

**What Does This Mean to Me?
Model II 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 Model II (MII) waiver is due for renewal by September 2025. To continue providing MII 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 MII waiver applications to CMS for approval.

To assist community partners in reviewing the waiver applications 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](#).

Model II Waiver Updates	
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"> No Changes
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
Appendix C Covered Service	<ul style="list-style-type: none"> Added language to specify the service limits of 64 units (16 hours) of service for each MII service to match the limits described in regulation

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	<ul style="list-style-type: none"> • Added language requiring provider agencies to provide training on HCBS settings requirements, Access Rule requirements, and person-centered care planning requirements • Included guidance to establish standards for continuity of care for waiver participants whose service provider was added to the abuse registry • 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
<p>Appendix D Participant Centered Service Planning and Delivery</p>	<ul style="list-style-type: none"> • Clarified that entities and/or individuals responsible for service plan development may not provide other direct waiver services to the participant in alignment with regulatory language. The regulations state that services are only reimbursable if the service is prescribed for the recipient by a physician and if stated in the recipient's plan of treatment developed by the prescribing physician • Confirmed CMS requirements to certify waiver program compliance with the HCBS Settings requirements • Confirmed CMS requirements for monitoring safeguards to reduce the risk of conflicts of interest for providers responsible for person-centered care planning activities
<p>Appendix E Participant Direction of Services</p>	<ul style="list-style-type: none"> • No Changes

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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"> No Changes
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