The Department for Community Based Services (DCBS) within the Cabinet for Health and Family Services (CHFS) determines if a participant meets the financial limits for Medicaid and how much patient liability they can afford to pay.

If you have questions about patient liability or disagree with the amount you must pay, you can call DCBS at 1-855-306-8959.

Keeping Your Medicaid Coverage

A guide to patient liability for participants in Kentucky’s 1915(c) Home and Community Based Services (HCBS) Waivers

January 2020
**Patient liability** is a monthly amount of money some waiver participants pay to help cover the cost of waiver services. Patient liability is based on a participant’s income.

Medicaid sets limits on the amount of income a participant can keep and still qualify to be part of the program. If a person who needs waiver services has more income than Medicaid allows, patient liability helps them meet those limits.

**What Medicaid counts as “income”**

- Any pay you earn
- Any investments you have
- Any rental property you own
- Any pension plans you have
- Any benefits you receive such as Social Security, Black Lung or Railroad Retirement benefits, or a Veteran’s Administration pension

**How participants pay patient liability**

1. After you receive a waiver service, your provider sends a bill to Medicaid.
2. Medicaid subtracts part of your patient liability from what it pays the provider.
3. The provider collects the amount Medicaid did not pay from you. Your providers will do this until you have paid your full patient liability for the month.

Here is an example:

- Jane has a monthly patient liability of $100.
- After Jane receives a waiver service, the provider bills Medicaid $200.
- Medicaid pays the provider $175.
- The provider collects the remaining $25 from Jane.
- Jane will continue to pay her providers until she reaches $100 total. The process starts over the next month.

**Important Note:** If you do not pay your full patient liability each month, you will lose waiver services.