



**What Does This Mean to Me?
Home and Community Based and Model II Waiver Renewal
October 2020**

The Kentucky Department for Medicaid Services (DMS) must renew each 1915(c) Home and Community Based Services (HCBS) waiver program with the Centers for Medicare and Medicaid Services (CMS) every five (5) years. The Home and Community Based (HCB) waiver and Model II waiver (MIIW) are due for renewal in 2020. To continue providing HCB and MIIW services, DMS must hold a 30-day public comment period and re-submit the HCB and MIIW waiver applications to CMS for approval. To assist stakeholders in reviewing the waiver applications and making a public comment, key proposed updates included in the waiver applications are listed below. The full HCB and MIIW waiver applications are available on the DMS DCA website at <https://bit.ly/kyhcbstwaiverinfo>.

To further assist stakeholders in identifying key updates, DMS is holding a webinar to review the HCB and Model II waiver applications on **Monday, October 12, 2020, from 2 – 3:30 p.m. Eastern (1 – 2:30 p.m. Central)** via Zoom. If you wish to attend, please register using the link below.

[Register for HCB and Model II Public Comment Webinar](#)

If you are unable to attend the webinar, a recording will be posted to the DMS DCA website at <https://bit.ly/kyhcbstwaiverinfo>.

HCB Waiver Updates	
Appendix A Waiver Administration and Operation	No Changes
Appendix B Participant Access and Eligibility	<ul style="list-style-type: none">The patient liability standard has been changed from 100% of the Federal Poverty Level (FPL) to 300% FPL to reduce or eliminate patient liability for most waiver participants. This change took effect on January 1, 2020.



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HCB Waiver Updates – Continued	
<p>Appendix C Covered Services</p>	<ul style="list-style-type: none"> • Provider certifications have changed from yearly to “every two years or more frequently if needed.” • Some services have been expanded to open up the provider base and create more choice for participants. <ul style="list-style-type: none"> ○ Home Delivered Meals has been redefined to allow frozen meals in addition to hot meals. ○ The Respite provider type has been expanded to allow Adult Day Health Care (ADHC) to provide respite in the ADHC or in-home. ○ The provider types for Participant-Directed (PDS) Care Coordinator have been expanded to include Community Mental Health Centers. This will allow participants using PDS more choices for financial management agencies (FMAs) in each region of Kentucky. ○ Provider types for Attendant Care and Respite have been expanded to include personal service agencies (PSA). PSAs must be certified by DMS or designee to provide waiver services.
<p>Appendix D Participant Centered Service Planning and Delivery</p>	<ul style="list-style-type: none"> • Case management standards have been updated to align with best practices and the new service authorization policy introduced in late 2019.



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HCB Waiver Updates – Continued	
<p>Appendix E Participant Direction of Services</p>	<ul style="list-style-type: none"> • The approval process for hiring immediate family members as PDS employees will now be known as the approval process for hiring legally responsible individuals. This update better defines who must receive approval to be a PDS provider and to make the process more objective and evidence-based. • DMS has introduced optional use of an Employer Responsibilities Review Tool to help waiver participants, caregivers/family members, and PDS care coordinators determine the supports the participant needs to self-direct services. • DMS added service improvement plans to be used when a participant needs to resolve an issue with service delivery.
<p>Appendix F Participant Rights</p>	<ul style="list-style-type: none"> • DMS has introduced a method for waiver participants to report complaints and grievances using the 1915(c) Waiver Help Desk.
<p>Appendix G Participant Safeguards</p>	<ul style="list-style-type: none"> • This appendix has been updated to streamline the incident reporting and investigation process and reflect the switch to required reporting of incidents via the Medicaid Waiver Management Application.
<p>Appendix H Quality Systems Improvement</p>	<p>No Changes</p>
<p>Appendix I Financial Accountability</p>	<p>No Changes</p>



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HCB Waiver Updates – Continued	
Appendix J Cost-Neutrality Demonstration	No Changes
All Appendices	<ul style="list-style-type: none">• DMS has updated the type of data it must track to assure the quality of waiver services.



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Model II Waiver Updates – Continued	
Appendix A Waiver Administration and Operation	No Changes
Appendix B Participant Access and Eligibility	<ul style="list-style-type: none"> The patient liability standard is being changed from 100% of the Federal Poverty Level (FPL) to 300% FPL to reduce or eliminate patient liability for most waiver participants. This change took effect on January 1, 2020.
Appendix C Covered Services	No Changes
Appendix D Participant Centered Service Planning and Delivery	<ul style="list-style-type: none"> Case management standards have been updated to align with best practices and the new service authorization policy introduced in late 2019.
Appendix E Participant Direction of Services	No Changes
Appendix F Participant Rights	<ul style="list-style-type: none"> DMS has introduced a method for waiver participants to report complaints and grievances using the 1915(c) Waiver Help Desk.



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MIIW Changes – Continued	
Appendix G Participant Safeguards	<ul style="list-style-type: none"> This appendix is updated to streamline the critical incident reporting and investigation process and reflect the switch to the requirement of reporting incidents via the Medicaid Waiver Management Application.
Appendix H Quality Systems Improvement	No Changes
Appendix I Financial Accountability	No Changes
Appendix J Cost-Neutrality Demonstration	No Changes
All Appendices	<ul style="list-style-type: none"> DMS has introduced a method for waiver participants to report complaints and grievances using the 1915(c) Waiver Help Desk.