activities of daily living.</p> <p>Personal assistance services enable waiver participants to accomplish tasks that they normally would do for themselves if they did not have a disability. This assistance may include hands-on assistance (actually performing a task for the person), reminding, observing, guiding, and/or training a waiver participant in ADLs (such as bathing, dressing, toileting, transferring, maintaining continence).</p> <p>Personal assistance services take place in the waiver participant's home, and in the community as appropriate to the participant's need.</p> <p>Personal assistance services are available only to a waiver participant who lives in his/her own residence or in his/her family residence. Personal assistance supports are not available to any waiver participant receiving paid residential supports.</p> <p>Without these services, the participant is at risk of needing intermediate care facility or nursing facility services. Personal assistance services are not available to participants under the age of 21 when medically necessary personal assistance services are covered by the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, if available through the Medicaid State Plan. Personal assistance services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.).</p>
<p>Limitations</p>	<p>Unit of service is fifteen (15) minutes. Limited to forty (40) hours per calendar week, alone or in any combination with other services. Fixed upper payment limit of \$7.50.</p>
<p>Duplication of Service Risk</p>	<p><b>Waiver Service:</b> No  <b>State Plan Service:</b> Yes  <b>Other Service:</b> No</p>
<p>Requires Cabinet-Level Review</p>	<p>No</p>
<p>Service Indicators</p>	<p>Service affords the family/caregiver the ability to provide additional supports to the participant.</p> <p>Participant requires assistance with personal care needs.</p>

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

Service Name	<b>Physical Therapy (420 / 97110)</b>
Summary at a Glance	Physician-ordered evaluation or treatment provided by physical therapist or physical therapist assistant to assist the participant in obtaining the highest possible level of functioning
Definition	<p>Physical therapy shall be:</p> <ul style="list-style-type: none"> <li>• Physician-ordered evaluation of a participant's level of functioning by applying muscle, joint, and functional ability tests.</li> <li>• Physician-ordered treatment in a specified amount and duration to guide a participant in the use of therapeutic, creative, and self-care activities to assist the participant in obtaining the highest possible level of functioning.</li> <li>• Training of other MPW providers on improving the level of functioning.</li> <li>• Exclusive of maintenance or the prevention of regression.</li> <li>• Provided by a physical therapist or a physical therapist assistant supervised by a physical therapist in accordance with 201 KAR 22:001 and 201 KAR 22:053.</li> </ul> <p>Physical Therapy services shall be documented reflecting the participant's progression, regression, and maintenance toward outcomes identified in the PCSP.</p> <p>Physical Therapy services are provided by a licensed physical therapist or certified physical therapy assistant, and by order of a physician. Physical Therapy services cover evaluation and therapeutic services that are not otherwise covered under Medicaid State Plan services. These services address physical therapy needs that result from a participant's developmental disability. Physical Therapy services facilitate independent functioning and/or prevent progressive disabilities.</p> <p>If a service is available to a recipient under the State Plan or could be furnished as an expanded EPSDT benefit under the provisions of § 1905(r), it may not be covered as a waiver service for waiver participants under age twenty-one (21).</p>
Limitations	A unit of service is fifteen (15) minutes. Physical Therapy is limited to one-hundred sixty (160) units per week in combination with other services. Upper payment limit of \$22.17.

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

Duplication of Service Risk	<b>Waiver Service:</b> No <b>State Plan Service:</b> Yes <b>Other Service:</b> No
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Case manager to initiate completion of a physical therapy assessment when the participant expresses need and/or the case manager observes/assesses need for this service (e.g. range of motion improvement, mobility, motor skill development and strengthening).</p> <p>Therapy shall be exclusive of maintenance or the prevention of regression.</p>

<b>Service Name</b>	<b>Respite Care (T1005 / 660)</b>
Summary at a Glance	Short-term care due to absence or need for relief of non-paid primary caregiver
Definition	<p>Respite care services are provided to participants living in their own or family's home who are unable to independently care for themselves. Respite services are provided on a short-term basis due to the absence of or need for relief of the non-paid primary caregiver.</p> <p>Respite care services may be provided in a variety of settings including the participant's own home, a private residence or other MPW-certified or licensed setting. Receipt of respite care does not preclude a participant from receiving other services on the same day. For example, a participant may receive day services (such as supported employment, day training, personal assistance, community access, etc.) on the same day as he/she receives respite care as long as the services are not provided at the same time.</p> <p>These services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.).</p>
Limitations	Unit of service is fifteen (15) minutes. Limited to \$4000.00 per participant, per calendar year.
Duplication of Service Risk	<b>Waiver Service:</b> Yes <b>State Plan Service:</b> No <b>Other Service:</b> No

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

Requires Cabinet-Level Review	No
Service Indicators	<p>Provide necessary relief to allow caregivers to take care of personal matters or engage in tasks for other members of the household.</p> <p>Signs/evidence of family/caregiver burnout, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Caregiver lack of self-care</li> <li>• Increased agitation between caregiver and the participant</li> </ul> <p>Caregiver is responsible for twenty-four (24) hour care of the participant.</p>

Service Name	<b>Speech Language Pathology Services (440 / 92507)</b>
Summary at a Glance	Physician-ordered evaluation or habilitative service to assist a participant with a speech or language disability in obtaining the highest possible level of functioning.
Definition	<p>Speech language pathology services shall be:</p> <ul style="list-style-type: none"> <li>• A physician-ordered evaluation of a participant with a speech or language disorder.</li> <li>• A physician-ordered habilitative service in a specified amount and duration to assist a participant with a speech and language disability in obtaining the highest possible level of functioning.</li> <li>• Training of other MPW providers on improving the level of functioning.</li> <li>• Be provided by a speech-language pathologist.</li> </ul> <p>Speech and Language Therapy services cover evaluation and therapeutic services that are not otherwise covered by Medicaid State Plan services. Evaluation of the participant and their living and working environments may be conducted.</p> <p>These services address the speech and language needs of the participant that result from his or her developmental disability. Speech and Language therapy Services preserve abilities for independent function in communication, motor and swallowing functions, facilitate use of assistive technology, and/or prevent regression.</p> <p>Specific services include speech and language therapy evaluation, individual treatment of voice,</p>

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>communication, and/or auditory processing, therapeutic services for the use of speech device, including programming and modification, and participant/family education. Services also include development of a home treatment/support plan with training and technical assistance provided on-site to improve the ability of paid and unpaid caregivers to carry out therapeutic interventions.</p> <p>Speech and Language Therapy services are provided by a licensed speech and language pathologist and by order of a physician. Services may be delivered in the participant's home and in the community as described in the service plan.</p> <p>If a service is available to a recipient under the State Plan or could be furnished as an expanded EPSDT benefit under the provisions of § 1905(r), it may not be covered as a waiver service for waiver participants under age twenty-one (21).</p>
Limitations	A unit of service is fifteen (15) minutes. ST is limited to 160 units per week in combination with other services. Upper payment limit of \$22.17.
Duplication of Service Risk	<p><b>Waiver Service:</b> No</p> <p><b>State Plan Service:</b> Yes</p> <p><b>Other Service:</b> No</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>The case manager to initiate completion of a speech therapy assessment when the participant expresses need and/or case manager observes/assesses need for service (e.g. communication impairment, swallowing issues, etc.).</p> <p>Therapy shall be exclusive of maintenance or the prevention of regression.</p>

Service Name	<b>Support Broker (T2022)</b>
Summary at a Glance	Coordination of participant's person-centered service plan (PCSP) and to provide guidance to the participant in understanding roles and responsibilities of an employer in participant directed services (PDS).
Definition	A support broker shall provide needed assistance to a participant with any aspect of participant-directed services (PDS) or blended services. Support broker

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>service will be available to the participant by phone or in person twenty-four (24) hours per day, seven (7) days per week; and to assist the participant in obtaining community resources as needed.</p> <p>The support broker shall continually monitor a participant's health, safety, and welfare and complete or revise a person-centered service plan (PCSP) using person-centered planning principles.</p> <p>For participants receiving PDS, support brokers may conduct an assessment or reassessment.</p> <p>Services provided by a support broker shall meet the conflict-free requirements established for case managers: Conflict-free case management requires that a provider, including any subsidiary, partnership, not-for-profit, or for-profit business entity that has a business interest in the provider, who renders case management to a participant must not also provide another waiver service to that same participant, unless the provider is the only willing and qualified provider in the geographical area (thirty (30) miles from the participant's residence).</p>
Limitations	A unit is defined as one (1) calendar month. Fixed upper payment limit of \$265.00.
Duplication of Service Risk	<p><b>Waiver Service:</b> No</p> <p><b>State Plan Service:</b> No</p> <p><b>Other Service:</b> No</p>
Requires Cabinet-Level Review	No
Service Indicators	Participant is approved under the MPW waiver for PDS.

Service Name	<b>Supported Employment (H0039)</b>
Summary at a Glance	<p>Assistance and training in obtaining paid, competitive employment at or above minimum wage for participants who have demonstrated inability to gain or maintain tradition employment.</p> <p>Services follow the participant through all "phases" of obtaining employment (Job Development, Job Acquisition, Successful Placement and Long Term Follow Up).</p>
Definition	Supported employment is paid, competitive employment at or above minimum wage for an MPW

## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>recipient who has demonstrated an inability to gain and maintain traditional employment. Supported employment occurs in a variety of integrated business environments. Phases of Supported Employment include: Job Development, Job Acquisition, Successful Placement and Long Term Follow up. Supported employment is a one to one service that shall be person specific.</p> <p>Job Development must begin with discovery (Person-Centered Job Selection), where job goal/features of desired employment are selected based on spending time with the participant in non-standardized/non-testing situations to learn his or her gifts, talents and support needs. Person-Centered Job Selection is achieved by completing a "Person-Centered Employment Plan" (PCEP) and includes job planning meetings and job analysis. The job planning meetings involve convening and networking with trusted people; matching job characteristics with job tasks and then with types of employers and finally with specific employers - mapping a way for effective job development. Job analysis is conducted to determine the culture of the business, possibilities for customized employment, how people typically learn their jobs, who teaches them and how long training typically takes. Job development may also focus on interviewing skills/interview support, resume development and assistance with filling out applications. Customized employment is essential to individualize the employment relationship between the employer and the supported employee in ways that meet the needs for both. Acquisition is the actual acceptance of a position by the participant. During this phase, the participant will receive training on how to perform the job tasks. Natural supports available in the workplace should be developed and utilized from the beginning. Other training could include but is not limited to the following: social interaction, medication scheduling, chain of command, documentation of time (timesheets, clocks), hygiene issues, mobility, conflict resolution, when and from whom it is appropriate to seek assistance, and personnel policies. Additional training in exploring Non-medical transport options, utilization and schedule may also be needed. These trainings can occur both on and off the job site. The expectation is for systemic fading of the Employment Specialist to begin as soon as possible without jeopardizing job placement. Successful placement shall be when natural supports are relied on more fully and fading of the employment specialist from the</p>
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## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	<p>worksite begins. Additionally, before a successful placement can be determined there must be confirmation that the employee is functioning well at the job. Consideration should include not only the person's general satisfaction, but also the number of hours worked, performance of job duties and other basics, his/her comfort level on the job, and interaction with co-workers and supervisors. Other less visual, but essential aspects of the job, which if unattended, could jeopardize the employee's future must also be considered. The development of natural supports in the work environment is a critical role of the Employment Specialist during this phase and it may be necessary to write Impairment Related Work Expense (IRWE) plans or Plans for Achieving Self Support (PASS) for the employee or access other waiver services to address individualized needs.</p> <p>Long Term Follow-up is support provided to maintain the job placement and the continued success after the participant is fully integrated into the workplace and the Employment Specialist is no longer needed at the job site on a regular basis. The Employment Specialist must continue to be available, when needed for support or assistance with job changes/job advancements. Activities could include, but are not limited to the following: problem-solving, retraining, regular contact with employer, employee, family, co-workers, other staff and reassessment of an employee with regard to career changes or position upgrades. During this phase the Employment Specialist is required to make at least two contacts per month, one of which should be at the worksite.</p> <p>Services do not include services that are available under Section 110 of the Rehabilitation Act of 1973 (or, in the case of youth, under the provisions of IDEA, (20 U.S.C.1401 et seq.). The state will determine that such services are not available to the participant before authorizing their provision as a waiver service. Documentation that services are not otherwise available is maintained in the file of each participant receiving this service. Waiver funding is not available for the provision of Supported Employment services (e.g., sheltered work performed in a facility) where participants are supervised in producing goods or performing services under contract to third parties.</p> <p>Non-medical transport provided through Supported Employment service is included in the cost of doing business and incorporated in the administrative overhead cost.</p>
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## Michelle P. Waiver (MPW) Service Authorization Crosswalk

	These services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.).
Limitations	Unit of service is fifteen (15) minutes. Limited to forty (40) hours per calendar week, alone or in any combination with other services. Fixed upper payment limit of \$5.54.
Duplication of Service Risk	<p><b>Waiver Service:</b> No</p> <p><b>State Plan Service:</b> No</p> <p><b>Other Service:</b> Yes</p> <p><b>Note:</b> Need to ensure Kentucky Vocational Rehab services have been exhausted before use of supported employment.</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Participant expresses desire for employment and requires support.</p> <p>Assess participant's individual readiness level for community interaction and integration.</p> <p>Evidence of participant progress toward goal achievement as a result of the supported employment.</p> <p>Vocational Rehabilitation options have been explored and exhausted.</p>