COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Medicaid Services

MEDICAID WAIVER SERVICES FACT SHEET

What are Medicaid Waiver Services?

If you are aged and/or physically, intellectually or developmentally disabled, ventilator dependent or have an acquired brain injury, Medicaid waiver programs can provide Medicaid coverage for many different services that help you stay in your home. Waiver services include personal care assistance, homemaker services, respite care, and case management.

Who is eligible for Medicaid Waiver Services?

You may be eligible for Medicaid waiver services if:

- You are age sixty-five (65) years or older and/or physically, intellectually or developmentally disabled, ventilator dependent, or have an acquired brain injury
- You meet the financial qualifications for Medicaid. Special financial qualifications are applied to waiver programs.
- You have a written certification by a physician that if Medicaid waiver services were not available, nursing facility services would be ordered and you would be admitted to a nursing facility and/or intermediate care facility in the immediate future
- You meet the nursing facility level of care criteria giving consideration to the medical diagnosis, age-related dependencies, care needs, services, health personnel required to meet those needs, and the feasibility of meeting those needs through alternative or non-institutional services
- You choose to live at home and get waiver services

What are Resources?

Resources are cash money and any other personal property or real property that you own, may convert to cash, and could use for support and maintenance. Resources include checking and savings accounts, stock or bonds, certificates of deposit, automobiles, land, buildings, burial reserves, life insurance policies, annuities, trusts and more.

We do not consider some resources in determining Medicaid eligibility. These resources include the home, household goods and personal effects, the first $1,500 of a burial reserve or life insurance policy, one automobile used for work, medical treatment, or by the community spouse, burial spaces and plots, life estate interest, and IRAs, Keoghs, retirement funds, and other tax deferred assets (until accessed).

Your resources must be within Medicaid resource guidelines. The resource limits vary if you are married and we count your spouse’s resources.
COMMONWEALTH OF KENTUCKY
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MEDICAID WAIVER SERVICES FACT SHEET

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Services Being Received</th>
<th>Resource Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Person</td>
<td>Medicaid waiver services</td>
<td>$2,000</td>
</tr>
<tr>
<td>Married Couple</td>
<td>Both get Medicaid waiver services</td>
<td>$4,000</td>
</tr>
<tr>
<td>Married Couple</td>
<td>Note: Includes $2,000 for the spouse getting waiver services</td>
<td>Minimum $25,728 to Maximum $128,640</td>
</tr>
</tbody>
</table>

What is a Resource Assessment?

You, your spouse, or someone representing you may ask the Department for Community Based Services (DCBS) to assess your combined countable resources. You do not have to apply for Medicaid to get a resource assessment. The resource assessment involves documenting and verifying all countable resources owned by you and your spouse at the time of the most recent Medicaid waiver admission. The assessment compares the combined countable resources to the current Medicaid limits to determine if you meet Medicaid resource guidelines. The assessment also sets the spousal share, or the amount of resources your spouse may keep, if you apply and are approved for Medicaid.

Contact DCBS in the county where you live to request a resource assessment. DCBS will give you and your spouse copies of the completed assessment.

What are Transferred Resources?

If you or your spouse transfers resources, you may not be able to get Medicaid waiver services. Transferred resources are cash, liquid assets, personal property, or real property, which are voluntarily transferred, sold, given away, or otherwise disposed of for less than fair market value on or after February 8, 2006. If DCBS determines there was a transfer of resources, a penalty will be calculated and will begin the month the transfer was made or the day the individual is eligible for Medicaid, whichever date occurs last.

What is Income?

Income is money received from statutory benefits (including Social Security, Veterans Administration pension, Black Lung benefits, Railroad Retirement benefits), pension plans, rental property, investments or wages. Your income must be within Medicaid guidelines to get Medicaid waiver services. We consider your income, but do not count your spouse’s income. The income limits may vary depending on the number of days you have received waiver services.

You are income eligible if your gross monthly income is at or below $2,369. If your income is over $2,369, you may become eligible by establishing a Qualifying Income Trust (QIT).
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MEDICAID WAIVER SERVICES FACT SHEET

You may be required to pay part of the cost of your care. Patient liability is determined by considering your income and allowing a $2,349 deduction for personal needs, maintenance deductions for a spouse or family members, and deductions for medical expenses and health insurance premiums. The amount left over is what you must pay to the waiver provider for your care.

How Can I Apply?

You or someone representing you may make a Medicaid application at the DCBS office in the county where you live. Bring proof of citizenship, identity, social security number, income, resources, health insurance card and premiums, and medical bills to the application interview.
SUPPORTS FOR COMMUNITY LIVING MEDICAID WAIVER SERVICES
907 KAR 12:010 Service Regulation
907 KAR 12:020 Payment Regulation
http://dbhdid.ky.gov/ddid/scl.asp
http://www.lrc.ky.gov/kar/907/012/010.htm

Community Access is a service designed to support a waiver participant to become involved in clubs and organizations including recreational, educational, religious, civic and volunteer opportunities with an outcome of less reliance on formal supports and more on natural supports such as neighbors, friends, and church members.

Community Guide is available to provide information and assistance in problem solving and decision making for people who choose to participant direct their own services including recruiting and hiring staff, training, managing, evaluating and terminating staff as necessary as well as understanding provider qualifications, recordkeeping and other waiver requirements.

Community Transition offers funds for a participant moving from an institution or provider operated residential service, to their own home. This service provides reimbursement for certain one-time set-up expenses such as security deposits, essential household items such as furniture, window coverings, kitchen items, bath and bed linens, set-up fees for utility access such as electricity, telephone service, water or pest eradication, cleaning, and possibly minor accessibility adaptations. The reimbursement is not to exceed $2000.00 per qualified move.

Conflict Free Case Management means that the case manager and the case management agency does not provide any other SCL waiver service to the participants they provide CM services for. An exemption to the conflict free requirements shall be granted if a participant requests the exemption and submits to DDID evidence that there is a lack of a qualified case manager within thirty (30) miles of the participant’s residence or there is a relationship between the participant and the participant’s case manager.

Consultative Clinical and Therapeutic Service includes professional consultation, evaluation and assessment of the person in the environment and the system of support for the person and their team. The service may be provided by the following: certified nutritionist, licensed dietitian, licensed marriage and family therapist, licensed professional clinical counselor, licensed psychological associate, licensed psychologist, licensed psychological practitioner, licensed clinical social worker, positive behavior support specialist.

Day Training supports participation in daily meaningful routines in the community. It includes regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, foster greater independence and personal choice; career planning or pre-vocational activities, training and supports designed to maintain skills and functioning and to prevent or slow regression, and supported retirement activities.
Environmental Accessibility Adaptation Service is designed to enable participants to interact more independently with their environment. Service may include installation of a ramp, grab-bar, specialized electric and plumbing, modification of bathroom, and widening of doorways. Funding is limited to a lifetime limit of $8,000.

Goods and Services include equipment, services or supplies which reduce the need for personal care or enhance independence and safety at home or in the community. Funding is limited to $1,800 per plan of care year.

Natural Supports Training is education and training about support needs provided to community members who provide unpaid support, training, companionship, and supervision to the waiver participant. Funding is limited to $1,000 per plan of care year.

Occupational Therapy that is ordered by a physician and provided by a licensed Occupational Therapist or a certified Occupational Therapy Assistant.

Person-Centered Coaching is available to any participant to be used when a barrier challenges the success of the participant or the implementation of a plan of care. The person centered coach is under the direction of a positive behavior support specialist or other licensed professional in the settings where the plan of care is implemented. The person centered coach operates independently of a residential or day training provider.

Personal Assistance Services shall enable a person to accomplish tasks that the person normally would do for themselves if the person did not have a disability. This is available only to a person who lives in their own residence or in their family’s residence.

Physical Therapy that is ordered by a physician and provided by a licensed physical therapist or a certified physical therapy assistant.

Positive Behavior Supports shall be used to develop the positive behavior support plan.

Residential Support Services include:

Level I Residential Supports may be provided in a licensed group home for no more than 8 people or in a staffed residence with no more than 3 people living together who require up to 24 hours a day, intense level of support, with no more than five unsupervised hours per day per person.

Level II Residential Supports may be provided in a family home provider setting or adult foster care setting, for no more than 3 people living together who require up to 24 hour a day level of support.

Technology Assisted Residential Services are available to participants who reside in a residence with three or fewer people and require up to 24 hour a day support. This service should enable people to increase their independence with a reduced need for on-site staff. This
service is a real-time monitoring system with a two way method of communication linking a person to a centralized monitoring station with 24 hour availability.

**Respite** is available for a person who does not receive residential services and resides in their own home or their family's home. This is a short term support that is needed due to the absence or need for relief of an individual providing care to a participant.

**Shared Living** allows a participant to live in a home or apartment that they own or lease with an unrelated caregiver who supports them as needed. Funding is for the caregiver's share of room, utilities, and food in lieu of salary or other payment. The maximum amount of reimbursement for the caregivers' room and board is up to $600.

**Specialized Medical Equipment and Supplies** may include a device, control, or appliance which is necessary to ensure health, welfare, and safety and offers greater independence in their home. This may include a computer necessary to operate communication device, scanning communicator, speech amplifier, control switches, and other items.

**Speech Therapy** that is ordered by a physician and provided by a licensed speech and language pathologist.

**Supported Employment** shall be offered for a person if funding is no longer available through the Office of Vocational Rehabilitation. The person is competitively employed in an integrated business environment and is paid at or above minimum wage.

**Transportation** is available to participants to gain access to integrated waiver and other community services, activities, resources and organizations typically utilized by the general population. This service can be provided when transportation is not otherwise and customarily available through natural supports or is included as an element of another SCL waiver service. It can be provided by a neighbor, friend or public transportation vendor including local cabs or bus services. Reimbursement is limited to $265 per calendar month.

**Vehicle Adaptation** is a device, control, or service that increases the individual's independence and physical safety. The adaptations may be made to a participant's or a participants' family's privately owned vehicle. Reimbursement is limited to $6000.00 per 5 year period.
SCL (Biggest different is RESIDENTIAL)

Supports for Community Living provides Medicaid-paid services to adults and children with intellectual or developmental disabilities. These supports allow individuals to live at home rather than in an institutional setting.

Services

SCL offers a variety of services to support an individual’s goals, choices, and priorities including:

- **Environmental Accessibility Adaptation and Vehicle Adaptation Services:** Changes to a person’s home or vehicle that ensure their health, safety, and welfare, increase independence, and allow them to continue to live in the community

- **Personal Assistance:** Help with tasks a person cannot do on his or her own due to an intellectual or developmental disability including bathing, dressing, grooming, light housework, laundry, and meal planning and preparation

- **Positive Behavior Supports:** Help to identify and reduce behaviors that interfere with activities of daily living, social interaction, or work

- **Residential Support Services:** Offered in a variety of settings and supervision levels to allow individuals to live as independently as possible
Current Provider Information for Supports for Community Living (SCL) Waiver

Updated: September 28, 2018

- **Becoming an SCL Provider**
  - If you are interested in becoming an SCL provider, visit the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHID) SCL provider website for more information.

- **SCL Rate Increase**
  - New rates took effect for SCL on July 1, 2018. The new rates are listed below.
  - You can read more about the rate change here.

<table>
<thead>
<tr>
<th>Traditional Service</th>
<th>New Rate Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>$352.00</td>
</tr>
<tr>
<td>Community Access (Individual)</td>
<td>$8.80</td>
</tr>
<tr>
<td>Community Access (Group)</td>
<td>$4.40</td>
</tr>
<tr>
<td>Community Guide</td>
<td>$8.80</td>
</tr>
<tr>
<td>Consultative Clinical &amp; Therapeutic Services</td>
<td>$24.75</td>
</tr>
<tr>
<td>Day Training</td>
<td>$2.42</td>
</tr>
<tr>
<td>Day Training (Licensed Adult Day Health Center)</td>
<td>$3.30</td>
</tr>
<tr>
<td>Person Centered Coach</td>
<td>$6.33</td>
</tr>
<tr>
<td>Personal Assistance</td>
<td>$6.09</td>
</tr>
<tr>
<td>Positive Behavior Supports</td>
<td>$731.50</td>
</tr>
<tr>
<td>Residential Support Level I (4-8 residents)</td>
<td>$143.39</td>
</tr>
<tr>
<td>Residential Support Level I (3 residents or less)</td>
<td>$189.71</td>
</tr>
<tr>
<td>Residential Support Level II (12+ hours supervision)</td>
<td>$155.86</td>
</tr>
<tr>
<td>Residential Support Level II (Less than 12 hours supervision)</td>
<td>$86.90</td>
</tr>
<tr>
<td>Respite</td>
<td>$3.05</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>$11.28</td>
</tr>
<tr>
<td>Technology Assisted Residential</td>
<td>$86.90</td>
</tr>
</tbody>
</table>

- **Level of Care (LOC) and Person-Centered Service Plan (PCSP) process**
  - For applications submitted in MWMA:
    - All LOC assessments and PCSPs must be submitted within MWMA.
  - For applications not submitted within MWMA
    - The initial LOC assessment should be faxed to Carewise Health at (800) 807-8843. When LOC is met, submit the PCSP in MWMA. All
Current Provider Information for Supports for Community Living (SCL) Waiver

Updated: September 28, 2018

subsequent LOC assessments and PCSPs must be submitted within MWMA.

- Upon approval of the PCSP, the case manager is to transition the person into MWMA and complete all subsequent LOC assessments and PCSPs within MWMA. All future applications for placement on the SCL waiting list must be submitted through MWMA.

- SCL Waiver Renewal
  - The Centers for Medicare and Medicaid Services (CMS) renewed the current SCL waiver application in spring of 2017. The official renewal was implemented on April 1, 2017. The SCL waiver renewal period is effective March 1, 2017 through February 28, 2022.
  - As of April 1, 2017, providers should be using SCL regulations 907 KAR 12:010 and 907 KAR 12:020. The regulations became effective June 3, 2016.
  - For documentation requirements after March 15, 2017, please see SCL Provider Letter #A-49. DMS will follow those documentation requirements, exceptional support protocols, and the guidance provided about billing audits and information on technical assistance included in the letter.
  - As of April 1, 2017, all exceptional support requests must be submitted through the Medicaid Waiver Management Application (MWMA). No exceptional support requests will be accepted via fax to DDID.
HCB

Home and Community Based Waiver

- Adult Day Health Care: A place for persons 21 and older to receive skilled nursing care, routine personal and healthcare needs, meals, and to be part of daily activities

- Attendant Care: Help with tasks a person cannot do on his or her own due to being aged or because of a physical disability. This service includes help with bathing, dressing, grooming, light housework, laundry, and meal planning and preparation

- Environmental & Minor Home Adaptation: Changes to a person's home that ensure their health, safety, and welfare, increase independence, and allow them to continue to live at home

- Home Delivered Meals

- Non-Specialized and Specialized Respite Care: Provides a short term break for a person's primary, unpaid caregiver

Eligibility

You may qualify for HCB waiver services if you:

- Are elderly or have a physical disability.
- Meet nursing facility level of care as defined in Kentucky Administrative Regulation 907 KAR 1:022 and would be admitted to a nursing facility if you did not have waiver services.
- Meet the financial qualifications for Medicaid.
HCB Benefits and Services

Not all applicants will be approved for the same services. Follows is a list of possible services that are covered by this waiver. Note that beneficiaries can choose their providers for some of these services, such as personal care, but not for others, such as assessments. Consumer direction allows participants to choose their providers but does not allow them to choose how much to compensate them.

- Assessments / Reassessments - for medical and personal care requirements
- Case Management - for all waiver participants
- Minor Home Adaptations - intended to increase the independence of the recipient. Can be consumer directed.
- Adult Day Health Care / Adult Day Care- group care during normal business hours
- Homemaker Services - includes laundry, housekeeping, and shopping services for the waiver participant only. Can be consumer directed.
- Home Delivered Meals
- Personal Care - can be consumer directed
- Personal Emergency Response Services (PERS) – included under Home Modifications
- Respite Care - temporary caregiving relief for the primary caregiver. Can be consumer directed.
- Attendant Care - provides assistance with daily tasks, such as dressing, eating, and moving from one location to another. Can be consumer directed.
The Michelle P. Waiver provides Medicaid-paid services to adults and children with intellectual or developmental disabilities. These supports allow individuals to live at home rather than in an institutional setting.

- Behavioral Supports: Help to identify and reduce behaviors that interfere with activities of daily living, social interaction, or work

- Day Training: Services designed to help an individual participate in meaningful, daily routines within the community

- Environmental and Minor Home Adaptation: Changes to a person’s home that ensure their health, safety, and welfare, increase independence, and allow them to continue to live in the community

- Personal Care: Help with tasks a person cannot do on his or her own due to an intellectual or developmental disability including bathing, dressing, grooming, light housework, laundry, and meal planning and preparation

- Occupational, Physical, and Speech Therapy: These services are only offered to individuals older than 21.

- Respite: Provides a short term break for a person’s primary, unpaid caregiver

**Eligibility**

To be eligible for the MPW waiver, you must:

- Have an intellectual or developmental disability.
- Require a protected environment while learning living skills, gaining educational experiences, and developing an awareness of your environment.
- Meet the financial qualifications for Medicaid.
### Michelle P. (MPW) Waiver: Covered Services

<table>
<thead>
<tr>
<th>Current Service Name</th>
<th>Proposed Service Name: March 2019</th>
<th>Proposed Service Name: Nov. 2019</th>
<th>Proposed Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Community Guide***</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>18. Consultative Clinical and Therapeutic Supports***</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>19. Natural Supports Training***</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>20. Occupational Therapy****</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>21. Physical Therapy****</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>22. Shared Living***</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>23. Specialized Medical Equipment and Supplies***</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>24. Speech Therapy***</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>25. Transportation***</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>26. Vehicle Adaptation***</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Removed Services:** Several services included in current MPW application were never approved through the regulatory process and thus were never available to use. They have been removed from the proposed MPW amendment to provide an accurate service menu:

- Community Guide
- Community Transition
- Consultative Clinical and Therapeutic Services
- Shared Living
Skeletholers soon.

More information on the transition of these therapies from MWP to the state Medicaid program will be shared with physical and speech therapy offered through Kentucky's state Medicaid program and what was offered through the occupational, physical, or speech therapy will still be able to access the service using Kentucky's state Medicaid program. CMS does not allow 1915(c) HCBS waivers to offer services that are the same as what is offered in the state Medicaid program. Participants who use these therapies will be transitioned out of the MWP. Participants who use these therapies will be transitioned out of the MWP.

What Does This Mean for Me?

Micelle P. (MWP) Waiver: Covered Services

- Vehicle Adaptation
- Transportation
- Manual Support Training
- Specialized Medical Equipment and Supplies

Understanding 1915(c) HCBS Waiver Redesign

November 2019
<table>
<thead>
<tr>
<th>Proposed Rate</th>
<th>Current Service Name:</th>
<th>Proposal Service Name:</th>
<th>March 2019</th>
<th>November 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100.00 per month</td>
<td>Financial Management Services</td>
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<td>Removed</td>
<td>Removed</td>
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<tr>
<td>$11.95 per 15 mins</td>
<td>Supported Employment</td>
<td>Supported Employment</td>
<td>$6.29 per 15 mins</td>
<td>$6.29 per 15 mins</td>
</tr>
</tbody>
</table>

- **Services** was inadvertently not listed in Appendix C as a separate service, however, it is listed in Appendix E as an available service.
- Financial Management Services has always been provided as a service in the current approved waiver „Financial Management Services”.
- Services „Community Guide as needed is no longer a service. „Community Guide and „Community Guide” were providing duplicate services. „Community Guide as needed will remain as the standardized service name.
- Understanding 1956(c) HCBS Waiver Redesign.
<table>
<thead>
<tr>
<th>Current Service Name</th>
<th>Proposed Service Name</th>
<th>Proposed Rate</th>
<th>2019 Rate per 100%</th>
<th>2019 Rate per 15 mins</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adult Day Health</td>
<td>1. Adult Day Health</td>
<td>$3.04/2.43</td>
<td></td>
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</tr>
<tr>
<td>2. Adult Day Health</td>
<td>2. Adult Day Health</td>
<td>$6.64/7.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Day Training</td>
<td>5. Day Training</td>
<td>$2.43/2.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Goods and Services</td>
<td>7. Goods and Services</td>
<td>$7.00/5.85</td>
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