

What Does This Mean To Me?

November 2019

Upcoming Service Authorization Changes

The Kentucky Department for Medicaid Services (DMS) is updating how services are authorized for 1915(c) Home and Community Based Services (HCBS) waivers. DMS is moving from a medical-model approach where services are authorized by a third-party quality improvement organization (QIO) to a more person-centered approach. This update will transition primary service approval responsibilities to case managers, who have first-hand knowledge of participants' needs, goals, and individual circumstances.

Kentucky Cabinet for Health and Family Services (the Cabinet) staff will review and monitor 1915(c) HCBS waiver services. The Cabinet will also approve certain highly skilled or high cost services. The changes will allow services to be authorized so participants can begin services in a timely manner. The summary below describes how the upcoming changes to service authorization will impact key stakeholders.

Waiver Participants

With support, waiver participants will have the opportunity to lead the planning process for their person-centered service plan (PCSP). Participants will have a person-centered planning team which can include family, friends, other natural supports, service providers, and case managers. Planning teams will help participants set their goals, objectives, and preferences, which will be used to develop PCSPs.

Participants can expect more discussion with case managers about level of service and the resources needed to meet participants' goals, objectives, and preferences. Along with case managers' first-hand knowledge of the participant's home environment, availability of natural supports, and social network, service planning will be approached more holistically to promote appropriate utilization of 1915(c) HCBS waiver services. Case managers should offer education to help participants understand when the services they request can be authorized and help participants understand when requests cannot be authorized. To uphold a participant's right to disagree with the type, scope, amount, and duration of services authorized, DMS will maintain a grievance and appeals process for participants.

Case Managers

Case managers will review the participant's functional assessment and discuss support needs, objectives, and preferences with the participant or his/her legal representative to develop the PCSP. The PCSP will specify service details, including type of service, scope, frequency, and length of time the service will be provided. Service details will be discussed with the PCSP team and must balance providing the services needed to address a participant's needs while also avoiding potential waste and misuse of services. After the participant indicates understanding of their service plan, case managers will document the PCSP within the Medicaid Waiver Management Application (MWMA). Participant signature to indicate understanding of services authorized does NOT remove a participant's right to file grievance or appeal.

The Cabinet will review certain highly skilled or high-cost 1915(c) HCBS waiver services for plan approval. If case managers include a service that requires Cabinet-level review in a submitted PCSP, the Cabinet will receive a task in MWMA to complete the review and will issue an approval or denial. A list of services requiring Cabinet-level review can be found in

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Attachment A. The Cabinet will also regularly review a random sampling of PCSPs to monitor quality and utilization management across all covered services.

Case managers are required to have face-to-face contact with the participant to review progress on goals, assess participant satisfaction, review service utilization, and address any concerns. The frequency of these face-to-face contacts depends on the specific waiver requirements. If services are documented as under- or over-utilized, case managers will discuss this with the participant and PCSP team to consider if a change needs to be made to the PCSP.

Lastly, case managers will complete a service authorization training module before the service authorization process shifts away from the QIO on November 22, 2019. Training materials are available “on-demand” on the DMS Division of Community Alternatives website: <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>.

Case Management Service Providers

Case management service providers are strongly encouraged to provide a supervisory review of PCSPs developed by case managers to help review for service appropriateness. Specifically, a supervisory review may focus on the use of waiver and non-waiver services, frequency of services, amount of services, and appropriateness of goals. Case management service provider reviews are considered a best practice standard to ensure appropriate resource allocation and monitor services based on participant needs identified in the functional assessment. Supervisory review also helps providers to identify staff training needs and offers additional protection against the risk of fraud, waste, abuse, and/or adverse monitoring findings.

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Attachment A

1915(c) Waiver Services Requiring Cabinet-Level Review

Waiver Service Name	Services Requiring Cabinet-Level Review					
	ABI	ABI-LTC	HCBS	MPW	SCL	Model II
Behavior Supports				X		
Behavioral Services*	X	X				
Consultative Clinical and Therapeutic Services					X	
Counseling / Group Counseling**	X	X				
Environmental and Minor Home Adaptation***	X	X	X	X	X	
Goods and Services (above \$500)	X	X	X	X	X	
Nursing Supports		X				
Occupational Therapy	X	X		X		
Person Centered Coach					X	
Physical Therapy		X		X		
Positive Behavior Supports					X	
Skilled Services by a Licensed Practical Nurse (LPN)						X
Skilled Services by a Registered Nurse (RN)						X
Skilled Services by a Respiratory Therapist (RT)						X
Specialized Medical Equipment and Supplies****	X	X			X	
Specialized Respite			X			
Speech Therapy	X	X		X		
Supported Employment	X	X		X	X	
Vehicle Adaptation					X	

Note: This table reflects current services in each waiver.

* "Behavioral Services" may also include "Behavioral Programming".

** "Counseling / Group Counseling" may also include "Individual Counseling".

*** "Environmental and Minor Home Adaptation" may also include "Environmental Accessibility", "Environmental Modification", or "Environmental and Home Modifications".

**** "Specialized Medical Equipment and Supplies" may also include "Specialized Medical Equipment".