

Kentucky Cabinet for Health and Family Services

COVID-19 Frequently Asked Questions for Medicaid 1915(c) Home and Community Based Services Waivers



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Kentucky 1915(c) HCBS COVID-19 FAQs

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Section 1: Document Background

On March 6, 2020, Governor Andy Beshear declared a state of emergency in Kentucky due to the novel coronavirus, or COVID-19, a respiratory illness that is easily spread person-to-person. The symptoms such as fever, dry cough, and difficulty breathing, can range from mild to severe. According to the Centers for Disease Control (CDC), adults aged 60 and older or people with underlying medical conditions such as heart disease, diabetes, or lung disease are most at risk for severe illness.

The Department for Medicaid Services (DMS), on behalf of the Cabinet for Health and Family Services (CHFS), is publishing this Frequently Asked Questions (FAQs) document in response to COVID-19 questions as they relate to 1915(c) Home and Community Based Services (HCBS) waivers. This includes all six of Kentucky's 1915(c) HCBS waivers: Acquired Brain Injury (ABI), Acquired Brain Injury Long Term Care (ABI LTC), Home and Community Based (HCB), Model II Waiver (MIIW), Michelle P. Waiver (MPW), and Supports for Community Living (SCL).

These questions were collected from inquiries made to the DMS Division of Community Alternatives (DCA) via email and via webinar held March 25, 2020. DMS has modified some questions from the originally submitted language to be as clear as possible and not share case-specific details.

FAQ Key

Questions have been grouped and are listed by topic in the "Contents" section above. Clicking on the question will take you to the answer.

Each question lists the "Date Added" or "Revised." "Date Added" means the question is new to the FAQ. "Revised" means the response has been updated since the last release of the FAQ.

To further assist readers, DMS has color-coded new and revised questions. The date for each new question is highlighted **yellow**. The date for each revised question is highlighted **green**.

Additional Questions

DMS is working to update this document as more questions are received. If you submitted a question recently, it may be included in a future update.

If you have additional waiver-related questions about the COVID-19 state of emergency after reviewing this FAQ, please contact the 1915(c) Waiver Help Desk via email at 1915cwaiverhelpdesk@ky.gov or by phone at (844) 784-5614.

All waiver-related COVID-19 resources are available at <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>. Resources for all Medicaid providers are available at <https://chfs.ky.gov/agencies/dms/Pages/cv.aspx>.

For more information on COVID-19, the number of confirmed cases in Kentucky, or a listing of actions Governor Beshear has taken during this state of emergency, visit kycovid19.ky.gov.

Assessments and Case Management Activities

Q1: If a waiver participant needs their annual re-certification completed, how should the assessor complete the assessment/re-assessment?

Date Added: 3/20/20

DMS issued a notice to assessors on March 16 that all assessments and re-assessments should be completed via phone or using remote options (such as FaceTime, Skype, etc.). While DMS knows an assessment is best completed in-person, this measure was implemented to support recommended social distancing measures. Please refer to the following letters for more information:

ABI/MPW Assessments Letter

<https://chfs.ky.gov/agencies/dms/ProviderLetters/abimpwassessmentscovid19.pdf>

Model II Assessments Letter

<https://chfs.ky.gov/agencies/dms/ProviderLetters/modeliiassessmentscovid19.pdf>.

Q2: Are Kentucky Home Assessment Tool, or K-HAT, assessments/re-assessments on hold due to the COVID-19 state of emergency?

Date Added: 3/20/20

No, assessments/re-assessments are not on-hold. DMS issued a notice to assessors on March 16 that all assessments and re-assessments should be completed via phone or using remote options (such as FaceTime, Skype, etc.). While DMS knows an assessment is best completed in-person, the step was taken to support recommended social distancing measures.

Q3: Are MAP-10 forms required to initiate services during the state of emergency?

Date Added: 4/7/20

Yes, DMS still needs this documentation for initial enrollees. If it cannot be obtained, contact DMS at 1915cWaiverHelpDesk@ky.gov or (844)784-5614.

For participants going through the re-certification process, DMS is allowing their current MAP-10 to be uploaded again.

Q4: How should case managers handle new enrollments? Can the initial visit be conducted over the phone? Do participants have to start services in the 60 day timeframe?

Date Added: 4/7/20

Yes, the initial visit for new enrollees can be conducted over the phone. Do not discharge or disenroll waiver participants because of difficulty or inability to initiate services due to the COVID-19 state of emergency. If the enrollee's needs can be met through natural supports, they can receive case management only until the state of emergency is over, at which time the 60 day timeframe will be initiated.

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Q5: What if an initial waiver enrollment or re-certification cannot be completed in the required timeframe?

Date Added: 3/20/20

If you have a participant for whom you cannot complete an assessment or re-assessment, please contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844)784-5614 for further guidance.

Q6: Should case managers/support brokers/service advisors conduct remote visits with all waiver participants or only those who show symptoms of or have had known exposure to COVID-19?

Date Added: 3/20/20

To reduce the spread of COVID-19 in Kentucky, case managers and support brokers are allowed to conduct **all visits** via phone or using remote options (such as FaceTime, Skype, etc.), so long as the method used allows for direct interaction between the waiver participant and the case manager (e-mail or leaving a message is not considered interactive). Please refer to the COVID-19: Telehealth letter available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf> for more information.

Q7: Can case managers/support brokers/service advisors conduct remote visits with waiver participants and their families in lieu of face-to-face visits even when no one in the participant's residence is showing signs of COVID-19? Some participants have a higher risk of contracting the virus due to age, health conditions or a compromised immune system and don't want to risk unintentional exposure.

Date Added: 3/20/20

On March 13, DMS began allowing case managers/support brokers/service advisors to conduct all visits via phone or using remote options (such as FaceTime, Skype, etc.). Please refer to the COVID-19: Telehealth letter available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf> for more information.

Q8: What should a case manager do if a waiver participant needs to have a person-centered service plan meeting, either due to their annual level of care ending or the need for an emergency modification to their plan?

Date Added: 3/20/20

On March 13, DMS began allowing case managers and support brokers to conduct all visits via phone or using remote options (such as FaceTime, Skype, etc.). DMS issued the same guidance regarding assessments on March 16. Please refer to the following letters for more information.

COVID-19: Telehealth Letter

<https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf>

ABI/MPW Assessments Letter

<https://chfs.ky.gov/agencies/dms/ProviderLetters/abimpwassessmentscovid19.pdf>

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Model II Assessments Letter

<https://chfs.ky.gov/agencies/dms/ProviderLetters/modeliiassessmentscovid19.pdf>.

The related case note should cite the COVID-19 state of emergency as the reason the meeting was not held face-to-face.

Q9: If a case management agency does not have the capability to provide services using remote options (such as FaceTime, Skype, etc.), are they allowed to conduct waiver participant visits via phone?

Date Added: 3/20/20

Yes, it is acceptable to conduct meetings with waiver participants via phone during the COVID-19 state of emergency if an agency does not have capability to conduct meetings via remote options.

Q10: Some waiver participants do not have phones. Is it appropriate to check-in on participants through individuals who have contact with them? For example, could the case manager/support broker/service advisor contact the participant while they are at another appointment or send another agency's employees to check on them on the case management agency's behalf?

Date Added: 3/20/20

Yes. DMS intends to be as flexible as possible regarding contact with participants during the COVID-19 state of emergency and we encourage providers to work together to meet participant needs. If you use this method to contact a participant, please keep detailed notes on the date, time and method of contact and be sure to indicate the contact took place this way due to the COVID-19 state of emergency.

A case manager/support broker/service advisor may make a home visit as a last resort if they cannot contact the participant any other way. For any home visit, providers should follow their agency's infection control policies and CDC guidance.

Q11: Case management providers are not required to have a license to provide services. Does the waiver stipulate only licensed case managers can bill for telehealth services?

Revised: 4/7/20

The waiver does not require case managers to be licensed to provide services. Telehealth services are governed by KRS 205.510 (15) and 907 KAR 3:170. See the COVID-19: Telehealth letter available at

<https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf> for more information. Case managers delivering services through alternative methods during the state of emergency should continue to bill under their waiver provider number as they usually do and do not need to use the 02-Place of Service code.

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Q12: How should a case manager/support broker/service advisor collect the signatures required during person-centered planning if the team meeting is conducted via phone or online? Can this be done verbally?

Revised: 4/7/20

During the designated emergency period, consent may be obtained verbally from the participant and/or authorized representative. Provider consent to deliver the services must be obtained in writing. This can include an electronic signature, an email, or via text message documented by a screenshot.

Notes should indicate the signatures were collected either verbally, through email, or by text due to the COVID-19 state of emergency.

If the participant is unable to consent verbally, please have them or their authorized representative sign at the next face-to-face visit once the state of emergency is lifted, and note the reason for a lack of signature in the case note.

Q13: When completing the MAP-116 for person-centered service planning that took place over the phone or online, should the case manager/support broker/service advisor indicate that on the form?

Revised: 4/7/20

During the designated emergency period, consent may be obtained verbally from the participant and/or authorized representative. Provider consent to deliver the services must be obtained in writing. This can include an electronic signature, an email, or via text message documented by a screenshot.

Notes should indicate the signatures were collected either verbally, through email, or by text due to the COVID-19 state of emergency.

If the participant is unable to consent verbally, please have them or their authorized representative sign at the next face-to-face visit once the state of emergency is lifted, and note the reason for a lack of signature in the case note.

Q14: Regarding the team sign-in sheet, is it okay for the case manager to note the participant took part in the meeting? Some participants do not have the capability to sign electronically or to print the document, sign, and return it electronically.

Date Added: 4/7/20

During the designated emergency period, consent may be obtained verbally from the participant and/or authorized representative.

Provider consent to deliver the services must be obtained in writing. This can include an electronic signature, an email, or via text message documented by a screenshot.

Notes should indicate the signatures were collected either verbally, through email, or by text due to the COVID-19 state of emergency.

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If the participant is unable to consent verbally, please have them or their authorized representative sign at the next face-to-face visit once the state of emergency is lifted, and note the reason for a lack of signature in the case note.

Q15: How should a case manager/support broker/service advisor complete and upload monthly notes for visits that took place via phone or online? What should be entered for note type and meeting location?

Date Added: 3/20/20

The case manager/support broker/service advisor should use the “Indirect Contact” option as the note type and use the “Phone Contact” option as the method when recording the note in the Medicaid Waiver Management Application (MWMA). The note should be detailed and include the date and time the meeting took place, how it was conducted (i.e. via phone, Skype, etc.). Please be sure to indicate the COVID-19 state of emergency as the reason the meeting did not occur face-to-face.

Q16: When conducting case management visits by phone, is the case manager/support broker/service advisor allowed to speak to a family member or staff member if the participant cannot verbally communicate?

Date Added: 4/7/20

Yes, case managers/support brokers/service advisors can speak to a family member or staff member in this type of situation during the state of emergency.

Q17: What should a case manager/support broker/service advisor do if a participant asks to have his/her waiver services put on hold due to the COVID-19 state of emergency? What if the hold goes beyond 60 days – should the participant be discharged?

Date Added: 3/20/20

No, do not discharge or dis-enroll waiver participants due to or during the COVID-19 state of emergency. Please document the participant’s decision to stop services in MWMA and contact the waiver participant no less than the number of times required by the applicable waiver regulation to evaluate and determine the best time to resume services. Please keep detailed notes of each contact. The notes should also indicate the COVID-19 state of emergency as the reason services were put on hold.

Q18: A waiver participant is coming up on 60 days with no services and the case manager/support broker/service advisor is having trouble getting services started due to the COVID-19 state of emergency. Should the participant be discharged?

Revised: 4/7/20

No, do not discharge or dis-enroll waiver participants due to the COVID-19 state of emergency. Please document the difficulty initiating services in MWMA and keep detailed notes. The notes should indicate the COVID-19 state of emergency as the reason services have not been initiated.

Case managers should continue to pursue service options, including participant directed services (PDS), within modified allowable service and service provider rules being implemented by DMS.

Version 2

Updated: April 7, 2020

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More information on these modifications is available in Appendix K of the 1915(c) HCBS waiver application at <https://chfs.ky.gov/agencies/dms/dca/Documents/appendixk.pdf>.

If a case manager/support broker/service advisor cannot initiate services and needs further guidance, they should contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614.

Q19: Can case managers request a conflict-free exemption without going through the state agency approval process?

Date Added: 4/7/20

No. DMS will continue to review conflict-free case management submissions during the state of emergency and allow exemptions only when necessary. The only exception is Home Delivered Meals, which DMS expanded to all waivers (except Model II) during the state of emergency and does not need to be conflict-free. The Centers for Medicare and Medicaid Services (CMS) has made clear that the conflict free case management remains a federal rule that applies during this emergency period.

Q20: If a participant temporarily moves from a staffed residence to a group home due to the state of emergency, does their person-centered service plan need to be changed?

Date Added: 4/7/20

No, not if the residential provider and the group home provider have the same provider number. For billing purposes the plan only needs to be updated if the residential provider and group home provider have a different provider numbers.

Q21: How should ABI providers handle the 30-day intent to discharge during the state of emergency?

Date Added: 4/7/20

Unless there is an imminent risk to the health, safety, and welfare of the participant or others, do not issue a 30-day intent to discharge during the state of emergency. DMS wants to limit the movement of participants from one home to another to reduce the risk of spreading COVID-19.

If a provider has questions about a specific case or has no options, please reach out to the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614 or ABI Branch Manager Karen Maciag at karen.maciag@ky.gov.

Q22: Will level of care (LOC) determinations and prior authorizations be extended?

Date Added: 3/24/20

No, not at this time. There are processes in place to allow assessments / re-assessment and person-centered planning to continue, which should allow for the required activities needed to maintain current LOC determinations and prior authorization issuance. This includes allowing these visits to be conducted via phone or remote options (such as FaceTime, Skype, etc.).

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If an LOC or PA needs to be extended and you are unable to follow guidance provided, please contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614 for assistance.

Billing and Service Limits

Q23: Where will the billing instructions be posted and when?

Date Added: 4/7/20

DMS released billing instructions for state of emergency waiver updates on April 6, 2020. They are available in MWMA and on the DMS DCA website at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q24: Will the billing limits be updated so claims are not denied when they exceed billing limits?

Date Added: 4/7/20

Yes, the limits are updated in MWMA. DMS will only review increase requests on services that require DMS review during normal operations. A listing of services requiring DMS review is available at <https://chfs.ky.gov/agencies/dms/dca/Documents/qrgservicesforchfsreview.pdf>.

Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS expects this to be the exception, not the rule as we would not anticipate participants living in residential, those who are children, or adults who have natural supports to need more services than they would during normal operations. DMS will be conducting retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q25: Is the cap on Attendant Care lifted during the state of emergency?

Date Added: 4/7/20

Yes, the lifting of limits applies to any in-person, in-home assistance or supervision service such as Attendant Care.

Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS expects this to be the exception, not the rule as we would not anticipate participants living in residential, those who are children, or adults who have natural supports to need more services than they would during normal operations. DMS will be conducting retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

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Q26: Case management in MPW is typically billed as one monthly unit. When case managers/support brokers/service advisors conduct visits via phone or remote options, it may take more than one contact to complete the visit as it can be difficult to keep the conversation going for the appropriate period of time when not meeting in person. How should this be billed when provided via phone or remote options

Date Added: 4/7/20

Case management should be billed as one monthly unit at this time. While case managers may need to make multiple contacts, they are not incurring time traveling and thus should be able to balance the contacts needed to support remote monitoring using approved contact methods.

Q27: Will case managers be allowed to bill additional units during the state of emergency?

Date Added: 4/7/20

Yes, DMS is allowing case managers to bill up to two units monthly during the state of emergency. This request should include documentation justifying the need for the additional unit as crisis management is already an essential part of case management services. DMS expects this to be the exception, not the rule as we would not anticipate participants living in residential, those who are children, or adults who have natural supports to need more case management than they would during normal operations. DMS will be conducting retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q28: Are there changes to Community Living Supports (CLS) caps in ABI LTC during the state of emergency?

Date Added: 4/7/20

Yes, however, during the state of emergency CLS activities should only focus on what can be done in the home.

Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS expects this to be the exception, not the rule as we would not anticipate participants living in residential, those who are children, or adults who have natural supports to need more services than they would during normal operations. DMS will be conducting retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q29: Do the changes to the Behavior Support Services limit apply only to MPW?

Date Added: 4/7/20

No, the limits on Behavior Support Services have been modified in all applicable waivers during the state of emergency.

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Q30: If an increase is needed in a service typically reviewed by DMS, is service authorization still required? Examples of such services include Behavior Supports, Counseling, or Consultative, Clinical and Therapeutic Services.

Date Added: 4/7/20

Yes. The request should include documentation supporting the need for the increase.

Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS expects this to be the exception, not the rule as we would not anticipate participants living in residential, those who are children, or adults who have natural supports to need more services than they would during normal operations. DMS will be conducting retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q31: If Behavior Support units are increased during the state of emergency, will it affect the amount of units the participant can receive later in the year?

Date Added: 4/7/20

No, as long as the increase is due to the state of emergency. Further guidance on how to proceed with changes in caps after the emergency period will be shared once we are closer to a known emergency period end date.

Q32: Can MPW participants receive more than 40 hours of services during the state of emergency? Are the \$40,000/\$63,000 yearly limits still in place?

Date Added: 4/7/20

The 40 hours a week cap and the \$40,000/\$63,000 yearly limit have been increased during the state of emergency, however, services should only be increased in situations where extra support is needed for the participant's health, safety and welfare. If a participant needs to use extra services during this time, it will not result in a decrease in services later in the year when the state of emergency is lifted. Further guidance on how to proceed with changes in caps after the emergency period will be shared once we are closer to a known emergency period end date.

Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS expects this to be the exception, not the rule as we would not anticipate participants living in residential, those who are children, or adults who have natural supports to need more services than they would during normal operations. DMS will be conducting retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q33: For weekly service limits, does the limit run Sunday to Saturday or Saturday to Friday?

Date Added: 4/7/20

Weekly service units are considered on a Sunday to Saturday schedule.

COVID-19 Safety and Concerns

Q34: Can providers conduct a screening for COVID-19 before entering a waiver participant's home to deliver services?

Date Added: 3/20/20

DMS is not requiring providers to screen for COVID-19 before entering a waiver participant's home, but it is recommended. To do this, providers can call ahead and ask how the participant and everyone in the home is feeling and if they are displaying known viral symptoms (including fever, cough, and shortness of breath). DMS provided screening questions in a letter sent to providers on March 11, 2019. The letter is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cproviderletterCOVID19.pdf>.

Providers should also be vigilant in following their agency's infection control policies and CDC guidance while providing in-home services to waiver participants.

Q35: If a waiver participant requests to cancel a visit due to having possible COVID-19 exposure or active symptoms but timesheets indicate he/she is still taking part in community activities, what actions should the provider take?

Date Added: 3/20/20

If the participant indicates or it is observed he/she is taking part in community activities, the provider should counsel the participant on government-issued social distancing guidelines and refer them to the COVID-19 resources available at kycovid19.ky.gov.

If the participant has been exposed to COVID-19 and/or is showing symptoms, but is refusing to self-isolate, contact the state's COVID-19 hotline at (800) 722-5725 or the [local health department](#) to alert them.

Q36: How should waiver participants proceed if they are concerned about agency staff entering their homes? The agency sometimes rotates aides and the participant is concerned about someone unintentionally bringing the virus into his/her home.

Date Added: 3/20/20

A participant has the right to suspend services if he or she wishes to limit the volume of individuals coming into their home during this emergency period. The waiver participant and the case manager/support broker/service advisor should work together to ensure needs can be met in other ways during the suspension of services, such as using natural supports or through telehealth services. Additionally, case managers are expected to observe risk identification, planning and mitigation activities with participants for whom service suspension poses potential risks to health, safety and welfare. These efforts are to be documented in MWMA.

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Q37: The caregiver of a participant living in a residential continues to take the participant into the community, despite the Governor's request that individuals stay home. This puts the participant's housemates at risk. What is the appropriate response from the team?

Date Added: 4/7/20

The team should discuss Governor Andy Beshear's directive that Kentuckians stay healthy at home with the caregiver. Additionally, the team should notify DMS of the situation by contacting the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614.

Q38: What kind of flexibility is DMS offering providers as they plan for or experience staffing shortages during the COVID-19 state of emergency? The reason for these shortages could include employees who are sick or employees who need to take time off to care for their families.

Revised: 4/7/20

DMS has made temporary updates to all 1915(c) HCBS waivers due to the COVID-19 state of emergency. Those updates are outlined in Appendix K of the 1915(c) HCBS waiver applications, which was approved by CMS on March 25, 2020.

Temporary changes DMS has made to the 1915(c) HCBS waivers include:

- Allowing providers to deliver services via phone and telehealth, as is appropriate. Please see the COVID-19 and Telehealth letter available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf> for more information.
- Allowing employees, both agency and PDS, to begin providing services while they wait on the results of background check and pre-employment screenings.
 - If the results of a background check or other screening make the employee ineligible, services will be allowed to continue until an alternative employee is found. The only exception is in cases where the employee poses immediate jeopardy to the health, safety, and/or welfare of the participant or has a substantiated finding of past abuse, neglect or exploitation or violent felony.
- Suspending all conflict-of-interest related screening of immediate family members who wish to provide PDS. This gives providers and participants more options to cover gaps in care resulting from the COVID-19 state of emergency.
- Expanding the provider base by waiving requirements that out of state providers be licensed and located in Kentucky as long as they are licensed by another state's Medicaid agency.
- Expanding settings where services can be provided and opening up provider qualifications to allow different provider types to offer services outside of what they typically provide.

DMS held a webinar on March 25, 2020 to outline the updates. Appendix K, a recording of the webinar and the webinar presentation are available at <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>.

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Q39: What should a provider do if a waiver participant or an agency employee who has direct contact with waiver participants tests positive for COVID-19?

Date Added: 3/20/20

The individual who is confirmed to have COVID-19 should be referred to Kentucky's COVID-19 hotline at (800) 722-5725 or their [local health department](#).

The provider must submit a critical incident report. DMS issued guidance on how to report a confirmed COVID-19 case in waiver participants or agency employees on March 17. The guidance is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cwaivercovid19reporting.pdf>

Q40: If a waiver participant living in a residential is in the emergency room or hospitalized, can the agency request that the guardian stays with the participant to limit COVID-19 exposure to employees who could spread it to other waiver participants or staff?

Date Added: 4/7/20

Most hospitals have updated their visitation policies due to the state of emergency. Providers should refer to the hospital's visitation policy to determine who, if anyone, can stay with the participant.

Q41: Can provider agency employees with an indirect service role (non-DSP positions) work from home?

Date Added: 4/7/20

It is up to each provider agency to allow employees to work from home as they are able, however, DMS encourages agencies to use this option as Governor Andy Beshear has asked businesses to have employees telecommute during the state of emergency and to observe social distancing for employees who must remain the office.

Critical Incidents

Q42: Do providers that have a critical incident follow the normal procedure for reporting during the state of emergency? Are follow-ups or investigation reports required?

Date Added: 4/7/20

Yes, providers should follow the standard reporting process and guidelines for critical incidents not related to COVID-19. The standard reporting process is outlined in the Incident Reporting Instructional Guide available at <https://chfs.ky.gov/agencies/dms/dca/Documents/irinstructionalguide.pdf>.

The only change to critical incident reporting is the requirement that certain new incident types be reported including:

- Any waiver-funded disruption to services extending beyond three (3) calendar days that jeopardizes the participant's the health, safety, or welfare. The intent of this policy is to help DMS identify when a participant is at risk due to suspension of services. This includes waiver-funded service disruptions that occur due to staff unavailability directly related to COVID-19 infection, quarantine or other pandemic-related circumstances.
- Program participants who test positive for COVID-19

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- Provider staff who test positive for COVID-19 and have had direct contact with waiver participants within the prior 14 days.

For critical incidents related to COVID-19, providers do not need to conduct follow-up investigations unless requested by DMS or its designee. More information on COVID-19-related critical incidents is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cwaivercovid19reporting.pdf> and in Appendix K available at <https://chfs.ky.gov/agencies/dms/dca/Documents/appendixk.pdf>

Q43: Should providers submit a critical incident report if a participant suspends one service to reduce the risk of contracting COVID-19, but continues to receive another service via phone or remotely?

Date Added: 4/7/20

No, if the scenario does not result in significant risks to the participant's health, safety, and welfare, a critical incident report is not required. When a participant opts to suspend a service due to the state of emergency, steps should be taken to meet their needs through alternative options such as telehealth or using natural supports.

A critical incident report is needed if the participant is receiving no services or the provider cannot continue providing services and there is not an alternative way to deliver the service

Q44: Should providers submit a critical incident report if a participant is unable to receive services or chooses not to receive services, but has natural supports to provide care during the state of emergency?

Date Added: 4/7/20

No, if the modified care arrangement using natural supports does not result in significant risks to the participant's health, safety, and welfare, a critical incident report is not required. The case manager/support broker/service advisor should document when services stopped and the reason.

Q45: Should providers submit a critical incident report if a participant or participant's household is in self-quarantine as a preventive measure against COVID-19 for more than three calendar days?

Date Added: 4/7/20

No, as long as the participant's health, safety, and welfare is not in jeopardy and a COVID-19 diagnosis for the participant is not confirmed.

Q46: Should a provider submit a critical incident each time a participant goes three or more calendar days without services?

Date Added: 4/7/20

No, a critical incident should be submitted at the start of the period when a participant goes three or more days without services, services are not anticipated to resume and the disruption poses significant risk to the participant's health, safety and welfare. There is no need to submit a repeat incident report, related to a service suspension that has been reported, if the suspension exceeds three days.

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Q47: Does the requirement for reporting a critical incident when a participant goes three or more calendar days without services only apply to direct care services? Does it apply to traditional services or PDS services?

Date Added: 4/7/20

Yes, this requirement primarily applies to direct care services, whether delivered through traditional or PDS. Other services that are suspended like Behavior Support Services, Home Delivered Meals, therapies, etc. should be reported if the suspension of these services poses significant risk to the participant's health, safety and welfare. DMS wants to know about situations where a participant is not receiving services and their health, safety, and welfare is in jeopardy. ADHCs and ADTs do not need to file a critical incident report as the suspension of those services is known and actions are underway to address service suspension.

Q48: When a critical incident needs to be filed due to the COVID-19 state of emergency, who is responsible to submit it? For example, if the participant is missing a service is it the service provider's responsibility or the case manager's?

Date Added: 4/7/20

DMS asks that providers communicate in a timely manner with each other to coordinate critical incident submission. At a minimum, the case manager should be made aware within the same business day to initiate a report. Timely reporting is essential, DMS is asking for these reports on certain COVID-19-related critical incidents to identify situations where providers may need help connecting to needed resources or preventing the spread of the virus.

Adult Day Health Care and Adult Day Training

Q49: On March 17, 2020, Governor Andy Beshear mandated that all adult day cares close. Does this include ADHCs and ADT sites?

Revised: 4/7/20

Yes, this includes all ADHC and ADT sites. More information on the Governor's order can be found at <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=95>. DMS issued updated guidance to ADHC and ADT providers on March 27, 2020. The guidance is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cadhcadtcllosurescovid19.pdf>.

Q50: Do ADHCs and ADTs need to submit a critical incident report due to the temporary closures mandated by Governor Andy Beshear?

Revised: 4/7/20

No, ADHCs and ADTs serving waiver participants do not need to complete a critical incident report due to the closure, as this change is known to DMS.

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Q51: Will ADHCs and ADTs be receiving guidance on their temporary closure as mandated by the Governor?

Revised: 4/7/20

Yes, DMS sent an updated letter on March 27, 2020. The letter is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cadhcadtcllosurescovid19.pdf>.

Q52: Due to the Governor's order to close ADHC and ADT sites, do ADHC and ADT services need to be end dated in the MWMA?

Date Added: 3/24/20

No, please do not end date the ADHC or ADT service line in the plan of care within MWMA.

Q53: For participants who only receive ADHC or ADT services, if they cannot receive these services for 60 consecutive days or more, should they be dis-enrolled from the waiver?

Date Added: 3/24/20

No, do not discharge or dis-enroll waiver participants due to the temporary closure of his/her ADHC or ADT even if the closure extends beyond 60 days. DMS does not need an extension request for this circumstance. Update the person-centered service plan and keep detailed notes that cite the COVID-19 state of emergency as the reason service is not being delivered.

The waiver participant and the case manager/support broker/service advisor should work together to meet service needs in other ways during the ADHC or ADT closure, such as using natural supports or through remotely delivered or telehealth services.

Q54: Is there a way for providers to continue billing ADT services during the temporary closure?

Date Added: 4/7/20

ADT can be provided to participants via telehealth methods. Participants should be given the option to participate in remote ADT. The service should be person-centered, meaningful, and related to established goals. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in remotely delivered programming.

In emergency situations, ADTs can be allowed to provide on-site Residential (ABI, ABI LTC, and SCL only) or Respite. The site must have sufficient space to house participants in a manner that observes CDC guidance on safe practices and social distancing, essentially meaning participants must have six or more feet of distance from each other at all times. The space must also have the necessary facilities such as a kitchen, bathrooms, and appropriate facilities and bedding for sleeping, treatment rooms to allow care to be delivered privately and allow safe, secure storage of medication.

ADT staff are not intended to augment residential staffing and deliver similar supports to the residential staff while dually billing for services, as this would be considered a duplication of services, which is prohibited.

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Q55: Can ADT be provided and billed for participants living in their own home, in Adult Foster Care, with a Family Home Provider or for those living in a provider-controlled residential home?

Date Added: 4/7/20

ADT can be provided to multiple participants via telehealth options. Participants should be given the option to participate in remote ADT. The service should be person-centered, meaningful, and related to established goals. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in remotely delivered programming.

Q56: Does DMS have guidance on an appropriate length of time for providing ADT remotely?

Date Added: 4/7/20

Participants should be given the option to participate in remote ADT. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in remotely delivered programming. Providers should practically consider that it may be challenging or uncomfortable for participants to sit in a confined space where they are visible by telemonitoring. Additionally, providers should keep in mind that some participants reside with other household members who may need to share household computer and telephone lines.

Q57: Can you clarify the services an ADHC can provide during the state of emergency?

Date Added: 4/7/20

ADHCs can provide the following services:

- *Attendant Care:* Nursing staff can go into the home and deliver hands-on services that are essential to the participant's health, safety, and welfare.
- *Home Delivered Meals:* ADHCs can provide and bill this service to participants in all waivers, except Model II.
- *ADHC* – This can be delivered via telehealth options. The service should be person-centered, meaningful, and related to established goals.

In emergency situations, ADHCs can be allowed to provide on-site Residential (ABI, ABI LTC, and SCL only) or Respite. The site must have sufficient space to house participants in a manner that observes CDC guidance on safe practices and social distancing, essentially meaning participants must have six or more feet of distance from each other at all times. The space must also have the necessary facilities such as a kitchen, bathrooms, and appropriate facilities and bedding for sleeping, treatment rooms to allow care to be delivered privately and allow safe, secure storage of medication.

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Q58: How should an ADHC bill for ADHC services provided via telehealth or in-home?

Revised: 4/7/20

ADHCs should continue to use code S5100 for ADHC services provided via telehealth and for nursing services provided in the home. For nursing services, ADHCs should bill the number of ADHC units that correspond to the time spent in the participant's home providing care.

Q59: What type of documentation should be done for in-home nursing services?

Date Added: 4/7/20

Documentation of the in-home nursing visit should include the time in, time out, a description of the service(s) completed, and any pertinent changes in participant status or care outcomes / findings.

Q60: If an ADHC is providing one-on-one, in-home nursing services to a participant, can these overlap with Attendant Care?

Date Added: 4/7/20

No, as this is duplicative billing and is not allowed.

Q61: Appendix K allows ADHCs and ADTs to provide Residential Services and Respite Services at their sites. How does this work given the temporary closure of these sites ordered by the Governor?

Date Added: 4/7/20

In emergency situations, ADHCs and ADTs can be allowed to provide on-site Residential (ABI, ABI LTC, and SCL only) or Respite. The site must have sufficient space to house participants in a manner that observes CDC guidance on safe practices and social distancing, essentially meaning participants must have six or more feet of distance from each other at all times. The space must also have the necessary facilities such as a kitchen, bathrooms, and appropriate facilities and bedding for sleeping, treatment rooms to allow care to be delivered privately and allow safe, secure storage of medication.

Q62: If an agency has a staffing crisis at a residential site during the state of emergency, can houses be combined?

Date Added: 4/7/20

If a residential provider encounters a staffing crisis, please contact DMS for assistance.

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Home Delivered Meals

Q63: How should a case manager/support broker/service advisor request Home Delivered Meals on the person-centered service plan for ABI/ABI LTC, MPW or SCL?

Date Added: 4/7/20

DMS issued updated billing instructions for this service on April 6, 2020. The updated billing instructions are available at

<https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q64: What is the billing code for Home Delivered Meals? Is it in the MWMA dropdown menu?

Date Added: 4/7/20

For provider type 42, use code 991. For all other provider types, use code S5170.

Q65: What is the reimbursement rate for Home Delivered Meals?

Date Added: 4/7/20

Home Delivered Meals will be reimbursed at the current rate for HCB, which is \$7.50 per meal. This information is in 907 KAR 7:015 (<https://apps.legislature.ky.gov/law/kar/907/007/015.pdf>) and is included in updated billing instructions available at

<https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q66: Will ADHCs be reimbursed for Home Delivered Meals?

Date Added: 4/7/20

Yes. Home Delivered Meals will be reimbursed at the current rate for HCB, which is \$7.50 per meal. This information is in 907 KAR 7:015 (<https://apps.legislature.ky.gov/law/kar/907/007/015.pdf>) and the updated billing instructions available at

<https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

ADHC providers have the discretion to opt to provide this service at the established rate.

Q67: If a provider is interested in offering Home Delivered Meals during the state of emergency, who should they contact to get approval?

Date Added: 4/7/20

Providers, regardless of which waiver(s) they currently service, may provide Home Delivered Meals and do not need DMS approval during the state of emergency. The definition of Home Delivered Meals during the state of emergency can be found in Appendix K of the 1915(c) HCBS waiver application available at <https://chfs.ky.gov/agencies/dms/dca/Documents/appendixk.pdf>. DMS issued updated billing instructions for this service on April 6, 2020. The updated billing instructions are available at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

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Q68: Can a case management agency provide Home Delivered Meals to the participants they serve?

Date Added: 4/7/20

Yes, this is allowed during the state of emergency. Conflicted services will still be reviewed but there will be more consideration given to exceptions beyond the 30-mile radius due to the state of emergency.

Q69: Is a listing of Home Delivered Meals providers available?

Date Added: 4/7/20

DMS is working to create a listing of home delivered meal providers and will distribute it. If an agency plans to provide Home Delivered Meals, please submit your name, county and contact information to the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614. Please let other providers in your area know if you plan to offer Home Delivered Meals as well.

Q70: Can an agency sub-contract with a frozen meal provider during the state of emergency?

Date Added: 4/7/20

Yes, this is allowed during the state of emergency.

Q71: Do the meals provided have to come from a licensed catering company?

Date Added: 4/7/20

No, however, any provider of Home Delivered Meals should be considerate of the participant's dietary needs and preferences when delivering the service and adhere to food safety best practices such as those described by the U.S. Department of Agriculture. Information is available at <https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/keep-food-safe-food-safety-basics>.

Q72: Can a participant in residential receive Home Delivered Meals?

Date Added: 4/7/20

No. The residential provider remains responsible for providing the participant's meals.

Telehealth

Q73: Can providers deliver services remotely during the COVID-19 state of emergency?

Date Added: 3/20/20

Yes, DMS is allowing providers to deliver 1915(c) HCBS waiver services remotely for certain services. This can be done in situations where a participant is quarantined due to symptoms of or having been exposed to COVID-19 or as a precaution against spreading COVID-19. Services that could be provided via telehealth include:

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- Physical, Occupational or Speech Therapy,
- Supported Employment,
- Behavior supports and counseling services,
- In-home services such as Personal Care or Homemaking (cueing and prompting support only)
- Case Management.

Hands-on direct care services can only be reimbursed if performed in person. Providers should also be vigilant in following their agency's infection control policies and CDC guidance while providing in-home services to waiver participants. Please see the COVID-19: Telehealth letter available at

<https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf> for more information. All providers should work together to allow participants to receive services via telehealth when possible.

Q74: If a provider delivers a service via telehealth, does the participant's person-centered service plans need to be revised beforehand?

Date Added: 4/7/20

No, plans do not need to be revised prior to delivering services via telehealth. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q75: If services are provided through telehealth platform, how should it be documented in the note?

Date Added: 4/7/20

This change only modifies the method in which the service is being delivered. All standard post-delivery documentation practices still stand, and should continue, including case manager oversight and monitoring of the effectiveness of service delivery. The case note should reflect any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q76: Are verbal consents for telehealth permissible?

Date Added: 4/7/20

Participation in services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals.

A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q77: Do services have to be provided through a video conferencing platform or can they be provided over the phone?

Date Added: 4/7/20

Other than case management contact and/or completion of a participant welfare check, providers should use video conferencing platforms whenever possible to effectively deliver the service.

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Telehealth services are most appropriate for services where providers are instructing or cueing the participant and, therefore, providers need the video component to monitor that care and services delivered successfully advanced a need or goal.

Participation in services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q78: Which platforms are approved for telehealth use during the state of emergency?

Date Added: 4/7/20

For the duration of the COVID-19 nationwide public health emergency, the Office for Civil Rights (OCR) within the Department of Health and Human Services has related its enforcement of Health Insurance Portability and Accountability Act (HIPAA) for certain non-public facing applications. This means OCR will not enforce penalties for the good faith provision of telehealth. Common applications that are currently exempted include, but are not limited to:

- Apple FaceTime
- Facebook Messenger Video Chat
- Google Hangouts Video
- Skype
- Zoom
-

Public facing services are specifically not allowed by OCR and should not be used for the provision of telehealth. These include, but are not limited to:

- Facebook Live
- Twitch
- TikTok

More information on providing telehealth, including a list of HIPAA-compliant platforms, is available at <https://chfs.ky.gov/agencies/dms/Documents/ProviderTelehealthFAQs.pdf>.

Q79: Should all waiver services be billed using the 02-Place of Service when provided via telehealth?

Date Added: 4/7/20

Yes, all services provided via telehealth except Case Management should use the 02-Place of Service code.

Case managers only need to update the related case note to indicate how the participant was contacted and cite the COVID-19 state of emergency as the reason the meeting was not held face-to-face.

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Q80: When a participant is receiving therapies through telehealth, can a PDS employee bill for providing hands-on services needed to complete the telehealth visit at the same time the telehealth therapy is taking place?

Date Added: 4/7/20

Yes, if the assistance is necessary for the participant and they would be unable to receive the service via telehealth without it.

Participants should be given the option to participate in remote therapies. The service should be person-centered, meaningful, and related to established goals. The service should also occur over a span of time that is appropriate and agreeable to the participant, who should be asked how long he or she wishes to engage in remotely delivered programming.

Q81: Can Community Access be provided via telehealth?

Date Added: 4/7/20

Yes, this is allowed during the state of emergency. Participation in Community Access via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q82: Can CLS be provided through remote options such as FaceTime, Skype, Zoom, etc. during the state of emergency?

Date Added: 4/7/20

Yes, this is allowed in some situations during the state of emergency. DMS expects to see this primarily used for adult participants who need cueing for tasks such as medication administration, coaching individuals through hygiene or meal preparation / completion. If natural supports are being paid to provide CLS, DMS would not expect to see it provided by an agency via telehealth as this would be a duplication of service.

Q83: Can dietary services provided through Consultative Clinical and Therapeutic Services in SCL be delivered via telehealth?

Date Added: 4/7/20

Yes, this is allowed during the state of emergency. Participation in dietary services via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

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Q84: Can Person Centered Coach be delivered via telehealth?

Date Added: 4/7/20

Yes, this is allowed during the state of emergency. Participation in Person-Centered Coach via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q85: Can Supported Employment be provided via telehealth?

Date Added: 4/7/20

Yes, this is allowed during the state of emergency. Participation in Supported Employment via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions. Examples of Supported Employment activities that can be completed via telehealth include:

- Assistance with applying for unemployment,
- Adjusting to being laid-off,
- Supportive skills to cope with the demands of a current job
- Developing next steps when the crisis ends.

Q86: Can exceptional supports be provided via Zoom, Skype, or FaceTime, etc. if it meets the needs of the participant?

Date Added: 4/7/20

This depends on the nature of the service. For example, participants who receive exceptional support units for services provided under Consultative Clinical and Therapeutic Services in SCL may be able to receive those via telehealth. In the case of exceptional supports provided one-to-one, telehealth is likely not appropriate. Participation in telehealth services should be voluntary, person-centered, meaningful and working toward established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q87: Can medication administration be done remotely?

Date Added: 4/7/20

Yes, this is allowed during the state of emergency for participants **but only for participants who need cueing** in relation to medication administration.

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Covered Services

Q88: Which services have been expanded to all waivers during the state of emergency?

Date Added: 4/7/20

Home Delivered Meals is the only service DMS has expanded to all waivers (except Model II) during the state of emergency. The service menus for each waiver remain unchanged at this time, beyond Home Delivered Meals where not previously available

Q89: Why were Behavior Support Services not included for the SCL waiver in Appendix K?

Date Added: 4/7/20

Behavior Support Services are provided within the Consultative, Clinical and Therapeutic Services definition in the SCL waiver. This service was referenced in Appendix K, which is available at <https://chfs.ky.gov/agencies/dms/dca/Documents/appendixk.pdf>.

Q90: Can Behavior Support Services be delivered face-to-face when a participant's behaviors jeopardize their health, safety, and welfare?

Date Added: 4/7/20

DMS is allowing Behavior Support Services to be provided via telehealth during the state of emergency and encourages providers to exercise this option as much as possible to reduce the risk of spreading COVID-19.

If a provider encounters a situation where they are concerned about delivering Behavior Support Services via telehealth, please contact DMS at 1915cWaiverHelpDesk@ky.gov or by calling (844) 784-5614 and will work with you to make sure the participant's needs are addressed.

Q91: Should nursing services only be delivered remotely or can they be delivered in-home as well?

Date Added: 4/7/20

Nursing services may continue to be delivered in-home. DMS recognizes that many nursing services require in-person, direct contact with the participant. All services delivered in-home should be delivered with the utmost care and follow infectious disease control best practices. Nursing services that can be delivered remotely include medication monitoring, nursing instruction limited to cueing and prompting, and monitoring of vital signs (if appropriate equipment is available in the home).

Q92: Can a participant continue to receive CLS in-home or via remote options such as FaceTime, Skype, Zoom, etc, even if they do not live alone?

Date Added: 4/7/20

Yes, if it is necessary for the participant's health, safety, and welfare and the natural supports in the home are unable to provide it. If natural supports are being paid to provide CLS, DMS would not expect to see it provided by an agency via telehealth as this would be a duplication of service.

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Q93: Can CLS services be provided in the community if practicing social distancing?

Date Added: 4/7/20

No. DMS asks any community-based activities normally provided within CLS be suspended to reduce the risk of spreading COVID-19 and observe state and federal guidance on social distancing. CLS services may be allowed to support a participant with outdoor exercise, if it is completed following social distancing standards including six feet of separation from others (beyond the direct care worker), at all times.

Q94: Can Community Access be provided in the participant's home?

Date Added: 4/7/20

No. Community Access should only be provided via telehealth during the state of emergency. Participation in Community Access via telehealth should be wanted by the participant, person-centered, meaningful and advance established goals. A case note should be entered that reflects any dialogue with the participant and the person-centered team about this shift, the participant's desire to make the shift and any outcomes of discussions.

Q95: A waiver participant is experiencing difficulty finding needed supplies, such as incontinence supplies. How can providers help them?

Date Added: 3/24/20

DMS will allow Goods and Services providers to provide supplies to participants in all waivers, regardless of which waiver the provider typically serves. For example, a provider who only bills Goods and Services through HCB can bill for this service using any waiver during the state of emergency. Providers of Goods and Services who are authorized by Medicaid programs in other states may also furnish and bill for supplies.

Q96: When trying to obtain supplies for waiver participants, should the case manager/support broker/service advisor do a modification if they need to use a different source than what is prior authorized on the participant's plan? The sources of needed supplies may vary throughout the state of emergency due to product shortages/availability.

Date Added: 4/7/20

When obtaining supplies during the emergency period, case managers/support brokers/service advisors should only modify the source on the plan if they run out of funds authorized within the prior authorization.

Q97: If a participant is currently receiving Residential, are they eligible to receive Respite during the state of emergency?

Date Added: 4/7/20

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This is allowed for Residential Support Level II in the SCL waiver only. The participant must demonstrate a need for Respite services due to a service disruption or circumstance directly caused by COVID-19.

Q98: Can an agency provide Respite during the state of emergency if they are not already listed as a Respite provider?

Date Added: 4/7/20

Yes, this is allowed during the state of emergency. The case manager / support broker / service advisor should modify the person-centered service plan to indicate the updated provider to record the agency as the Respite provider.

Q99: Will Respite services need to be used every six months? Due to the COVID-19 state of emergency, some families are not comfortable bringing outside individuals into their homes at this time. Should a Corrective Action Plan (CAP) be done or is it okay to document the suspension of Respite services and note that it is due to the COVID-19 state of emergency?

Date Added: 4/7/20

A CAP is not required in this scenario. A participant has the right to suspend Respite services if he or she wishes to limit the volume of individuals coming into their home during this emergency period and/or the right to suspend services at any time. The participant and the case manager / support broker / service advisor should talk and establish a plan to meet needs that were being met using respite in other ways while not receiving respite services, such as using natural supports.

Although a CAP is not required, case managers are still expected to observe risk identification, planning, and mitigation activities with participants for whom service suspension poses potential risks to health, safety and welfare. These efforts are to be documented in MWMA, following standard procedure.

Q100: Can Specialized Respite supervisory visits be conducted via phone during the COVID-19 outbreak?

Date Added: 3/24/20

Yes, this is allowed via phone if monitoring staff. Calls should be conducted by qualified supervisory staff.

Q101: Can staff to participant ratios for residential be adjusted to cope with staffing shortages caused by COVID-19? Are there any resources to help providers find staff?

Date Added: 4/7/20

For ABI/ABI LTC, staff who work in ADHCs and ADTs from the same agency can be allowed to provide on-site residential **in emergencies only**, to ensure sustained staffing ratios in residential services. The site must have sufficient space to house participants according to CDC guidance on safe practices and social distancing related to mitigating COVID-19 spread. The space must also have the necessary facilities such as a kitchen, bathrooms, and appropriate facilities and bedding for sleeping, treatment rooms to allow care to be delivered privately and allow safe, secure storage of medication.

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SCL does not require specific staffing ratios. In cases where participants receive exceptional supports, if the provider is not able to meet the approved additional staffing it should be documented and the increased rate should not be billed.

Q102: Can a participant receiving nursing services through the Model II Waiver stop these services during the state of emergency?

Date Added: 4/7/20

Yes. A participant has the right to suspend services if he or she wishes to limit the volume of individuals coming into their home during this emergency period. The participant and the provider should talk and establish a plan to meet needs that were being met using respite in other ways while not receiving nursing services, such as using natural supports.

Additionally, case managers are expected to observe risk identification, planning and mitigation activities with participants for whom service suspension poses potential risks to health, safety and welfare. These efforts are to be documented in MWMA.

Q103: In the event that there are periods of time when people are asked to stay at home, will direct support professionals (DSPs) be able to provide in-person residential through 1915(c) HCBS waivers which offer that service option?

Date Added: 3/20/20

Yes, the residential service may be provided. Providers should monitor staff and should not allow any DSP who has been exposed to someone who tested positive for COVID-19 or who is displaying symptoms to provide the care.

Q104: In the event that there are periods of time when people are asked to stay at home, will the DSP or PDS employees be permitted to provide in-home care to 1915(c) waiver participants?

Date Added: 3/20/20

Yes, if the service being provided by the DSP or PDS employee is emergent, meaning that without the service the participant would be placed in danger or the person would lose functioning that could never be restored, the care may be provided. The DSP or PDS employee should not provide care if he/she has been exposed to someone who tested positive for COVID-19 or who is displaying symptoms.

Q105: In a previous version of this FAQ, DMS said PDS employees and DSPs would be allowed to provide care to waiver participants if there is a period of time where people are asked to stay home if the participant would be placed in danger or lose functioning that could never be restored by not receiving the care. Can DMS clarify what services would be allowed in this instance?

Date Added: 4/7/20

This applies to any personal care or supervision-type service necessary for the participant's health, safety, and welfare that a natural support in the home is unable or unavailable to provide. The anticipated focus of this care is to support participants with activities of daily living, intermediate

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activities of daily living, and services essential to preserving a person's health, safety and welfare in his or her home.

Q106: Will there be extensions for exceptional supports in the SCL waiver?

Date Added: 3/24/20

Automatic extensions will not be granted. Case managers / support brokers / service advisors must still submit the required information found in [SCL provider letter #A-49](#), however, they can work with providers through email and do not need to go see the participant in-person during the state of emergency to finalize an exceptional supports request. If a case manager/support broker/service advisor is unable to gather a piece of the documentation, please contact the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) for guidance.

Q107: For SCL participants receiving exceptional supports, will rates be increased?

Date Added: 4/7/20

DMS does not anticipate raising the exceptional support rate at this time, the current rate goes up to 200% of the established residential rate.

Provider/Employee Qualifications – Agency and Participant-Directed (PDS)

Q108: Can provider agencies or PDS employers use background checks on an employee that were completed by a different provider agency or PDS employer?

Date Added: 3/24/20

Yes, this is allowed during the state of emergency.

Q109: When a PDS employee is hired using a background check done by another PDS employer or by an agency, will a new background check need to be done once the state of emergency is over or will the previously completed background check be sufficient?

Date Added: 4/7/20

The typical PDS employee background check requirements will be reinstated at the end of the emergency so, if possible, employees should continue to work to confirm these pre-employment requirements. This includes obtaining an updated background check.

Q110: If a PDS employee's background check comes back with a finding that disqualifies them, how long should the participant be allowed to look for a replacement? There could be instances where a participant tells the support broker/service advisor they are looking for an alternate employee but in reality is not.

Date Added: 4/7/20

During the emergency period, Appendix K allows for the sustained enrollment of a participant on a 1915(c) HCBS waiver without receiving services for longer than the standard 60-day period. The

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participant can continue to look for a replacement throughout the emergency period, and is encouraged to do so, acknowledging the volume of unemployed citizens throughout the Commonwealth. After the emergency period, participants will revert to program requirements that require use of services within the previous 60 days or be dis-enrolled from the waiver.

Q111: Can the approval process for hiring immediate family members as PDS employees be temporarily waived to deal with service disruptions, such as the closure of ADHCs and ADTs, and staffing shortages caused by the state of emergency?

Date Added: 3/24/20

Yes, DMS is temporarily waiving the additional screening and approval process to hire immediate family members as PDS employees. Potential employees must still initiate a background check and other screenings, however, they can begin providing services while waiting for the results. If the results of a background check or other screening make the employee ineligible, services will be allowed to continue until an alternative employee is found. The only exception is in cases where the employee poses immediate jeopardy to the health, safety, and/or welfare of the participant or has a substantiated finding of past abuse, neglect or exploitation or a violent felony.

Q112: Does documentation need to be submitted for immediate family members being hired as a PDS employee even though they are receiving automatic approval during the state of emergency?

Date Added: 4/7/20

Yes. The Department for Aging and Independent Living (DAIL) created a letter that can be uploaded to MWMA that grants temporary approval of the immediate family member as a PDS employee. The employee still needs to have a background check, however, they will be able to start providing services while waiting on the results. These employees will be approved for 120 days.

Q113: Does the suspension of the immediate family member approval process for PDS employees apply to potential employees who were submitted for review prior to the start of the state of emergency?

Date Added: 4/7/20

Yes, if the PDS employer needs the employee to begin working during the state of emergency, and that person was pending approval by DAIL, then this suspension allows them to be paid as a PDS employee. Their submission will be finalized once the state of emergency ends.

Q114: How does the temporary suspension of the PDS employee immediate family member approval process affect applicants who were denied prior to the state of emergency and going through an appeal?

Date Added: 4/7/20

These individuals are allowed to act as PDS employees during the emergency period, however, once the state of emergency ends the appeals process will be resumed, and these individuals will no longer be eligible to be paid PDS employees.

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Q115: Will immediate family members approved as PDS employees due to the state of emergency have to undergo the normal approval process once it ends? Will they have to stop services immediately or can they continue to work until DAIL makes a decision on the immediate family member request?

Date Added: 4/7/20

Yes, if a PDS employer wishes to keep the immediate family member on as a PDS employee after the state of emergency ends, they will need to be reviewed and approved using the existing process.

DMS intends to allow a grace period, to be determined, that allows for transition to an alternate PDS or traditional provider, to avoid sudden service disruptions in the post-emergency period. More information will be shared on this plan as it is finalized and the post-emergency period nears.

Q116: Can a PDS representative become a PDS employee during the state of emergency? If they do, does a new representative need to be designated?

Date Added: 4/7/20

Yes, the PDS representative can become a PDS employee during the state of emergency. In this instance, a new PDS representative needs to be appointed. If there is an obstacle in appointing a new PDS representative and the participant cannot self-direct, contact DAIL for guidance. PDS representatives who are acting as a PDS employee are to exercise sound judgment, prioritize the needs of the participant and their well-being, and observe rules related to Medicaid fraud, waste and abuse.

Q117: CPR and first aid classes are being canceled due to the COVID-19 state of emergency. Will there be an extension for agency and PDS employees who are due to receive this training?

Date Added: 3/20/20

Yes, there will be an extension. The end-date of the extension period is to be determined and will be publicized later. For now, please document the reason the training could not be completed.

Q118: An agency or PDS employee is due to have his/her tuberculosis test completed soon. If the employee is unable to do so because of the COVID-19 state of emergency, will they be considered ineligible to work?

Date Added: 3/20/20

No, they will not be considered ineligible to work unless they are demonstrating symptoms of tuberculosis or active illness. Please document the reason the tuberculosis test could not be completed.

Q119: Once the state of emergency is lifted, how long will agency and PDS employees have to get requirements (such as training or tuberculosis screenings) up to date?

Date Added: 4/7/20

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DMS has not made a decision on this yet, but will announce and communicate a timeframe closer to the end of the emergency period once that is known.

Q120: Which trainings for new or existing agency or PDS employees can be delayed during the state of emergency?

Date Added: 4/7/20

Training that supports participant safety is still required. DMS considers the following topics as still required: training on the participant's person-centered service plan, safe delivery of hands-on care, care delivery needs, and medication administration.

Q121: If a newly hired agency employee has not worked in the field, can they complete required trainings while working?

Revised: 4/7/20

Yes, this is allowed during the state of emergency. Training that supports participant safety is still required. DMS considers the following topics as still required: training on the participant's person-centered service plan, safe delivery of hands-on care, care delivery needs, and medication administration.

Q122: Do Attendant Care providers in HCB need special training beyond the typical trainings all providers must complete?

Date Added: 4/7/20

Training that supports participant safety is still required. DMS considers the following topics as still required: training on the participant's person-centered service plan, safe delivery of hands-on care, care delivery needs, and medication administration.

Q123: Do agency employees in MPW and SCL still need to complete individualized instruction and medication administration training before working independently?

Date Added: 3/24/20

Yes, but during the state of emergency these can be completed remotely.

Q124: Can an employee transfer their medication administration training from one agency to another?

Date Added: 4/7/20

Yes, medication training completed within the past year when employed for another Medicaid-approved agency may be "transferred" or considered complete upon hire by another agency, however, new employees must complete a competency review at the new agency. The competency review can be completed remotely during the state of emergency.

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Q125: Will DMS, DAIL, and DBHDID continue provider certification visits during the COVID-19 state of emergency?

Date Added: 3/20/20

DMS is suspending most provider certification visits for at least 60 days, to reduce non-essential use of limited state staff. Pre-certification visits and visits for investigations related to the health, safety and welfare of participants will still be conducted. DMS issued a provider letter on March 17 with more information on provider certification and monitoring during the COVID-19 state of emergency. The letter is available at

<https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cprovidercertificationscovid19.pdf>.

Q126: When will agencies receive site visit extension letters?

Date Added: 3/24/20

DMS is reviewing which agencies are due for site visits and certifications during the next 60 days. Those providers who qualify for an extension will receive a letter before their contract expiration date and/or Office of Inspector General license expiration date.

Q127: Are off-site audits using MWMA still occurring during the state of emergency?

Date Added: 4/7/20

Yes, DMS is still conducting off-site audits using MWMA. Please see the Provider Certification and Monitoring letter issued on March 16, 2020. It is available at

<https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cprovidercertificationscovid19.pdf>.

Q128: Is DMS automatically updating Medicaid provider statuses in the Kentucky Medicaid Management Information System (MMIS) for 60 days?

Date Added: 4/7/20

Yes, DMS is addressing this in Partner Portal.

Q129: Do the updates to Appendix K mean 1915(c) HCBS waiver providers in other states, such as Ohio, provide services in Kentucky during the state of emergency?

Date Added: 4/7/20

Yes, DMS is allowing providers who are licensed by Medicaid agencies in other states to provide waiver services during the state of emergency. This is intended to expand the provider base to reduce service disruptions and gaps in services for participants.

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PDS Questions - Other

Q130: Can a participant receiving a service via the traditional delivery method switch to the PDS delivery method to reduce disruptions in services caused by the state of emergency?

Date Added: 4/7/20

Yes. DMS has modified the PDS employee approval process to ease the process for participants who need to switch from traditional to PDS to reduce service disruptions.

Q131: How should the support broker/service advisor add new PDS employees during the state of emergency?

Date Added: 3/24/20

New PDS employees can be added in the comments in MWMA if they are being added due to the state of emergency.

Q132: Will there be a grace period on the annual requirements for maintaining PDS employee eligibility?

Date Added: 3/24/20

Yes, DMS will temporarily allow services to be initiated before confirmation of certain eligibility requirements such as tuberculosis risk assessments and screenings, CPR/first aid and other trainings, and providing a copy of driver's licenses. The case manager/support broker/service advisor is responsible to ensure it is documented that these requirements have not been met due to the state of emergency. These requirements will be reinstated at the end of the emergency so, if possible, employees should continue to work to confirm these pre-employment requirements.

Q133: Can a PDS employee be permitted to work overtime to reduce gaps in service caused by the COVID-19 state of emergency?

Revised: 4/7/20

Yes, during the state of emergency, overtime is allowed for PDS employees providing more than 40 hours of services to a single participant. The overtime must be necessary to address the health, safety and welfare of the participant and should first be discussed with the case manager/support broker/service advisor, who is responsible to document this need and update the emergency person-centered service plan.

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Please note that if there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS expects this to be the exception, not the rule as we would not anticipate participants living in residential, those who are children, or adults who have natural supports to need more services than they would during normal operations. DMS will be conducting retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q134: With schools closed, can PDS employees help with a participant's homework?

Date Added: 4/7/20

No, DMS does not currently allow PDS employees to help participants with homework and Medicaid is not intended to deliver educational supports. Case managers who identify this need for a school-aged participant are encouraged to direct parents/guardians to the participant's teacher or education provider to obtain needed educational supports.

Q135: Will electronic delivery of timesheets be accepted during the state of emergency?

Date Added: 3/24/20

Yes. Electronic delivery of timesheets is already permitted and DMS encourages any provider not currently accepting them electronically do to so during the state of emergency. If your agency does not have a method in place for accepting timesheets electronically, they can be submitted by email or fax if accepted by the agency.

Q136: What will DMS accept as an official signature on PDS timesheets during the state of emergency?

Revised: 4/7/20

Timesheets can be signed by hand, by email or by text. In the case of email or text message, a copy of the email or a screenshot of the text message should be saved as documentation. Please note that timesheets are still to be accurately completed and adequately reviewed before signing or attesting to timesheet contents. Laws related to fraud, waste and abuse of Medicaid services are still applicable during the state of emergency.

Q137: Can a PDS employer send timesheets without an employee signature?

Date Added: 4/7/20

No, but timesheets can be signed by hand, by email or by text. In the case of email or text message, a copy of the email or a screenshot of the text message should be saved as documentation. Please note that timesheets are still to be accurately completed and adequately reviewed before signing or attesting to timesheet contents. Laws related to fraud, waste and abuse of Medicaid services are still applicable during the state of emergency.

Q138: What if a support broker/service advisor makes an error on a timesheet? Can this be corrected without having to send it back?

Date Added: 3/24/20

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During the state of emergency, the support broker/service advisor may make minor corrections to the time sheet, such as adjusting a.m./p.m. or correcting hour totals based on review of the document and with the approval of self-directed participant / PDS representative. When the support broker/service advisor makes a correction, they should sign and date it. Hours are **not** to be changed at the sole discretion of the support broker/service advisor and must include the consent of the participant or designated representative.

Q139: Can any case manager provide PDS case management during the state of emergency?

Date Added: 4/7/20

No, due to the current structure of the 1915(c) HCBS waivers this is not feasible at this time.

Q140: Can a PDS employee who lives in the home with the participant continue to provide services during the state of emergency?

Date Added: 4/7/20

Yes.

Q141: Can a PDS employee who is unable to work due to the COVID-19 state of emergency file for unemployment?

Date Added: 3/24/20

PDS employees may file for unemployment if they meet the eligibility requirements. This can be done through the Kentucky Career Center (KCC) website at kcc.ky.gov.

The website is available from 7:00 a.m. EST to 7:00 p.m. EST Monday through Friday and 10:00 a.m. to 9:00 p.m. EST on Sundays. To reduce strain on the system, individuals are asked to file claims on a certain day of the week based on the first letter of their last name.

- Sunday: A-D
- Monday: E-H
- Tuesday: I-L
- Wednesday: M-P
- Thursday: Q-U
- Friday: V-Z or if you missed your day.

PDS employees can also reach out to the support broker or service advisor for additional information on whether they have paid into unemployment.

Q142: In the past, PDS employees filing for unemployment had their unemployment tax rate adversely affected. This means that some participants will not be able to pay employees as much in the future if their employees file for unemployment. Will there be any changes to prevent this because of the state of emergency?

Date Added: 4/7/20

Please contact the KCC for questions regarding unemployment. KCC is asking individuals to call the office closest to where they live. The numbers are as follows:

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Bowling Green area: (270) 746-7425
Elizabethtown area: (270) 766-5115
Covington area: (859) 292-6666
Hazard area: (888) 503-1423
Hopkinsville area: (270) 889-6509
Lexington area: (859-233-5940
Louisville area: (502) 595-4003
Morehead area: (606-783-8525
Owensboro area: (270) 686-2502
Paducah area: (270) 575-7000
Prestonsburg area: (888) 503-1423
Somerset area: (606) 677-4124

You can also call the Unemployment Insurance Help Line at (502) 564-2900.

Q143: Will PDS employees who are tax exempt be eligible for the stimulus plan Congress is considering?

Date Added: 4/7/20

The Coronavirus, Aid, Relief and Economic Security Act, or CARES, was signed into law on March 27, 2020. For questions regarding the stimulus payments included in the CARES Act, visit the Internal Revenue Service website at <https://www.irs.gov/coronavirus>.

Welfare Check Information

Q144: How do providers document telephonic welfare checks?

Date Added: 4/7/20

DMS has created a form providers can use when conducting telephonic welfare checks. The form is available at: <https://chfs.ky.gov/agencies/dms/MAPForms/waiverwelfarecheckform.docx>.

Instructions for using the form are available at <https://chfs.ky.gov/agencies/dms/MAPForms/waiverwelfarecheckforminstructions.pdf>

Q145: Who should complete the Welfare Check Form and how often?

Date Added: 4/7/20

Any provider can use the standardized Welfare Check Form developed by DMS to conduct telephonic welfare checks.

As a minimum standard, DMS recommends providers align the frequency of contact to the frequency of service attendance or in-home services specified in a participant's person-centered service plan. For instance, if a participant attends ADHC one day a week on Tuesday, then at a minimum that participant should receive a welfare check once a week on Tuesday. If a participant attends ADHC five days a week, then the participant should receive a call five days a week. This is not a mandatory requirement and it is at the discretion of the provider to attempt more frequent contacts with participants, as needed.

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If a participant is hospitalized or in an alternate level of care such as a rehabilitative stay, then a welfare check is not required, but should be resumed when the participant returns to his or her home setting. Any provider type can use and complete the welfare check form. DMS encourages providers to coordinate welfare checks so the participant doesn't receive multiple calls on the same day. Any emergent needs or risks to a participant's health, safety or welfare should have timely follow-up, coordination with the participant's case manager, referral to child/adult protective services, emergency medical services, etc.

Q146: When providers conduct welfare checks, should they focus only on participants who live alone, who do not have natural supports, or who have experienced a reduction in services due to the state of emergency or can welfare checks be conducted on participants who live with other individuals, such as in adult foster care or with family home providers?

Date Added: 4/7/20

Providers should conduct welfare checks on any participant they think needs the added oversight and support to address any emergent needs. In the case of participants who live with others, such with family, in adult foster care or with a family home provider, the others in the home may not be around or the participant may feel more comfortable sharing information or concerns with the providers they are used to seeing on a regular basis. However, many participants may benefit from continued contact and engagement with the staff members they are familiar with – thus there are various benefits to performing welfare checks on participants who are experiencing changes in their home and community-based services.

Q147: What if the participant cannot be reached during the welfare check?

Date Added: 4/7/20

Providers who cannot reach a participant during their first attempt to make a welfare check call should observe the following next steps:

- If the participant does not answer their first call, attempt to contact him or her two more times that day.
- If those calls go unanswered, additional calls should be made to notify their emergency contact, who should be made aware of the unsuccessful provider attempts and be encouraged to check on the participant.
- The failure of the participant and alternate to answer could result in requesting a welfare check from local law enforcement.

Q148: Can the Welfare Check Form DMS issued on March 23, 2020, be used in place of a case manager/support broker/service advisor's monthly summary?

Date Added: 4/7/20

Yes, during the state of emergency the case manager/support broker/service advisor can use the Welfare Check Form in lieu of the monthly summary. Case managers should make sure all information required in their monthly summary is included when filling out the Welfare Check Form, including oversight and monitoring of the effectiveness of service delivery.

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General Questions

Q149: Is Appendix K available for reference?

Date Added: 4/7/20

Yes, it is available on the DCA website at <https://chfs.ky.gov/agencies/dms/dca/Documents/appendixk.pdf>.

Q150: Can provider staff who may be laid off during the state of emergency apply for Medicaid?

Date Added: 4/7/20

Yes, all citizens of Kentucky who qualify may apply for Medicaid. Individuals can apply:

- Using the benefind self-service portal at benefind.ky.gov
- By contacting an application assister through the Kentucky Health Benefit Exchange website at <https://healthbenefitexchange.ky.gov>
- By calling the Kentucky Health Benefit Exchange at (855) 459-6328 or the Department for Community Based Services Call Center at (855) 306-8959.

More information on eligibility rules and how to apply is available on the DMS website at <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>.

Q151: For participants who were working a community job, but left as a preventative measure against contracting COVID-19, can they file for unemployment benefits?

Date Added: 4/7/20

Please contact the KCC for questions regarding unemployment. KCC is asking individuals to call the office closest to where they live. The numbers are as follows:

Bowling Green area: (270) 746-7425
Elizabethtown area: (270) 766-5115
Covington area: (859) 292-6666
Hazard area: (888) 503-1423
Hopkinsville area: (270) 889-6509
Lexington area: (859) 233-5940
Louisville area: (502) 595-4003
Morehead area: (606) 783-8525
Owensboro area: (270) 686-2502
Paducah area: (270) 575-7000
Prestonsburg area: (888) 503-1423
Somerset area: (606) 677-4124

You can also call the Unemployment Insurance Help Line at (502) 564-2900.

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Q152: A participant's family is in need of assistance with their utility bills during the state of emergency. What resources are available to them?

Date Added: 4/7/20

The Kentucky Public Service Commission ordered utilities to halt disconnections during the state of emergency. More information is available at https://psc.ky.gov/agencies/psc/press/032020/0316_r01.pdf.

Families who are concerned about their utility status can contact the utility company. Case managers should also help connect the family to local resources that can provide assistance.

Q153: Do the updates to the 1915(c) HCBS waivers apply to individuals receiving waiver-services through Money Follows the Person (MFP) / Kentucky Transitions?

Date Added: 4/7/20

Yes, individuals receiving waiver services through MFP/Kentucky Transitions are able to access these updates to help meet any changes in community-based needs during the state of emergency.