

**Kentucky Cabinet for Health and Family Services  
1915(i) State Plan Amendment**



**Official Response to Formal Public Comment from January 29, 2024 – February 29, 2024**

To meet the needs of Kentucky citizens living with serious mental illness (SMI) or substance use disorder (SUD) and address the priorities included in Senate Joint Resolution (SJR) 72, Kentucky is developing a 1915(i) State Plan Amendment (SPA). The SPA is a companion to the KY HEALTH 1115 demonstration and will provide home and community-based services (HCBS) to individuals who do not yet meet institutional level of care, will be available statewide, and will not have a maximum enrollment.

Between January 29, 2024 and February 29, 2024, the Kentucky Cabinet for Health and Family Services (The Cabinet) held a formal public comment period to allow stakeholders to provide feedback on the proposed 1915(i) SPA. This document provides the responses to all stakeholder comments submitted during the formal public comment period, as well as how the Cabinet may have amended the proposed 1915(i) SPA to address feedback.

Below you will find a few definitions to help you understand the Cabinet Response. If you have questions about the response, please email [MedicaidPublicComment@ky.gov](mailto:MedicaidPublicComment@ky.gov).

| Reference #   | Commenter Type   | Comment   | Response   | Changes to the 1915(i) SPA   |
|---|--|---|--|--|
| The Cabinet assigned a number to each set of comments to help us track them. Please note the reference # sometimes goes out of numerical order to allow for grouping of similar comments. | This section identifies the type of stakeholder(s) who made the comments (providers, caregivers, etc.) | This is where you will find the public comments. The Cabinet grouped and summarized comments. | This is where you will find the responses to each set of comments. | This section lists any changes the Cabinet made to the application based on the comments received. |

**1915(i) State Plan Amendment Public Comment Response**  
**January 29, 2024 – February 29, 2024**

| <b>Conflict-Free Case Management</b> |                       |   |   |                                   |
|--------------------------------------|-----------------------|---|---|-----------------------------------|
| <b>Reference #</b>                   | <b>Commenter Type</b> | <b>Comment</b>  | <b>Response</b>   | <b>Changes to the 1915(i) SPA</b> |
| COI1                                 | Provider              | The housing and homelessness sector is largely unfamiliar with the requirements for Person-centered Service Plan (PCSP) and Conflict of Interest (COI) in the 1915(i) SPA HCBS programming. Does The Cabinet plan to train and provide guidance on adherence to the PCSP and COI regulations? | Yes, the Cabinet plans to provide additional technical assistance and training to support 1915(i) SPA service providers once the amendment is approved by the Center for Medicare and Medicaid Services (CMS) and the program advances to the implementation phase.   | N/A                               |
| COI2                                 | Other Stakeholder     | Does the 1915(i) SPA require independent review and conflict-free case management similar to 1915(c) Waiver HCBS requirements?  | Per Federal guidelines (CMS 2249-F and CMS 2296-F), States must establish a process to ensure that case management is conflict-free and that assessments and evaluations are independent and unbiased. The Cabinet plans to provide additional detail and support regarding the process for 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase.   | N/A                               |
| COI3                                 | Other Stakeholder     | Will the Cabinet write to CMS and request to bypass the COI requirements related to assessment and case management services?  | The Cabinet is considering how to best proceed with a request to CMS regarding COI requirements. Currently, per federal guidelines, States must establish a process to ensure that case management is conflict-free and that assessments and evaluations are independent and unbiased. The Cabinet plans to provide additional detail and support regarding the process for 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase. | N/A                               |
| COI4                                 | Other Stakeholder     | What is meant by "conflict-free options counseling" listed in the Case Management service definition? Is conflict-free case management required for all services or only services provided under the 1915(i) SPA?   | Please refer to COI2 response.  | N/A                               |

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| <b>Reference #</b>                   | <b>Commenter Type</b> | <b>Comment</b>  | <b>Response</b>                | <b>Changes to the 1915(i) SPA</b> |
| COI5                                 | Other Stakeholder     | What does the Cabinet mean by "Independent Case Manager" and "Employee of a Free-Standing Case Management Agency" when referring to level of care evaluation? | Please refer to COI2 response. | N/A                               |

| <b>Eligibility Requirements</b> |                       |  |  |                                   |
|---------------------------------|-----------------------|--|--|-----------------------------------|
| <b>Reference #</b>              | <b>Commenter Type</b> | <b>Comment</b>   | <b>Response</b>  | <b>Changes to the 1915(i) SPA</b> |
| EGY1                            | Other Stakeholder     | How will the Cabinet evaluate whether the eligibility standards are set too high? Can the Cabinet amend the eligibility criteria to cover more individuals that need services? | The Cabinet developed the eligibility criteria to provide high-acuity services to individuals with the greatest need, meaning that a small subset of the population will be eligible for the more intensive services (e.g., Supervised Residential Services). Alternatively, lower-acuity services, such as Case Management, will be available to a larger eligibility group. The Cabinet may reconsider eligibility in the future as the program matures. | N/A                               |
| EGY2                            | Provider              | If an eligible individual declines to engage with 1915(i) SPA services, will they permanently lose their eligibility?  | Per Kentucky Administrative Regulations 907 KAR 1:563, an individual that is rendered ineligible for services will have the opportunity to appeal for reinstatement of services.   | N/A                               |
| EGY3                            | Provider              | Does an individual have to establish residency before they can apply for 1915(i) SPA services if an individual moves to Kentucky from another state?                           | Yes. An individual that moves to Kentucky from another state must establish residency in the Commonwealth, and meet the 1915(i) SPA eligibility criteria, prior to receiving 1915(i) SPA service offerings.  | N/A                               |
| EGY4                            | Provider              | Can the Cabinet amend the eligibility criteria to cover more individuals that need services?   | Please refer to EGY1 response.   | N/A                               |
| EGY5                            | Provider              | Will individuals that have co-occurring SUD be eligible for the In-Home Independent Living Supports?   | Within the housing-related services, individuals with a primary diagnosis of SUD will be eligible to receive Tenancy Supports. Individuals that have a primary diagnosis of SMI with co-occurring SUD and meet all additional 1915(i) needs-based  | N/A                               |

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|                          |                   |   | eligibility criteria would be eligible for all housing-related services.   |                            |
| EGY6                     | Provider          | How does the Cabinet plan to familiarize homelessness and housing sector providers with the Level of Care Utilization System (LOCUS) and American Society of Addiction Medicine (ASAM) assessments?               | The Cabinet plans to provide technical assistance and instructions to potential 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase.  | N/A                        |
| EGY7                     | Provider          | How will homelessness and housing sector providers access the information they need to help individuals determine 1915(i) SPA eligibility? What additional resources will be available to help refer individuals? | The Cabinet plans to provide additional technical assistance and support regarding eligibility evaluation / reevaluation for potential 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase.   | N/A                        |
| EGY8                     | Caretaker         | How will adults with a primary diagnosis of SMI be evaluated for their housing-related needs?   | The housing-related services (Supervised Residential Care, In-home Independent Living Supports, and Tenancy Supports) will be available to individuals that meet the associated needs-based edibility criteria. If eligible, the Case Manager will work with the HCBS providers to help the individual gain access to the necessary support services. The Cabinet plans to provide additional instructional support for 1915(i) SPA services once the amendment is approved by CMS and the program advances to the implementation phase. | N/A                        |
| EGY9                     | Other Stakeholder | Can the Cabinet describe the proposed process of performing eligibility assessment and reassessment? Will the Cabinet provide training to build assessor/provider network capacity?                               | The assessments, including reassessment, will be conducted by an independent assessor, case manager, or free-standing case management agency initially and at least annually, or more frequently if the participant experiences a significant change in condition. The Cabinet plans to provide additional support and trainings for 1915(i) SPA providers once the amendment is   | N/A                        |

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| Eligibility Requirements |                   |  |  |                            |
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|                          |                   |  | approved by CMS and the program advances to the implementation phase.  |                            |
| EGY10                    | Other Stakeholder | Is there a hospitalization needs-based eligibility requirement for individuals diagnosed with SUD? | Yes. The 1915(i) SPA eligibility criteria include a duration/episodic component for both individuals with a primary diagnosis of SMI or SUD. Component 3.b. states, "The individual has been hospitalized for behavioral health more than once in the past 2 (two) years." | N/A                        |

| Evaluation and Re-Evaluation |                   |  |  |                            |
|------------------------------|-------------------|--|--|----------------------------|
| Reference #                  | Commenter Type    | Comment  | Response   | Changes to the 1915(i) SPA |
| ERV1                         | Other Stakeholder | How will an Independent Case Manager determine whether a 1915(i) SPA participant has experienced a significant change in condition and would require an eligibility re-assessment? | <p>A participant and a participant’s legal guardian or authorized representative, if applicable, may request a modification to their PCSP due to changes in their condition or service needs at any time. The following circumstances could merit an event-based modification of the Person-Centered Service Plan:</p> <ul style="list-style-type: none"> <li>a. Inpatient admission to an institutional care setting with changes at discharge in functional ability from the previous assessment.</li> <li>b. A change in care setting that increases the participant’s level of care, including transitions between community-based settings such as moving from a participant’s own home to a residential setting.</li> <li>c. Long-term change in access to or ability of an unpaid caregiver(s).</li> <li>d. Observed or reported changes that result in the inability of the participant to meet goals and objectives based on the current PCSP, and/or do not provide a</li> </ul> | N/A                        |

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| Evaluation and Re-Evaluation |                   |   |   |   |
|------------------------------|-------------------|---|---|---|
| Reference #                  | Commenter Type    | Comment   | Response  | Changes to the 1915(i) SPA  |
|                              |                   |   | level of service sufficient to address health, safety, or welfare concerns.   |   |
| EVR2                         | Other Stakeholder | What assessment tool will the Cabinet use to determine an individual's functional impairment?   | The Cabinet plans to provide additional technical assistance, support, and tools to assist with the evaluation/reevaluation eligibility process for 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase.   | N/A   |
| EVR3                         | Other Stakeholder | Why are the qualifications for a supervising professional more stringent than those required by 1915(c) waivers?  | The Cabinet reviewed the oversight regulations and adjusted the supervision requirements to "at least twice per month", in accordance with Kentucky Administrative Regulation 907 KAR 15:060.   | The Cabinet adjusted the language in the application accordingly. |
| EVR4                         | Other Stakeholder | Have there been any proposals, by professional Kentucky Associations to the Cabinet or Governor Beshear to expand the health care workforce specifically related to some of the complex Mental Health/Behavioral Health workforce issues in Kentucky? In particular, there is a shortage of licensed professionals who should be performing assessments and re-assessments for this population. | Currently, the Cabinet is considering many options to expand provider capacity. If a provider meets the certification criteria, they will be able to provide the 1915(i) SPA services. The Cabinet is also considering the appropriate providers to perform the 1915(i) SPA eligibility assessments and will announce a decision in the future.   | N/A   |
| EVR5                         | Provider          | What is the reevaluation process related to the LOCUS or ASAM assessment tools? Does enrollment in the 1915(i) SPA preclude participants from receiving Assertive Community Treatment?  | Reevaluation of an individual's needs using the LOCUS or ASAM assessment will take place annually or more frequently if the participant experiences a significant change in condition.<br><br>In alignment with the PCSP process, the 1915(i) SPA case manager will provide detailed information to participants about available non-1915(i) services, such as Assertive Community Treatment, that may assist in reaching their goals and objectives. | N/A   |

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| <b>Evaluation and Re-Evaluation</b> |                       |  |  |                                   |
|-------------------------------------|-----------------------|--|--|-----------------------------------|
| <b>Reference #</b>                  | <b>Commenter Type</b> | <b>Comment</b>   | <b>Response</b>  | <b>Changes to the 1915(i) SPA</b> |
| EVR6                                | Provider              | What is the Cabinet's plan for conducting the different assessments in the 1915(i) SPA? Will training be given throughout the state to prepare assessors to conduct these assessments? | The LOCUS and ASAM assessments will be conducted by an independent assessor, case manager, or free-standing case management agency initially and re-evaluation will be conducted at least annually, or more frequently if the participant experiences a significant change in condition. The Cabinet plans to provide additional support and trainings for 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase. | N/A                               |

| <b>General</b>     |                       |   |  |                                   |
|--------------------|-----------------------|---|--|-----------------------------------|
| <b>Reference #</b> | <b>Commenter Type</b> | <b>Comment</b>  | <b>Response</b>  | <b>Changes to the 1915(i) SPA</b> |
| GEN1               | Provider              | Why does the 1915(i) SPA include both SMI and SUD populations, as opposed to solely focusing on the SMI population? | During the 2022 legislative session, Senate Joint Resolution 72 (SRJ 72) directed the Cabinet to implement a new Medicaid program to address the needs of Kentucky citizens living with SMI and/or SUD. During development of the 1915(i) SPA, the Health and Housing Collaborative and other advocates noted the high co-occurrence of SMI and SUD diagnoses and the need for targeted services and supports. | N/A                               |
| GEN2               | Provider              | Are 1915(i) SPA services available outside of this specific HCBS program?   | The services included in the 1915(i) SPA are specific to the HCBS program. Federal regulations require that 1915(i) SPA services must not duplicate services that are already available under the Medicaid state plan; the 1915(i) SPA service must be fundamentally different from that available through the State plan (42 CFR § 457.626 - Prevention of duplicate payments).                               | N/A                               |
| GEN3               | Provider              | Similar to 1915(c) HCBS waivers, what is the process for accessing funding when the 1915(i) SPA slots fill up?      | Unlike the 1915(c) HCBS waivers, the 1915(i) SPA does not utilize slots and there is no cap on the number of individuals that can be served.   | N/A                               |
| GEN4               | Provider              | If the rights of an individual change according to changes made in their PCSP, do these changes need to be          | Human Rights Committee reviews should only occur if the plan includes restrictive measures or a rights restriction. New or revised positive behavior support plans are to be reviewed by the Behavior Intervention Committee prior to implementation   | N/A                               |

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| General     |                |  |          |                            |
|-------------|----------------|--|----------|----------------------------|
| Reference # | Commenter Type | Comment  | Response | Changes to the 1915(i) SPA |
|             |                | approved by the Behavioral Intervention Committee? |          |                            |

| Housing Supports |                   |  |   |                            |
|------------------|-------------------|--|---|----------------------------|
| Reference #      | Commenter Type    | Comment  | Response  | Changes to the 1915(i) SPA |
| HOS1             | Other Stakeholder | Regarding the eligibility criteria for housing-related services, is the definition of homelessness from the Department of Housing and Urban Development (HUD)? Does the definition include "couch surfing" and unstable stays with family members? | <p>The definition of homelessness was adopted from Department for HUD standards. The HUD definition of homelessness does not include instances of "couch-surfing" or unstable stays with family members. An individual only needs to demonstrate one of the following housing risk factors, along with the additional eligibility criteria, to be eligible for housing-related services:</p> <ol style="list-style-type: none"> <li>1. Homelessness (per HUD definition, categories I and IV), <u>OR</u></li> <li>2. At-risk of homelessness, <u>OR</u></li> <li>3. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan, <u>OR</u></li> <li>4. Was homeless in the prior 24 months, or formerly homeless, now residing in HUD-assisted housing.</li> </ol> | N/A                        |
| HOS2             | Other Stakeholder | Does the eligibility criteria "at-risk of homelessness" account for the extensive family supports many individuals with SMI and/or SUD receive to prevent homelessness?  | Under the HOME-ARP federal definition ((42 U.S.C. 11302(a)), a family's assistance to prevent a family member from becoming homeless is not included in the definition. The HOME-ARP definition has been adopted from the McKinney-Vento Homeless Assistance Act which can be found here:   | N/A                        |



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| <b>Housing Supports</b> |                       |  |   |   |
|-------------------------|-----------------------|--|---|---|
| <b>Reference #</b>      | <b>Commenter Type</b> | <b>Comment</b>   | <b>Response</b>   | <b>Changes to the 1915(i) SPA</b>                                 |
|                         |                       |  | <a href="http://uscode.house.gov/quicksearch/get.plx?title=42&amp;section=11302">http://uscode.house.gov/quicksearch/get.plx?title=42&amp;section=11302</a>   |   |
| HOS3                    | Other Stakeholder     | Would the Cabinet consider revisiting the current definition of "at-risk of homelessness"? Would the Cabinet consider using a more streamlined definition, or categorical eligibility based on income or lack of lease alone for this category?  | Currently the Cabinet is considering options regarding the at-risk of homeless requirements. The Cabinet developed the 1915(i) SPA eligibility criteria by coordinating with DMS, DBHDID, behavioral health advocates, and additional Kentucky stakeholders. The goal of the current eligibility criteria is to capture individuals with high needs who are at risk of institutional placement. | N/A   |
| HOS4                    | Other Stakeholder     | The Service Prioritization Decision Assistance Tool (VI-SPDAT) is not utilized in Louisville for homelessness assessments. Could the assessment language be broadened to include common assessment tools designated by the continuum of care in which the participant is seeking services? | Thank you for your question regarding the Pre-Tenancy Support Services. The VI-SPDAT tool is an option for identifying an individual's housing needs and preferences. The tool can be used as a singular assessment or it can be used as a supplement to another assessment tool focused on housing needs and preferences.  | The Cabinet adjusted the language in the application accordingly. |
| HOS5                    | Provider              | Do the current housing risk factors, based on HUD definitions of homelessness, include adult children living with their parents? If not, will The Cabinet consider expanding the definition to include adults who are housed by their families?  | The definition of homelessness was adopted from HUD standards. The definition of homelessness from the Department for HUD does not explicitly include instances of adult children residing with aging family members. The Cabinet is considering the current 1915(i) SPA definition of homelessness and will provide additional clarification in the future.                                    | N/A   |

| <b>Participant-directed Services (PDS)</b> |                       |   |  |                                   |
|--|-----------------------|---|--|-----------------------------------|
| <b>Reference #</b>                         | <b>Commenter Type</b> | <b>Comment</b>                                  | <b>Response</b>  | <b>Changes to the 1915(i) SPA</b> |
| PDS1                                       | Other Stakeholder     | Will the 1915(i) SPA include the option of PDS? | At this time the 1915(i) SPA will not include a participant-directed option. All services will be deployed with Medicaid | N/A                               |

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| <b>Participant-directed Services (PDS)</b> |                       |   |  |   |
|--|-----------------------|---|--|---|
| <b>Reference #</b>                         | <b>Commenter Type</b> | <b>Comment</b>  | <b>Response</b>  | <b>Changes to the 1915(i) SPA</b>                                 |
|  |                       |   | enrolled and certified providers. The Cabinet may reconsider PDS in the future as the program is more mature.  |   |
| PDS2                                       | Other Stakeholder     | The Cabinet uses the term Support Broker and Authorized Agent (e.g., PDS Case Manager) in the 1915(i) SPA, but the SPA does not include PDS as a service delivery model option. | Thank you for your comment regarding the draft 1915(i) SPA application. The Cabinet will remove references to Support Broker since PDS is not currently included as a potential service delivery model for 1915(i) SPA services. | The Cabinet adjusted the language in the application accordingly. |

| <b>Providers</b>   |                       |   |  |                                   |
|--------------------|-----------------------|---|--|-----------------------------------|
| <b>Reference #</b> | <b>Commenter Type</b> | <b>Comment</b>  | <b>Response</b>  | <b>Changes to the 1915(i) SPA</b> |
| PVD1               | Provider              | Will agencies that currently provide Targeted Case Management (TCM) services under the Medicaid State Plan be able to accept and bill for 1915(i) SPA case management services? Is there any additional licensing or credentialing that agencies will need to attain to accept 1915(i) SPA clients? | Yes, the Cabinet will offer resources to providers that are interested in becoming 1915(i) SPA HCBS providers. Providers will be able to find resources via the Medicaid Partner Portal Application, and the Cabinet will provide targeted support closer to the program launch date for new services to the HCBS network (e.g. Tenancy Supports). Additionally, Medicaid Management Information System (MMIS) provider representatives will be available to help with billing questions and concerns. | N/A                               |
| PVD2               | Provider              | In order to provide 1915(i) SPA services, will Kentucky provide support and technical assistance to housing and homeless agencies that are not currently certified as HCBS agencies?  | Please refer to PVD2 response.   | N/A                               |
| PVD3               | Provider              | Many individuals living with SMI are familiar with Community Mental Health Centers (CMHCs) in Kentucky.   | CMHCs are not excluded from becoming certified 1915(i) SPA providers for all services. Currently the Cabinet is considering many options to expand provider capacity. If a provider meets  | N/A                               |

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| Providers   |                   |  |   |                            |
|-------------|-------------------|--|---|----------------------------|
| Reference # | Commenter Type    | Comment  | Response  | Changes to the 1915(i) SPA |
|             |                   | Why are CMHCs only listed as eligible providers for two services offered in the 1915(i) SPA?   | the certification criteria, they will be able to provide the 1915(i) SPA services. At this time the Cabinet has approved HCBS Provider Agencies, Home Health Agencies, Community Rehabilitation Program (CRP) Approved Providers, Community Mental Health Centers, and Other Cabinet Approved Providers to provide the 1915(i) SPA services.  |                            |
| PVD4        | Other Stakeholder | How does the Cabinet intend to include existing Kentucky providers of SMI and/or SUD services to the 1915(i) approved provider list? | <p>The Cabinet has designed the proposed 1915(i) SPA provider criteria to anticipate complexities of introducing new services for the SMI and SUD populations. The proposed provider types currently include:</p> <ul style="list-style-type: none"> <li>• 1915(c) Home and Community-Based Services Provider Agencies</li> <li>• Community Mental Health Centers (CMHC)</li> <li>• Home Health Agencies (HHA)</li> <li>• Employment Specialists / Job Coaches</li> <li>• Individuals possessing one of the following certifications: Employment Specialist, Brain Injury Specialist, Direct Support Provider, Certified Career Services Provider, or Global Career Development Facilitator</li> </ul> <p>Currently the Cabinet is considering many options to expand provider capacity. If a provider meets the certification criteria, they will be able to provide the 1915(i) SPA services.</p> | N/A                        |
| PVD5        | Other Stakeholder | Why are CMHCs only authorized to provide two services from this 1915(i) SPA?   | Please refer to PVD4 response.  | N/A                        |
| PVD6        | Other Stakeholder | Will the Cabinet consider adding Behavioral Health Service Providers   | BHSOs and AODEs will be eligible to apply to become 1915(i) SPA providers. Currently, the Cabinet is considering many options to expand provider capacity. If a provider meets the  | N/A                        |

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| Providers   |                   |  |   |                            |
|-------------|-------------------|--|---|----------------------------|
| Reference # | Commenter Type    | Comment  | Response  | Changes to the 1915(i) SPA |
|             |                   | (BHSOs) and Other Drug Entities (AODEs) as eligible providers?   | certification criteria, they will be able to provide the 1915(i) SPA services. At this time the Cabinet has approved 1915(c) HCBS Provider Agencies, Home Health Agencies, Community Rehabilitation Program (CRP) Approved Providers, Community Mental Health Centers, and Other Cabinet Approved Providers to provide the 1915(i) SPA services.  |                            |
| PVD7        | Other Stakeholder | How does the Cabinet plan to ensure eligible providers seeking to provide 1915(i) SPA services have the expertise needed to provide housing-related services?  | The Cabinet recognizes the need for provider training and support to ensure new and existing provider types are equipped to deliver 1915(i) SPA services. The Cabinet plans to provide additional support and trainings for 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase.   | N/A                        |
| PVD8        | Provider          | If a provider is already certified for 1915(c) waiver HCBS services, will they need additional certification to offer the 1915(i) SPA services?  | 1915(c) waiver HCBS providers will not be automatically eligible to provide 1915(i) SPA services. Providers must complete department-specific requirements to offer 1915(i) SPA services to individuals with SMI and/or SUD. The Cabinet plans to provide additional detail and support regarding training requirements for 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase. | N/A                        |
| PVD9        | Provider          | What options are available when an agency is no longer able to support a participant due to a safety risk or noncompliance with treatment?   | The agency could explore placing the participant on a corrective action plan. However, if an individual refuses to comply with treatment after the proposed intervention, they will be disenrolled from 1915(i) SPA services. Per Kentucky Administrative Regulations 907 KAR 1:563, the disenrolled individual will have the opportunity to appeal for reinstatement of services.  | N/A                        |
| PVD10       | Provider          | How does the Cabinet expect to find new staff to develop the Person-Centered Service Plan and perform assessments given that Bachelor's level requirements include five (5) years of documented full-time experience providing specialized | Currently, the Cabinet is considering many options to expand provider capacity. If a provider meets the specified requirements, they will be able to provide the 1915(i) SPA services. The Cabinet is also considering the appropriate providers to perform the 1915(i) SPA eligibility assessments and will provide future updates.  | N/A                        |

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| Providers   |                   |   |   |                            |
|-------------|-------------------|---|---|----------------------------|
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|             |                   | case management within the target population?   |   |                            |
| PVD11       | Provider          | Will the Case Management service provider also be responsible for conducting the PCSP process? Are the educational requirements for the independent assessor and case manager the same? | Currently, the Cabinet is considering many options to expand provider capacity and identify individuals credentialed in performing the necessary 1915(i) SPA assessments. If a provider meets the specified requirements, they will be able to apply to provide the 1915(i) SPA services. The Cabinet is also considering the appropriate providers to perform the 1915(i) SPA eligibility assessments and will provide future updates. | N/A                        |
| PVD12       | Provider          | Are the 1915(i) SPA service rates equivalent to 1915(c) waiver service rates? Will there also be new rates proposed for 1915(i) SPA services?   | The Cabinet plans to provide additional details, based on funding by the State Legislature, on the rates for specific services once the 1915(i) SPA is approved by CMS and advances to the implementation stage. However, given a number of the 1915(i) SPA services are new to the Kentucky HCBS network, new rates will be proposed for a subset of the services based on industry benchmarks.  | N/A                        |
| PVD13       | Provider          | Will the Cabinet be providing training to prepare organizations to complete the Department of Housing and Urban Development documentation?  | The Cabinet recognizes the need for provider training and support to ensure new and existing provider types are equipped to deliver 1915(i) SPA services and fulfill provider requirements. The Cabinet plans to provide additional support and trainings for 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase.   | N/A                        |
| PVD14       | Provider          | Will occupational therapists qualify to provide 1915(i) SPA services to eligible participants?  | The Cabinet has designed the proposed 1915(i) SPA provider criteria to anticipate the complexities of introducing new services for the SMI and SUD populations. Occupational therapists are not specifically excluded from providing 1915(i) SPA services and would be eligible if they meet the HCBS provider agency qualifications for a given service.   | N/A                        |
| PVD15       | Other Stakeholder | Please provide additional information about the educational and experience qualifications for case managers.  | Thank you for your vested interest in the 1915(i) SPA. At this time, the Cabinet is exploring educational and professional qualifications needed for providers to perform the necessary assessments and deliver HCBS services.  | N/A                        |

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| Services    |                   |   |   |                            |
|-------------|-------------------|---|---|----------------------------|
| Reference # | Commenter Type    | Comment   | Response  | Changes to the 1915(i) SPA |
| SVC1        | Caretaker         | The 1915(i) SPA currently limits Supervised Residential services to four (4) or fewer service recipients in a home rented or owned by the service provider. Is Kentucky open to exploring larger group (10+) Supervised Residential providers for individuals with a primary diagnosis of SMI?  | The Cabinet chose to limit Supervised Residential services to four (4) or fewer service recipients to comply with Home and Community Based Settings regulations and leading practice for the population. Additionally, the Cabinet is actively working with the Kentucky Protection & Advocacy on a Settlement Agreement to transition individuals with SMI from larger group personal care homes to smaller, more inclusive community-based settings where individuals can receive targeted community supports and services. | N/A                        |
| SVC2        | Other Stakeholder | What is the Cabinet’s rationale for setting Supervised Residential services to four (4) or fewer service recipients in a home rented or owned by the service provider? In the past, the three-person housing model used for residential services in the 1915(c) Supports for Community Living (SCL) Waiver has contributed to staff retention challenges and provider stability concerns. | The Cabinet chose to include the stated Supervised Residential housing criteria based on discussions with a number of behavior health providers and advocates across the Commonwealth. Specifically, the Cabinet decided to limit Supervised Residential services to four (4) or fewer service recipients as stakeholders acknowledge this model as the most effective for individuals with a primary diagnosis of SMI.   | N/A                        |
| SVC3        | Other Stakeholder | How will providers be reimbursed for completing the Registered Nurse (RN) assessment related to "assistance with medication education and adherence" stated in the Supervised Residential Care service definition?  | The Cabinet plans to provide additional technical assistance and support regarding the billing processes for 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase.  | N/A                        |
| SVC4        | Other Stakeholder | Who will be responsible for providing the pre-tenancy support activities listed in the Tenancy Supports service definition?   | The HCBS provider will be responsible for coordinating with the 1915(i) SPA case manager to provide the pre-tenancy support activities.   | N/A                        |

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| SVC5        | Other Stakeholder | Who will be responsible to provide the tenancy sustaining activities listed in the Tenancy Supports service definition? Please provide clarification on the person or agency responsible for these activities. | The HCBS provider will be responsible for coordinating with the 1915(i) SPA case manager to provide the tenancy sustaining activities.   | N/A                        |
| SVC6        | Provider          | Could the Cabinet provide additional details on who can provide the new transportation service and where a participant can be transported?   | Thank you for your thoughtful comment. The Cabinet is currently reviewing potential providers for 1915(i) SPA services and will provide additional details after the amendment is approved by CMS and moves to the implementation phase.   | N/A                        |
| SVC7        | Other Stakeholder | If an individual already receives services via the Office Vocational Rehabilitation (OVR), will 1915(i) SPA Supported Employment and Supported Education services supplement or replace OVR services?          | The 1915(i) SPA Supported Employment services are intended to supplement and will not replace existing OVR services. Supported Education is not currently offered as a stand-alone service by the OVR and is a new service offering via the 1915(i) SPA.   | N/A                        |
| SVC8        | Provider          | Will there be a department-approved assessment for Assistive Technology supports?  | There is no department-approved assessment for Assistive Technology supports. Determination of need for Assistive Technology should originate from the individual and their PCSP team. Purchases over \$300.00 will need to be approved and ordered by one of the following qualified professionals: <ul style="list-style-type: none"> <li>1. Licensed Physician, Physician’s Assistant (PA), or Advanced Practice Registered Nurse (APRN)</li> <li>2. Licensed Psychiatrist</li> <li>3. Licensed Audiologist</li> <li>4. Licensed Physical Therapist (PT), Occupational Therapist (OT), or Speech Therapist (ST)</li> <li>5. Licensed Psychologist, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), or Licensed Marriage and Family Therapist (LMFT)</li> </ul> | N/A                        |

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|             |                   |  | <ol style="list-style-type: none"> <li>6. RESNA ATP (Rehabilitation Engineering and Assistive Technology Society of North America Assistive Technology Professional)</li> <li>7. Other qualified professionals whose signature indicates approval</li> </ol>   |                            |
| SVC9        | Other Stakeholder | Will 1915(i) SPA enrollees still have access to traditional Non-Emergency Medical Transportation (NEMT)?   | Yes, 1915(i) SPA transportation services are offered to aid service recipients in gaining access to waiver-covered and other community services, activities, and resources, as specified by their Person-Centered Service Plan (PCSP). The Cabinet will offer the service in addition to NEMT services offered under the Medicaid state plan. The services does not replace NEMT.                                  | N/A                        |
| SVC10       | Other Stakeholder | Can the Cabinet provide additional information about projected utilization for each service?   | Thank you for your question on service utilizations. The 1915(i) SPA is a new policy vehicle that will provide participants with many services that are not currently available in Kentucky. However, the eligibility criteria were developed to provide tiered supports and services to individuals with varying levels of need. The Cabinet plans to review service utilization once the program is more mature. | N/A                        |
| SVC11       | Other Stakeholder | How will the Cabinet prepare agencies to provide the new Planned Respite for Caregivers service to individuals living with SMI?                            | The Cabinet plans to provide additional detail and support regarding training requirements for 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase.   | N/A                        |
| SVC12       | Other Stakeholder | Does an individual have to meet all housing risk factors? What housing services are available for someone that only meets one of the housing risk factors? | <p>An individual only needs to demonstrate one of the following housing risk factors, along with the additional eligibility criteria, to be eligible for housing-related services:</p> <ol style="list-style-type: none"> <li>1. Homelessness (per HUD definition, categories I and IV), <u>OR</u></li> <li>2. At-risk of homelessness, <u>OR</u></li> </ol>   | N/A                        |



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|             |                   |   | <p>3. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan,</p> <p><u>OR</u></p> <p>4. Was homeless in the prior 24 months, or formerly homeless, now residing in HUD assisted housing.</p>  |                            |
| SVC13       | Other Stakeholder | In which direction do the housing services step-down? How will an individual move between the different levels of housing support services?   | The participant's level of care need is determined using the LOCUS assessment tool. Individuals who are assessed at a LOCUS level 5, and meet the additional needs-based criteria, will be eligible for Supervised Residential Care which is the highest acuity of housing-related services. Individuals who are assessed at a LOCUS level 3 or 4, and meet the additional needs-based criteria, will be eligible for Tenancy Supports and In-Home Independent Living Supports which are lower acuity housing-related services.            | N/A                        |
| SVC14       | Other Stakeholder | Will the Supervised Residential Care providers include 24/7 staff supervision of participants?  | The Supervised Residential Care providers are required to accommodate 24/7 staff supervision of residents. However, based on the individual needs of a participant per the PCSP this setting may include unsupervised time per day for a participant to work towards increased independence and additional service plan goals.   | N/A                        |
| SVC15       | Provider          | Can the Cabinet please provide additional details on Planned Respite for Caregivers? How would a caregiver learn about and utilize this service? Who will provide the service? Will the service be available for both individuals with SMI and SUD? | The Planned Respite for Caregivers service would only be available to eligible individuals with a primary diagnosis of SMI. The Cabinet is considering many options to expand provider capacity and training for 1915(i) SPA service providers. If a provider meets the certification criteria, they will be able to provide the 1915(i) SPA services. The Cabinet plans to provide additional support and trainings for 1915(i) SPA providers once the amendment is approved by CMS and the program advances to the implementation phase. | N/A                        |

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| SVC16       | Provider       | Could the Cabinet provide additional detail on the step-down process for these services?  | Participants will be eligible and continue to be eligible to receive 1915(i) SPA services, without a time restriction, if they meet the required eligibility criteria and services are deemed medically necessary. Needs-based eligibility reevaluations will be conducted by the Cabinet at least every twelve months. The Cabinet will share additional information on step-down procedures at a later date.   | N/A                        |
| SVC17       | Provider       | Can In-Home Independent Living Supports be provided in a provider-owned/controlled locations?   | The intent of the 1915(i) In-Home Independent Living Supports service is to support the participant to live independently and develop the requisite skills to support independent living in a non-provider owned or controlled location.   | N/A                        |
| SVC18       | Provider       | Who will provide the assessment of individual needs related to the Tenancy Support Services?  | Individuals will be evaluated for overall 1915(i) SPA eligibility by an independent assessor. Approved Tenancy Support provider agencies will conduct service specific assessments and coordinate with the individual's 1915(i) SPA case manager.  | N/A                        |
| SVC19       | Provider       | How will the Cabinet ensure that homes offered by the services in the 1915(i) SPA meet the standards in the service definition, including the Permanent Supportive Housing (PSH) principles?          | The Cabinet plans to provide additional technical assistance for service implementation once the amendment is approved by CMS and the program advances to the implementation phase.  | N/A                        |
| SVC20       | Provider       | In the Supported Education service definition, it mentions "behavioral supports". What is included in "behavioral supports" and who will be responsible for determining and supervising the supports? | The 1915(i) Supported Education service offering will designate a Supported Education Specialist to coordinate with the participant and their case manager. The case manager will collaborate with the specialist to help the participant progress in their PCSP goals in collaboration with the individual's educational goals and to determine the appropriate behavioral support interventions to help participants achieve the goals outlined in their PCSP. | N/A                        |
| SVC21       | Provider       | If a 1915(i) SPA participant is eligible for Supported Education services, can they also be eligible to receive Educational Aide supports?  | Per the 1915(i) SPA eligibility criteria, Supported Education services are limited to individuals eighteen (18) years and older. Typically, an Educational Aide would provide services to individuals under the age of eighteen (18). However, if an   | N/A                        |

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|             |                |   | individual is eligible for both services, it is the responsibility of the PCSP case manager to determine the appropriate services for the participant.   |                            |
| SVC22       | Provider       | What provider types are approved to provide Medication Management services? Are CMHCs able to offer Medication Management services? | CMHCs can offer Medication Management after meeting the training and regulatory criteria to provide the service. The Cabinet plans to provide additional details once the 1915(i) SPA is approved by CMS and advances to the implementation stage.   | N/A                        |
| SVC23       | Provider       | How will an eligible individual gain access to the supports and services (e.g., housing supports) offered in the 1915(i) SPA?       | The 1915(i) SPA will offer Case Management services to support individuals and their care teams to develop a Person-centered Service Plan. Case Managers will work with individuals to determine if they are eligible to receive 1915(i) SPA HCBS services. If eligible, the Case Manager will furnish assistance to help the individual gain access to the necessary support services. The Cabinet plans to provide additional instructional support for 1915(i) SPA services once the amendment is approved by CMS and the program advances to the implementation phase. | N/A                        |