

On October 15, 2018 the Cabinet for Health and Family Services (the Cabinet) Department for Medicaid Services (the Department) released its response to [Navigant's 1915\(c\) Home and Community-Based Services Waiver Redesign Assessment Recommendations Report](#). In the response, the Department informed the public of next steps to improve home and community-based services (HCBS) waiver programs. This guide summarizes these coming redesign activities and how they are expected to impact providers.

Summary of Waiver Improvements by Priority Group

Group A

- Activities beginning Fall 2018, to be implemented by **Summer 2019**

What are the next steps and what does this mean to me?

1. Providers should expect increased focus on critical incident reporting according to program requirements, increased investigations of reported incidents by Cabinet staff, and increased technical assistance and corrective action plan follow-up to address critical incidents and prevent future occurrence. The process for recognizing, reporting, investigating and following up on critical incidents will be better defined. Providers will have a better understanding of their role and responsibilities within the critical incident process.
2. As the single state Medicaid agency with foremost accountability to the Centers for Medicare and Medicaid Services (CMS), the Department will improve its ability to address concerns and prevent program challenges from occurring.
3. Clarify expectations, tasks, and definitions for traditional and participant directed services (PDS) case managers. Standards for person-centered planning and guidance related to oversight will be improved and clearer for providers to apply to their work.
4. Standardize definitions across waivers and make the regulations user-friendly with a focus on making rules and requirements more consistent across waivers and reducing individual interpretation.
5. Provide consistent responses to participant and provider questions causing less confusion. There will also be a call-line where case managers can direct participants and their caregivers that will provide support from Department staff with waiver specific knowledge.
6. The annual certification process will be simplified so each provider is subject to one review even if the provider serves multiple waivers. There will no longer be multiple annual reviews conducted by different departments. Providers will receive technical assistance and training to be more consistent across waivers and service types.
7. Service providers will work with the Department as the primary decision maker and interact with sister agencies as operational experts that carry out Department-assigned

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monitoring and oversight activities. Then, providers will have strong rapport with the Department and the sister agencies to better serve waiver participants.

Group B

- Activities beginning Fall 2018, to be implemented by Fall 2019

What are the next steps and what does this mean to me?

1. Clearly explain the rules for PDS including:
 - Who can self-direct their services
 - What PDS tasks are allowed. and who can help with these tasks
 - What family members can and cannot be hired by a participant
 - Who can be a PDS employee
2. Establish a 1915(c) rate setting methodology informed by a rate study.
3. Enhance case management by providing standardized tools, processes, performance standards, trainings, and a place to call the Department directly. These strategies will help providers get extra help when there are questions or tough situations to address. These standardized tools and forms will inform needs-based care planning methods for all populations.
4. Collect data from assessments in a usable, electronic format. This data will help guide discussions and analyses of a universal assessment tool, with special consideration for children. The Department will also use this tool to identify if independent assessment should be expanded to all waivers.

Group C

- Activities beginning Late 2019

What are the next steps and what does this mean to me?

1. Evaluate the impacts of the adopted changes and have an increased emphasis on improving service outcomes and the participant experience. The Department will evaluate future waiver reforms to further improve overall performance of the system.
2. Make data-driven updates to the waiver programs. Using data will ensure resources are determined effectively and efficiently to meet the needs of all waiver participants. For example, data will be used for participant needs assessments and individualized budgeting.



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Future Stakeholder Engagement Events

The Department is planning several events that will give individuals, their families, and providers a way to learn about these next steps, ask questions, and share ideas. These events may include webinars, in-person meetings, an advisory panel, and public comment periods. Check the Department of Community Alternatives' (DCA) website at <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx> for announcements. You can also send us an email at medicaidpubliccomment@ky.gov, call DCA at (502) 564-7540 and ask for Misty Peach or send a letter to the following address:

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