

**What Does This Mean to Me?
Home and Community Based (HCB) Waiver Renewal
March 2025**

The Kentucky Cabinet for Health and Family Services (CHFS) 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 is due for renewal by July 2025. To continue providing HCB services, CHFS must make updates to the waiver, hold a 30-day public comment period for public review of those updates, and re-submit the HCB waiver application to CMS for approval.

To assist community partners in reviewing the waiver application and making a public comment, CHFS included the key proposed updates included in the waiver application below. The full waiver application is available on the Department for Medicaid Services Division of Long-Term Services and Supports website at <https://bit.ly/KYMedicaidLTSSInfo>. Instructions for submitting public comments by April 13 are available in the [public comment notice](#).

| HCB Waiver Updates | |
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| General Changes | <ul style="list-style-type: none"> Updated performance measures throughout the waiver for consistency and to promote standardization with other waivers |
| Brief Waiver Description | <ul style="list-style-type: none"> Removed the option to provide HCBS services in acute care hospital settings |
| Appendix A Waiver Administration and Operation | <ul style="list-style-type: none"> No Changes |
| Appendix B Participant Access and Eligibility | <ul style="list-style-type: none"> Included language to clarify the waiver does not cover services that could be provided under a state health plan, state-funded programs (e.g., Early and Periodic Screening, Diagnostic, and Treatment), other Medicaid programs (e.g., 1915(i) and 1115), bundled services offered in inpatient or institutional settings, or special education services Updated the program capacity to represent the slots allocated by the General Assembly |

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| Appendix C Covered Service | <ul style="list-style-type: none"> Unbundled Participant Directed Coordination and divided this service into two separate services: Case Management and Financial Management Removed Home and Community Supports as a service and replaced this service with the existing Attendant Care service Clarified training requirements for Case Management providers Indicated that Case Management may be provided via telehealth and added language to specify requirements for the provision of telehealth services Included guidance to establish standards for continuity of care for waiver participants whose service provider was added to the abuse registry Added language outlining requirements for a Legally Responsible Individual to provide personal care or similar services Removed the option to provide HCBS services in acute care hospital settings Confirmed CMS requirements to certify waiver program compliance with the HCBS Settings requirements |
| Appendix D Participant Centered Service Planning and Delivery | <ul style="list-style-type: none"> Confirmed CMS requirements to certify waiver program compliance with the HCBS Settings requirements Added language to clarify that the sample used for person-centered service plan review will be representative of the demographic makeup of the waiver population Confirmed CMS requirements for monitoring safeguards to reduce the risk of conflicts of interest for providers responsible for person-centered care planning activities |

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| Appendix E Participant Direction of Services | <ul style="list-style-type: none"> Extended the timeframe for participants to access waiver services from sixty (60) days to one hundred and twenty (120) days |
| Appendix F Participant Rights | <ul style="list-style-type: none"> Clarified that reconsideration requests may be postmarked or timestamped by fourteen (14) calendar days from the date of the written notice of adverse action |
| Appendix G Participant Safeguards | <ul style="list-style-type: none"> No Changes |
| Appendix H Quality Systems Improvement | <ul style="list-style-type: none"> Specified that CHFS is using the National Core Indicators for Aging and Disabilities Survey option to review patient experience/quality of life |
| Appendix I Financial Accountability | <ul style="list-style-type: none"> No Changes |
| Appendix J Cost-Neutrality Demonstration | <ul style="list-style-type: none"> Revised to include the updated cost estimates and projections for future waiver years Updated the program capacity to represent the slots allocated by the General Assembly |