

# **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

## Contents

<b>Section 1: Document Background</b>	14
<b>Assessments and Case Management Activities</b>	15
Q1: If a waiver participant needs their annual re-certification completed, how should the assessor complete the assessment/re-assessment?	15
Q2: Are Kentucky Home Assessment Tool, or K-HAT, assessments/re-assessments on hold due to the COVID-19 state of emergency?	15
Q3: Are MAP-10 forms required to initiate services during the state of emergency?	15
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?	15
Q5: What if an initial waiver enrollment or re-certification cannot be completed in the required timeframe?	16
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?	16
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.	16
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?	16
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?	17
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?	17
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?	17
Q12: Should person-centered goals be adjusted during the state of emergency to add goals that can be worked on at home or should participants work on temporary goals not addressed in their plan?	18
Q13: 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?	18

## Kentucky 1915(c) HCBS COVID-19 FAQs

- Q14: 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?..... 18
- Q15: 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. .... 19
- Q16: 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? ..... 19
- Q17: 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?..... 19
- Q18: 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? ..... 19
- Q19: 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? ..... 20
- Q20: If a participant exceeds 60 days without services due to a stay in the hospital or a rehabilitation facility, can the participant resume services or will they have to be closed and re-apply for the waiver? ..... 20
- Q21: If a participant dies during the state of emergency, can their case be closed? ..... 20
- Q22: Can case managers request a conflict-free exemption without going through the state agency approval process?..... 20
- Q23: 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? ..... 21
- Q24: How should ABI providers handle the 30-day intent to discharge during the state of emergency? ..... 21
- Q25: Will level of care (LOC) determinations and prior authorizations be extended?..... 21
- Billing and Service Limits** ..... 21
- Q26: Where will the billing instructions be posted and when? ..... 21
- Q27: Will the billing limits be updated so claims are not denied when they exceed billing limits? .... 22
- Q28: Can DMS clarify the dates for billing increased services retroactively? ..... 22
- Q29: DMS says justification for increased services should be based on a change in the participant's health or community-based status. Does "health" include mental and behavioral health? ... 22
- Q30: Is the cap on Attendant Care lifted during the state of emergency?..... 22
- Q31: 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

## Kentucky 1915(c) HCBS COVID-19 FAQs

the conversation going for the appropriate period of time when not meeting in person. How should case management be billed when provided via phone or remote options? ..... 23

Q32: Can case managers/support brokers/service advisors bill for participants who have chosen to suspend services and are only receiving case management during the state of emergency?  
23

Q33: Will case managers be allowed to bill additional units during the state of emergency? ..... 23

Q34: How should the additional unit of case management be requested in MWMA? ..... 24

Q35: Do case managers/support brokers/service advisors need to submit an extra case note when billing the additional unit?..... 24

Q36: Can the additional unit of case management be billed for March 2020? ..... 24

Q37: Are there changes to Community Living Supports (CLS) caps in ABI LTC during the state of emergency? ..... 25

Q38: Do the changes to the Behavior Support Services limit apply only to MPW? ..... 25

Q39: 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. .... 25

Q40: 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? ..... 25

Q41: Does a Behavior Intervention Committee (BIC) need to approve Positive Behavior Support Plans when there is an increase in behavior supports due to the state of emergency? ..... 25

Q42: Should BICs continue to meet during the state of emergency? ..... 26

Q43: 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? ..... 26

Q44: Can Personal Assistance be billed up to 24 hours during the state of emergency? ..... 26

Q45: For weekly service limits, does the limit run Sunday to Saturday or Saturday to Friday? ..... 26

Q46: How long should service increases due to the state of emergency be approved? ..... 26

**Residential Rate Modification** ..... 27

Q47: Can residential providers request the modified residential rate for each participant living in the residence? ..... 27

Q48: Is a team meeting required for each participant that the modified rate is requested for? ..... 27

Q49: Do goals need to be adjusted for participants for whom the residential provider requests the rate modification? ..... 28

Q50: Can a provider request the residential rate modification for a participant who receives exceptional supports? ..... 28

Q51: How should a residential provider bill for the modified rate if they have already billed and been paid for the date(s) of service where the modification is needed? ..... 29

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q52: Can a residential provider request the residential rate modification for Saturday and Sunday?  
29

Q53: Can providers request the residential rate modification for a participant who no longer attends ADT due to the state of emergency? What date can the request begin? ..... 29

Q54: Can DMS clarify what justifies a request for the residential rate modification? ..... 30

Q55: In what situation would DMS issue a recoupment from a residential provider over the rate modification? ..... 31

Q56: If a case manager approves a residential rate modification and a future audit finds it was not justified, will the residential provider face recoupment or could the case management provider be recouped as well? ..... 31

Q57: Can a residential provider request the rate modification if they have fewer participants due to the state of emergency? Some have gone to stay with family to avoid contracting COVID-19.  
31

Q58: Does the modified residential rate allow for increased wages or additional staff? ..... 32

Q59: If a participant is participating in ADT remotely, can the residential provider still bill the modified residential rate for them? ..... 32

### **COVID-19 Safety and Concerns** ..... 32

Q60: On March 25, 2020, Governor Andy Beshear ordered non-life sustaining businesses to close. What does this mean for providers of home-based care? ..... 32

Q61: Can providers conduct a screening for COVID-19 before entering a waiver participant's home to deliver services? ..... 32

Q62: 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? ..... 33

Q63: 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. .... 33

Q64: 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? ..... 33

Q65: 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. .... 34

Q66: 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? ..... 34

Q67: How should providers handle a situation where a participant living in a staffed residence shows symptoms of and/or tests positive for COVID-19? ..... 35

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q68: 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? .....	35
Q69: Can a participant visit essential places in the community, such as the grocery store, bank, or pharmacy, with a caregiver if they take the necessary precautions? .....	35
Q70: A participant traveled out of state and is now unable to return to Kentucky due to the COVID-19 state of emergency. Can they continue to receive services while waiting to come home? .....	35
Q71: Can provider agency employees with an indirect service role (non-DSP positions) work from home? .....	36
Q72: How will services be resumed once the threat of COVID-19 is reduced? .....	36
<b>Critical Incidents</b> .....	36
Q73: 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? .....	36
Q74: 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? .....	37
Q75: 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? .....	37
Q76: 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? .....	37
Q77: Should a provider submit a critical incident each time a participant goes three or more calendar days without services? .....	37
Q78: 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? .....	38
Q79: 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? .....	38
<b>Adult Day Health Care (ADHC) and Adult Day Training (ADT)</b> .....	38
Q80: On March 17, 2020, Governor Andy Beshear mandated that all adult day cares close. Does this include ADHCs and ADT sites? .....	38
Q81: Do ADHCs and ADTs need to submit a critical incident report due to the temporary closures mandated by Governor Andy Beshear? .....	38
Q82: Will ADHCs and ADTs be receiving guidance on their temporary closure as mandated by the Governor? .....	39

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q83: 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? .....	39
Q84: 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? .....	39
Q85: Is there a way for providers to continue billing ADT services during the temporary closure? ..	39
Q86: If an agency is meeting with participants in groups remotely to work on skills during this time away from traditional ADT services, is this type of meeting billable? .....	40
Q87: 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?..	40
Q88: Are monthly summaries required for ADTs during the time they are closed? .....	40
Q89: Does DMS have guidance on an appropriate length of time for providing ADT remotely? .....	40
Q90: If a residential provider feels ADT provided via telehealth is not appropriate for a participant, how should they proceed? .....	40
Q91: Can you clarify the services an ADHC can provide during the state of emergency? .....	41
Q92: How should an ADHC bill for ADHC services provided via telehealth or in-home? .....	41
Q93: What type of documentation should be done for in-home nursing services? .....	41
Q94: If an ADHC is providing one-on-one, in-home nursing services to a participant, can these overlap with Attendant Care? .....	41
Q95: Can an ADHC provide remote services to ADT participants whose regular day program is not providing telehealth services during the state of emergency? .....	42
Q96: What should ADHCs do if they are unable to continue providing skilled nursing services to participants? .....	42
Q97: 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? .....	42

### **Home Delivered Meals** .....

Q98: 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? .....	42
Q99: What is the billing code for Home Delivered Meals? Is it in the MWMA dropdown menu? .....	42
Q100: What is the reimbursement rate for Home Delivered Meals? .....	43
Q101: How is the cost of meal prep and transport billed when providing Home Delivered Meals? ..	43
Q102: Will ADHCs be reimbursed for Home Delivered Meals? .....	43
Q103: When providing Home Delivered Meals, can an ADHC bill Attendant Care for the time it takes to prepare and deliver meals? .....	43
Q104: If a provider is interested in offering Home Delivered Meals during the state of emergency, who should they contact to get approval? .....	43



## Kentucky 1915(c) HCBS COVID-19 FAQs

Q105: Can a case management agency provide Home Delivered Meals to the participants they serve? .....	44
Q106: Can an agency provide Home Delivered Meals to participants they do not currently serve? .....	44
Q107: Is a listing of Home Delivered Meals providers available? .....	44
Q108: What types of Home Delivered Meals can be provided? .....	44
Q109: Can an agency sub-contract with a frozen meal provider during the state of emergency? ....	44
Q110: Do the meals provided have to come from a licensed catering company? .....	44
Q111: Can a provider work with a local restaurant or catering company to deliver meals to participants? .....	45
Q112: Can two meals be delivered at once? For example, can a provider deliver at 10:30am for lunch and drop off breakfast for the following day? .....	45
Q113: Can participants receive up to three meals per day? .....	45
Q114: Can a participant in residential receive Home Delivered Meals? .....	46
Q115: Can a participant in residential receive Home Delivered Meals? .....	46
Q116: Is the meal required to meet certain nutritional guidelines? .....	46
<b>Telehealth</b> .....	46
Q117: Can providers deliver services remotely during the COVID-19 state of emergency? .....	46
Q118: If a provider delivers a service via telehealth, does the participant's person-centered service plans need to be revised beforehand? .....	47
Q119: If services are provided through telehealth platform, how should it be documented in the note? .....	47
Q120: Are verbal consents for telehealth permissible? .....	47
Q121: Do services have to be provided through a video conferencing platform or can they be provided over the phone? .....	47
Q122: Which platforms are approved for telehealth use during the state of emergency? .....	48
Q123: Should all waiver services be billed using the 02-Place of Service when provided via telehealth? .....	48
Q124: If a provider delivered a service via telehealth and didn't bill it with the 02-Place of Service code, should they go back and change it? .....	48
Q125: Do case managers/support brokers/service advisors need to use the 02-Place of Service code when providing case management via telehealth? .....	49
Q126: If a case manager/support broker/service advisor billed case management as telehealth, does it need to be changed? .....	49
Q127: 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? .....	49



## Kentucky 1915(c) HCBS COVID-19 FAQs

Q128: Can Community Access be provided via telehealth? .....	49
Q129: Can CLS be provided through remote options such as FaceTime, Skype, Zoom, etc. during the state of emergency?.....	49
Q130: Can dietary services provided through Consultative Clinical and Therapeutic Services in SCL be delivered via telehealth? .....	50
Q131: Can Person Centered Coach be delivered via telehealth? .....	50
Q132: Can Respite be provided via telehealth? .....	50
Q133: Can Supported Employment be provided via telehealth? .....	50
Q134: Can exceptional supports be provided via Zoom, Skype, or FaceTime, etc. if it meets the needs of the participant? .....	51
Q135: Can medication administration be done remotely? .....	51
Q136: If a participant wants to receive services via telehealth, is the residential provider obligated to assist them? .....	51
Q137: What are the rates for services provided via telehealth? .....	51
Q138: Which services have been expanded to all waivers during the state of emergency? .....	52
Q139: Why were Behavior Support Services not included for the SCL waiver in Appendix K? .....	52
Q140: Can Behavior Support Services be delivered face-to-face when a participant's behaviors jeopardize their health, safety, and welfare? .....	52
Q141: Should nursing services only be delivered remotely or can they be delivered in-home as well? .....	52
Q142: 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? .....	52
Q143: Can virtual activities, such as touring attractions or accessing religious services/classes online, be billed as CLS when it furthers goals and objectives on the participant's plan? .....	53
Q144: Can CLS services be provided in the community if practicing social distancing? .....	53
Q145: For CLS, are participants/staff allowed to go for walks in the neighborhood or in local parks that are open? .....	53
Q146: Some agencies providing CLS are directing DSPs to take clients to their homes for services. Is this appropriate? .....	53
Q147: Can Community Access be provided in the participant's home? .....	53
Q148: A waiver participant is experiencing difficulty finding needed supplies, such as incontinence supplies. How can providers help them? .....	54
Q149: Can Goods and Services be approved without a letter from a doctor during the state of emergency? .....	54
Q150: 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	

## Kentucky 1915(c) HCBS COVID-19 FAQs

prior authorized on the participant's plan? The sources of needed supplies may vary throughout the state of emergency due to product shortages/availability. ....	54
Q151: Can PPE be obtained using Goods and Services? .....	54
Q152: If a participant is currently receiving Residential, are they eligible to receive Respite during the state of emergency? .....	55
Q153: Can an agency provide Respite during the state of emergency if they are not already listed as a Respite provider? .....	55
Q154: 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? .....	55
Q155: Can Specialized Respite supervisory visits be conducted via phone during the COVID-19 outbreak? .....	55
Q156: Can personal care-type services be billed when running errands on a participant's behalf due to the state of emergency? .....	55
Q157: With schools closed, can school-aged participants receive help with their classwork? .....	56
Q158: 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? .....	56
Q159: If an agency has a staffing crisis at a residential site during the state of emergency, can houses be combined? .....	56
Q160: Can a participant receiving nursing services through the Model II Waiver stop these services during the state of emergency? .....	57
Q161: 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? .....	57
Q162: 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? .....	57
Q163: 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? .....	57
Q164: Will there be extensions for exceptional supports in the SCL waiver? .....	58
Q165: For SCL participants receiving exceptional supports, will rates be increased? .....	58
<b>Provider/Employee Qualifications – Agency and PDS</b> .....	58
Q166: Can an employee, PDS or agency, begin work without a completed background check? .....	58

## Kentucky 1915(c) HCBS COVID-19 FAQs

- Q167: Can provider agencies or PDS employers use background checks on an employee that were completed by a different provider agency or PDS employer? ..... 58
- Q168: Do employers, agency or PDS, need proof background checks were requested prior to the employee delivering services? ..... 59
- Q169: 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? ..... 59
- Q170: 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. .... 59
- Q171: 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? ..... 60
- Q172: 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? ..... 60
- Q173: 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? ..... 60
- Q174: 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? ..... 60
- Q175: 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?..... 61
- Q176: When adding an immediate family member who is being hired as a PDS employee due to the state of emergency, what "relationship type" should be selected in MWMA? What document should be uploaded?..... 61
- Q177: Can a PDS representative become a PDS employee during the state of emergency? If they do, does a new representative need to be designated? ..... 61
- Q178: 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?  
61
- Q179: 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? ..... 61
- Q180: 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? ..... 62

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q181: Which trainings for new or existing agency or PDS employees can be delayed during the state of emergency? .....	62
Q182: If a newly hired agency employee has not worked in the field, can they complete required trainings while working? .....	62
Q183: Do Attendant Care providers in HCB need special training beyond the typical trainings all providers must complete? .....	62
Q184: Do agency employees in MPW and SCL still need to complete individualized instruction and medication administration training before working independently? .....	63
Q185: Can an employee transfer their medication administration training from one agency to another? .....	63
Q186: If agency staff, such as DSPs, are laid off during the state of emergency, do they have to go through the hiring process again when the agency resumes their employment? .....	63
Q187: Will DMS, DAIL, and DBHDID continue provider certification visits during the COVID-19 state of emergency? .....	63
Q188: When will agencies receive site visit extension letters? .....	63
Q189: Are off-site audits using MWMA still occurring during the state of emergency? .....	64
Q190: Is DMS automatically updating Medicaid provider statuses in the Kentucky Medicaid Management Information System (MMIS) for 60 days? .....	64
Q191: 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? .....	64
<b>PDS Questions - Other</b> .....	64
Q192: 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? .....	64
Q193: Can a PDS employee provide medication administration to a participant who switched from traditional services to PDS due to the closure of their ADHC? .....	64
Q194: How should the support broker/service advisor add new PDS employees during the state of emergency? .....	65
Q195: Will there be a grace period on the annual requirements for maintaining PDS employee eligibility? .....	65
Q196: PDS representatives are supposed to be seen in the home once per quarter. How should this be handled during the state of emergency? .....	65
Q197: Can a PDS employee be permitted to work overtime to reduce gaps in service caused by the COVID-19 state of emergency? .....	65
Q198: Should agencies receive paper timesheets due to concerns about the transmission of COVID-19? .....	66
Q199: Will electronic delivery of timesheets be accepted during the state of emergency? .....	66
Q200: What will DMS accept as an official signature on PDS timesheets during the state of emergency? .....	66

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q201: Can a PDS employer send timesheets without an employee signature? .....	66
Q202: What if a support broker/service advisor makes an error on a timesheet? Can this be corrected without having to send it back? .....	66
Q203: Can any case manager provide PDS case management during the state of emergency? ....	67
Q204: Can a PDS employee who lives in the home with the participant continue to provide services during the state of emergency? .....	67
Q205: Can a PDS employee who is unable to work due to the COVID-19 state of emergency file for unemployment? .....	67
Q206: 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? .....	67
Q207: Will PDS employees who are tax exempt be eligible for the stimulus plan Congress is considering? .....	68
<b>Welfare Check Information</b> .....	68
Q208: How do providers document telephonic welfare checks? .....	68
Q209: Who should complete the Welfare Check Form and how often? .....	68
Q210: 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? .....	69
Q211: What if the participant cannot be reached during the welfare check? .....	69
Q212: Can a provider bill for conducting welfare checks on participants during the state of emergency? .....	69
Q213: 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? .....	70
Q214: Will participants have their Medicaid financial eligibility extended during the state of emergency? .....	70
<b>Medicaid Eligibility</b> .....	70
Q215: Will participants have their Medicaid financial eligibility extended during the state of emergency? .....	70
Q216: If patient liability is not updating for a participant who had their Medicaid financial eligibility extended due to the state of emergency, how should this be addressed? .....	70
Q217: If a participant turned in paperwork for their Medicaid financial eligibility renewal but their coverage ended before it was processed due to the state of emergency, is there a way for them to complete the renewal? .....	71
Q218: If a participant receives a stimulus check, will it be counted as income? If so, will it affect their Medicaid eligibility? .....	71

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q219: For new allocations, what is the best way to get Medicaid financial eligibility since DCBS is not open for face-to-face business right now? ..... 71

Q220: If a waiver participant's family is collecting unemployment and the unemployment is more than what the family's income typically is, how will this affect their financial eligibility for waiver services? ..... 71

**General Questions** ..... 71

Q221: What is Appendix K? ..... 71

Q222: Is Appendix K available for reference? ..... 72

Q223: Can provider staff who may be laid off during the state of emergency apply for Medicaid? .. 72

Q224: For participants who were working a community job, but left as a preventative measure against contracting COVID-19, can they file for unemployment benefits? ..... 72

Q225: A participant's family is in need of assistance with their utility bills during the state of emergency. What resources are available to them? ..... 73

Q226: Do the updates to the 1915(c) HCBS waivers apply to individuals receiving waiver-services through Money Follows the Person (MFP) / Kentucky Transitions? ..... 73

Q227: Will DMS allow retainer payments for providers who had to close due to the state of emergency? ..... 73



# Kentucky 1915(c) HCBS COVID-19 FAQs

## 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](mailto: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](https://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/modeliiasessmentscovid19.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](mailto: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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

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](mailto: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>

## Kentucky 1915(c) HCBS COVID-19 FAQs

### 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 Kentucky Revised Statute 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q12: Should person-centered goals be adjusted during the state of emergency to add goals that can be worked on at home or should participants work on temporary goals not addressed in their plan?

Date Added: 4/24/20

DMS encourages providers to find creative or unique ways to work toward community-based goals during the state of emergency. If a community-based goal cannot be worked on, it should be revised or noted as temporarily suspended by the participant. Work done toward goals or updated/temporary goals should be documented, however, this can be done in the case notes rather than by modifying the person-centered service plan.

Q13: 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.

Q14: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q15: 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.

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.

Q16: 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?

Revised: 4/24/20

The case manager/support broker/service advisor should use the “Monthly Summary” option as the “Note Type” and use the “Phone Contact” option as the “Meeting Location” when recording the monthly case 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.

Q17: 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.

Q18: 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

## Kentucky 1915(c) HCBS COVID-19 FAQs

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.

Q19: 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. 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](mailto:1915cWaiverHelpDesk@ky.gov) or (844) 784-5614.

Q20: If a participant exceeds 60 days without services due to a stay in the hospital or a rehabilitation facility, can the participant resume services or will they have to be closed and re-apply for the waiver?

Date Added: 4/24/20

In this situation, the participant can resume services. Participants should not be discharged or dis-enrolled by waiver participants during the state of emergency, unless the participant requests to be discharged or dis-enrolled.

Q21: If a participant dies during the state of emergency, can their case be closed?

Date Added: 4/24/20

**Yes**, the waiver case should be closed upon participant death as per standard practice.

Q22: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q23: 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.

Q24: 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](mailto:1915cWaiverHelpDesk@ky.gov) or (844) 784-5614 or ABI Branch Manager Karen Maciag at [karen.maciag@ky.gov](mailto:karen.maciag@ky.gov).

Q25: 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.).

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](mailto:1915cWaiverHelpDesk@ky.gov) or (844) 784-5614 for assistance.

## Billing and Service Limits

Q26: 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>.



## Kentucky 1915(c) HCBS COVID-19 FAQs

Q27: Will the billing limits be updated so claims are not denied when they exceed billing limits?

Revised: 4/24/20

**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/grqservicesforchfsreview.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 does not anticipate high rates of increased services especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q28: Can DMS clarify the dates for billing increased services retroactively?

Date Added: 4/24/20

DMS expects these requests to be the exception as providers were not notified of the waiver allowances detailed in Appendix K until March 25, 2020.

Modifications should correspond with the date the provider began delivering services to address the participant's increased support needs resulting from COVID-19 and/or the state of emergency.

For example, some participants stopped attending ADT prior to Governor Andy Beshear's executive order closing ADT sites effective of March 20, 2020. If the participant's residential began providing additional services because the participant's support needs increased due to the closure of the ADT, the modified residential rate can be billed for the dates the additional services were delivered even if it was earlier than March 20.

Q29: DMS says justification for increased services should be based on a change in the participant's health or community-based status. Does "health" include mental and behavioral health?

Date Added: 4/24/20

**Yes**, DMS considers mental and behavioral health vital to a participant's overall health, safety, and welfare. Increased service units can be used to help participants coping with mental or behavioral health changes due to the COVID-19 state of emergency.

Q30: Is the cap on Attendant Care lifted during the state of emergency?

Revised: 4/24/20

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

## Kentucky 1915(c) HCBS COVID-19 FAQs

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 does not anticipate high rates of increased services especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q31: 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 case management be billed when provided via phone or remote options?

Revised: 4/24/20

Case management should be billed the same during the state of emergency as it is during normal operations. 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.

Q32: Can case managers/support brokers/service advisors bill for participants who have chosen to suspend services and are only receiving case management during the state of emergency?

Date Added: 4/24/20

**Yes.** For participants who have chosen to suspend services, the 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. 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.

Q33: Will case managers be allowed to bill additional units during the state of emergency?

Revised: 4/24/20

**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 does not anticipate high rates of exceptional case management especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. 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. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q34: How should the additional unit of case management be requested in MWMA?

Date Added: 4/24/20

The case manager/support broker/service advisor should modify the person-centered service plan by ending the existing case management line and adding a new line with two units. The additional unit of case management can only be requested for a maximum of 120 days.

The case note should include an explanation of why the additional unit is needed as crisis management is already an expectation of case management services. DMS does not anticipate high rates of exceptional case management especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. 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.

DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons. Additional information is available in the COVID-19 waiver billing instructions at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q35: Do case managers/support brokers/service advisors need to submit an extra case note when billing the additional unit?

Date Added: 4/24/20

**No**, an additional case note is not needed. The case note should include an explanation of why the additional unit is needed as crisis management is already an expectation of case management services. DMS does not anticipate high rates of exceptional case management especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. 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.

DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q36: Can the additional unit of case management be billed for March 2020?

Date Added: 4/24/20

**Yes**, the additional case management unit can be billed for March 2020 if the participant's case management services were increased due to the COVID-19 state of emergency on or after March 6, 2020. It is possible a case manager will need to bill the additional unit for one month during the state of emergency but not the next month due to the participant's needs or emergency person-centered plan stabilizing. If there is a month where the additional unit is not needed, the case manager/support broker/service advisor does not need to modify the plan again and should only bill one unit.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q37: Are there changes to Community Living Supports (CLS) caps in ABI LTC during the state of emergency?

Revised: 4/24/20

**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 does not anticipate high rates of increased services especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q38: 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.

Q39: 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.

Revised: 4/24/20

**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 does not anticipate high rates of increased services especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q40: 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.

Q41: Does a Behavior Intervention Committee (BIC) need to approve Positive Behavior Support Plans when there is an increase in behavior supports due to the state of emergency?

Date Added: 4/24/20

**No**, not if the participant needs an increase in the approved services already included in their Positive Behavior Support Plan.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q42: Should BICs continue to meet during the state of emergency?

Date Added: 4/24/20

**Yes**, BICs may continue to meet, review and approve any first-time Positive Behavior Supports Plans or existing plans that require substantial revisions. BICs should follow social distancing guidelines when meeting, which includes holding the meetings using remote options.

Q43: 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?

Revised: 4/24/20

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 does not anticipate high rates of increased services especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q44: Can Personal Assistance be billed up to 24 hours during the state of emergency?

Date Added: 4/24/20

**Yes**, this is allowed if necessary to address the health, safety and welfare of the participant. These requests should be short-term and include an explanation of how the participant's service needs have changed as a result of the COVID-19 state of emergency to necessitate this level of services. Personal Assistance cannot be billed up to 24 hours for participants accessing Residential services. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

Q45: 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.

Q46: How long should service increases due to the state of emergency be approved?

Date Added: 4/24/20

Service increases should be approved for no more than 120 days or the LOC end date, whichever comes first.

## Residential Rate Modification

Q47: Can residential providers request the modified residential rate for each participant living in the residence?

Date Added: 4/24/20

**Yes.** The request for the modified rate should be **person-centered and required to address increased support needs** which:

1. Are a direct result of the COVID-19 state of emergency.
2. Pose a risk to the participant's health, safety, and welfare.
3. Are above and beyond the residential provider's responsibilities as defined in the applicable waiver Kentucky Administrative Regulation (KAR).

Modified rates are intended to be driven by participant needs and not implemented as a blanket rate increase.

Requests should correspond with the date the provider began meeting the participant's increased service needs but cannot be made for dates prior to March 6, 2020. If the provider is requesting the modification for the date of service already billed and paid, the provider will need to void those dates of service and wait until the case manager completes the modification before billing again. The modification request should include a brief, but detailed explanation of:

1. The changes the participant has experienced due to the COVID-19 state of emergency.
2. How those changes pose a risk to the participant's health, safety, and welfare and require support above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

The explanation justifying the modified rate request can be a copy of emails exchanged by the provider and case manager discussing the need for the request or the explanation can be included in the service notes or written up in a separate document and uploaded to MWMA.

DMS understands some participants stopped attending ADT before Governor Andy Beshear's executive order closing ADT sites effective of March 20, 2020. The modified rate should not be requested for dates when participants were still attending ADT.

Providers are not eligible to receive the modified rate for participants who already receive exceptional supports for residential.

Q48: Is a team meeting required for each participant that the modified rate is requested for?

Date Added: 4/24/20

## Kentucky 1915(c) HCBS COVID-19 FAQs

**No**, a team meeting is not required when requesting the rate modification for a participant. DMS expects the provider and the case manager to collaborate by discussing the need and reason for the rate modification request, including methods available to address emergent needs and risks. Case managers are expected to observe risk identification, planning and mitigation activities with participants for whom increased service needs pose potential risks to health, safety and welfare.

The modification request should include a brief, but detailed explanation of:

1. The changes the participant has experienced due to the COVID-19 state of emergency.
2. How those changes pose a risk to the participant's health, safety, and welfare and require support above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

The explanation justifying the modified rate request can be a copy of emails exchanged by the provider and case manager discussing the need for the request or the explanation can be included in the service notes or written up in a separate document and uploaded to MWMA.

Q49: Do goals need to be adjusted for participants for whom the residential provider requests the rate modification?

Date Added: 4/24/20

**No**, goals do not need to be adjusted when requesting the rate modification. DMS expects the provider and the case manager to discuss the need and reason for the rate modification request.

The modification request should include a brief, but detailed explanation of:

1. The changes the participant has experienced due to the COVID-19 state of emergency.
2. How those changes pose a risk to the participant's health, safety, and welfare and require support above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

The explanation justifying the modified rate request can be a copy of emails exchanged by the provider and case manager discussing the need for the request or the explanation can be included in the service notes or written up in a separate document and uploaded to MWMA.

Q50: Can a provider request the residential rate modification for a participant who receives exceptional supports?

Date Added: 4/24/20

**No**, participants who receive exceptional supports are not also eligible for the residential rate modification.



## Kentucky 1915(c) HCBS COVID-19 FAQs

Q51: How should a residential provider bill for the modified rate if they have already billed and been paid for the date(s) of service where the modification is needed?

Date Added: 4/24/20

The provider will need to void any claims for the date(s) of service for which they are requesting the modified rate. Once this is complete, the case manager should modify the participant's person-centered plan. The provider can bill the increased rate once the plan modification is complete. Instructions for requesting and billing the increased residential rate is available in the billing instructions at <https://chfs.ky.gov/agencies/dms/dca/Documents/covid19waiverbilling.pdf>.

Q52: Can a residential provider request the residential rate modification for Saturday and Sunday?

Date Added: 4/24/20

**Yes**, if the participant is experiencing increased support needs which:

1. Are a direct result of the COVID-19 state of emergency.
2. Pose a risk to the participant's health, safety, and welfare.
3. Are above and beyond the residential provider's responsibilities as defined in the applicable waiver KAR.

Modified rates are intended to be driven by participant needs and not implemented as a blanket rate increase.

Q53: Can providers request the residential rate modification for a participant who no longer attends ADT due to the state of emergency? What date can the request begin?

Date Added: 4/24/20

**Yes**. The request for the modified rate should **be person-centered and required to address increased support needs** which:

1. Are a direct result of the COVID-19 state of emergency.
2. Pose a risk to the participant's health, safety, and welfare.
3. Are above and beyond the residential provider's responsibilities as defined in the applicable waiver KAR.

Modified rates are intended to be driven by participant needs and not implemented as a blanket rate increase.

Requests should correspond with the date the provider began meeting the participant's increased needs but cannot not be made for dates prior to March 6, 2020. DMS understands some participants stopped attending ADT prior to Governor Andy Beshear's executive order closing ADT sites effective of March 20, 2020. The modified rate should not to be requested for dates when participants were still attending ADT.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q54: Can DMS clarify what justifies a request for the residential rate modification?

Date Added: 4/24/20

**Yes.** The request for the modified rate should be **person-centered and required to address increased support needs** which:

1. Are a direct result of the COVID-19 state of emergency.
2. Pose a risk to the participant's health, safety, and welfare.
3. Are above and beyond the residential provider's responsibilities as defined in the applicable waiver KAR.

Modified rates are intended to be driven by participant needs and not implemented as a blanket rate increase.

Requests should correspond with the date the provider began meeting the participant's increased service needs but cannot be made for dates prior to March 6, 2020. If the provider is requesting the modification for the date of service already billed and paid, the provider will need to void those dates of service and wait until the case manager completes the modification before billing again. The modification request should include a brief, but detailed explanation of:

1. The changes the participant has experienced due to the COVID-19 state of emergency.
2. How those changes pose a risk to the participant's health, safety, and welfare and require support above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

The explanation justifying the modified rate request can be a copy of emails exchanged by the provider and case manager discussing the need for the request or the explanation can be included in the service notes or written up in a separate document and uploaded to MWMA.

DMS understands some participants stopped attending ADT before Governor Andy Beshear's executive order closing ADT sites effective of March 20, 2020. The modified rate should not be requested for dates when participants were still attending ADT.

Providers are not eligible to receive the modified rate for participants who already receive exceptional supports for residential.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q55: In what situation would DMS issue a recoupment from a residential provider over the rate modification?

Date Added: 4/24/20

Situations where DMS may issue recoupments to providers include, but are not limited to, when the modified rate is billed for dates of service where a participant was still attending ADT or who bill the modified rate for a participant receiving exceptional supports for residential. Providers would also face recoupment if an audit finds Medicaid fraud, such as billing for a participant who was not in the residence because they went to stay with family or were in an alternative care setting during the state of emergency.

Q56: If a case manager approves a residential rate modification and a future audit finds it was not justified, will the residential provider face recoupment or could the case management provider be recouped as well?

Date Added: 4/24/20

DMS expects the provider and the case manager to discuss the need and reason for the rate modification request to ensure it is appropriate, however, in this instance the residential provider would be subject to recoupment.

Q57: Can a residential provider request the rate modification if they have fewer participants due to the state of emergency? Some have gone to stay with family to avoid contracting COVID-19.

Date Added: 4/24/20

**Yes.** The request for the modified rate should **be person-centered and required to address increased support needs** which:

1. Are a direct result of the COVID-19 state of emergency.
2. Pose a risk to the participant's health, safety, and welfare.
3. Are above and beyond the residential provider's responsibilities as defined in the applicable waiver KAR.

Modified rates are intended to be driven by participant needs and not implemented as a blanket rate increase.

Requests should correspond with the date the provider began meeting the participant's increased service needs but cannot be made for dates prior to March 6, 2020. If the provider is requesting the modification for the date of service already billed and paid, the provider will need to void those dates of service and wait until the case manager completes the modification before billing again. The modification request should include a brief, but detailed explanation of:

1. The changes the participant has experienced due to the COVID-19 state of emergency.
2. How those changes pose a risk to the participant's health, safety, and welfare and require support above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

## Kentucky 1915(c) HCBS COVID-19 FAQs

The explanation justifying the modified rate request can be a copy of emails exchanged by the provider and case manager discussing the need for the request or the explanation can be included in the service notes or written up in a separate document and uploaded to MWMA.

DMS understands some participants stopped attending ADT before Governor Andy Beshear's executive order closing ADT sites effective of March 20, 2020. The modified rate should not be requested for dates when participants were still attending ADT.

Providers are not eligible to receive the modified rate for participants who already receive exceptional supports for residential.

Q58: Does the modified residential rate allow for increased wages or additional staff?

Date Added: 4/24/20

DMS anticipates residential providers will use the modified rate to pay for additional staff, however, use of the funds is at the discretion of each provider agency.

Q59: If a participant is participating in ADT remotely, can the residential provider still bill the modified residential rate for them?

Date Added: 4/24/20

This depends upon the level of staff the participant needs to access remote ADT. This would apply in situations where a participant needs assistance above and beyond what the residential is responsible to provide as defined in the applicable waiver KAR.

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 or is able to participate in remotely delivered programming.

## COVID-19 Safety and Concerns

Q60: On March 25, 2020, Governor Andy Beshear ordered non-life sustaining businesses to close. What does this mean for providers of home-based care?

Date Added: 4/24/20

Governor Beshear identified home-based care for adults, seniors, children, and individuals with developmental or intellectual disabilities as a life-sustaining business in his order and these services may continue. The Governor's order is available at [https://governor.ky.gov/attachments/20200325\\_Executive-Order\\_2020-257\\_Healthy-at-Home.pdf](https://governor.ky.gov/attachments/20200325_Executive-Order_2020-257_Healthy-at-Home.pdf).

Q61: 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

## Kentucky 1915(c) HCBS COVID-19 FAQs

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.

**Q62: 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](http://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.

**Q63: 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.

**Q64: 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](mailto:1915cWaiverHelpDesk@ky.gov) or (844) 784-5614.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q65: 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>.

Q66: 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?

Revised 4/24/20

If a participant or agency employee who has direct contact with waiver participants begins showing symptoms of COVID-19, they should isolate away from others in the home and their primary care doctor or local health department should be contacted via phone to evaluate them before they seek in-person care. The state of Kentucky's guidance is available in the "When to Seek" care informational chart available under "COVID-19 Graphics" on [kycovid19.ky.gov](http://kycovid19.ky.gov). The individual who is confirmed to have COVID-19 should follow guidance from their [local health department](#) regarding quarantine measures.



## Kentucky 1915(c) HCBS COVID-19 FAQs

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>.

Q67: How should providers handle a situation where a participant living in a staffed residence shows symptoms of and/or tests positive for COVID-19?

Date Added: 4/24/20

If a participant is showing symptoms of COVID-19, they should isolate away from others in the home and their primary care doctor or local health department should be contacted via phone to provide next steps for accessing testing and treatment. The state of Kentucky's guidance is available in the "When to Seek" care informational chart available under "COVID-19 Graphics" on [kycovid19.ky.gov](http://kycovid19.ky.gov).

In the case of a positive test for COVID-19, the residential provider should follow guidance from their local health department regarding quarantine of the participant and other participants and staff who may have been exposed. Providers also need to submit a critical incident report if a participant or a staff member who had direct contact with participants in the prior 14 days tests positive for COVID-19. 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>.

Q68: 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.

Q69: Can a participant visit essential places in the community, such as the grocery store, bank, or pharmacy, with a caregiver if they take the necessary precautions?

Date Added: 4/24/20

On April 8, 2020, Governor Andy Beshear issued an executive order limiting the number of people in essential stores to one adult per household at a time. While the executive order allows an exemption for minors or adults who cannot be left home alone due to their age or a disability, it encourages these individuals to stay healthy at home as much as possible. DMS encourages all waiver participants, their families and caregivers to follow this guidance to reduce the spread of COVID-19 in Kentucky. Governor Beshear's executive order is available at [https://governor.ky.gov/attachments/20200408\\_Executive-Order\\_2020-275\\_State-of-Emergency.pdf](https://governor.ky.gov/attachments/20200408_Executive-Order_2020-275_State-of-Emergency.pdf).

Q70: A participant traveled out of state and is now unable to return to Kentucky due to the COVID-19 state of emergency. Can they continue to receive services while waiting to come home?

Date Added: 4/24/20



## Kentucky 1915(c) HCBS COVID-19 FAQs

**Yes.** If a participant is unable to travel home due to COVID-19, DMS will allow billing of services to continue while they wait to return if services are delivered by a Medicaid-approved provider from Kentucky or another state.

Q71: 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 in the office.

Q72: How will services be resumed once the threat of COVID-19 is reduced?

Date Added: 4/24/20

Governor Andy Beshear launched the “Healthy at Work” initiative in mid-April to prepare for reopening Kentucky’s economy. The goal of the two phased approach is to allow Kentuckians to safely return to work while protecting the state’s most vulnerable populations from COVID-19. To reopen, businesses must comply with public health protocols and CDC guidelines. More information on “Healthy at Work” is available at <https://govstatus.egov.com/ky-healthy-at-work>. DMS will monitor these decisions to determine when and how normal waiver operations can safely resume. Providers will be given at least 48-hours’ notice before DMS returns to normal waiver operations.

## Critical Incidents

Q73: 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 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
- 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 Version 3

Updated: April 24, 2020

## Kentucky 1915(c) HCBS COVID-19 FAQs

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>

Q74: 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

Q75: 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.

Q76: 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.

Q77: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q78: 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.

Q79: 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 (ADHC) and Adult Day Training (ADT)

Q80: 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>.

Q81: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q82: 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/1915cadhcadtclosurescovid19.pdf>.

Q83: 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.

Q84: 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.

Q85: 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 or is able to participate 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q86: If an agency is meeting with participants in groups remotely to work on skills during this time away from traditional ADT services, is this type of meeting billable?

Date Added: 4/24/20

**Yes**, this is considered remote ADT. Providers should continue to request and bill ADT on each participant's person-centered service plan. 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 or is able to participate in remotely delivered programming.

Q87: 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 or is able to participate in remotely delivered programming.

Q88: Are monthly summaries required for ADTs during the time they are closed?

Date Added: 4/24/20

**No**, ADTs are not required to complete a monthly summary if they are not providing services. If an ADT continues to provide services remotely, the monthly summary should be completed.

Q89: 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 or is able to participate 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.

Q90: If a residential provider feels ADT provided via telehealth is not appropriate for a participant, how should they proceed?

Date Added: 4/24/20

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

## Kentucky 1915(c) HCBS COVID-19 FAQs

wishes to engage in or is able to participate in remotely delivered programming. If a residential provider believes a participant is being pressured to receive services that he or she does not agree to or want, the residential provider should address their concerns with the participant's case manager and contact DMS at [1915cWaiverHelpDesk@ky.gov](mailto:1915cWaiverHelpDesk@ky.gov) or (844) 764-5614 for further assistance.

Q91: Can you clarify the services an ADHC can provide during the state of emergency?

Revised: 4/24/20

ADHCs can provide the following services:

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

**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.

Q92: 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.

Q93: 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.

Q94: 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.



## Kentucky 1915(c) HCBS COVID-19 FAQs

Q95: Can an ADHC provide remote services to ADT participants whose regular day program is not providing telehealth services during the state of emergency?

Date Added: 4/24/20

**Yes.** In this instance, the case manager should modify the plan to request the service and list the agency as the provider.

Q96: What should ADHCs do if they are unable to continue providing skilled nursing services to participants?

Date Added: 4/24/20

If an ADHC is unable to provide services to a participant, and those services are necessary to the participant's health, safety, and welfare, the ADHC should submit a critical incident report. Additionally, the ADHC should notify the participant's case manager who can address the loss of skilled nursing services by identifying alternative providers, working with the participant to ensure needs can be met in other ways such as using natural supports or through telehealth services, and conduct risk identification, planning and mitigation activities. ADHCs can also contact the 1915(c) Waiver Help Desk for assistance at (844) 784-5614 or [1915cWaiverHelpDesk@ky.gov](mailto:1915cWaiverHelpDesk@ky.gov).

Q97: 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.

### Home Delivered Meals

Q98: 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>.

Q99: 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.



## Kentucky 1915(c) HCBS COVID-19 FAQs

Q100: 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>.

Q101: How is the cost of meal prep and transport billed when providing Home Delivered Meals?

Date Added: 4/24/20

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>.

Q102: 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.

Q103: When providing Home Delivered Meals, can an ADHC bill Attendant Care for the time it takes to prepare and deliver meals?

Date Added: 4/24/20

**No, this is an inappropriate use** of Attendant Care and a potential duplication of services when billed inappropriately. Reimbursement of Home Delivered Meals is intended to fund obtaining food for, preparing, and delivering the meal. Attendants can only bill the time spent preparing a home delivered meal for a participant to eat (i.e. microwaving the meal or preparing a place-setting, etc.).

Q104: 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>.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q105: 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.

Q106: Can an agency provide Home Delivered Meals to participants they do not currently serve?

Date Added: 4/24/20

**Yes**, an agency can provide this service to any 1915(c) HCBS waiver participant who needs it, except for participants of the Model II waiver. The participant's case manager should modify the person-centered plan to add this service.

Q107: Is a listing of Home Delivered Meals providers available?

Revised: 4/24/20

DMS compiled a listing of providers offering home delivered meal during the state of emergency. It is available at <https://bit.ly/kycovid19hdm>.

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](mailto: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.

Q108: What types of Home Delivered Meals can be provided?

Date Added: 4/24/20

Providers can deliver hot, shelf-stable or frozen meals. 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 (USDA). 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>.

Q109: 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.

Q110: 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 USDA. Information is available at

## Kentucky 1915(c) HCBS COVID-19 FAQs

<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>.

Q111: Can a provider work with a local restaurant or catering company to deliver meals to participants?

Date Added: 4/24/20

**Yes**, this is allowed during the state of emergency. 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 USDA. 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>.

Q112: Can two meals be delivered at once? For example, can a provider deliver at 10:30am for lunch and drop off breakfast for the following day?

Date Added: 4/24/20

**Yes**, a provider can drop off multiple meals at once. Meals can be hot, shelf-stable, or frozen. 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 USDA. 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>.

Q113: Can participants receive up to three meals per day?

Date Added: 4/24/20

**No**, CMS only allows Medicaid to reimburse up to two meals per day. Advancing States and other organizations are working to submit temporary legislation to increase this to three meals per day during the state of emergency. DMS is watching this effort closely and will consider making further updates to the limit if needed. Participants who need assistance with grocery shopping or meal prep can receive one of the following services:

- **ABI:** Companion
- **ABI LTC:** CLS
- **HCB:** Attendant Care/Home and Community Supports
- **MPW:** CLS
- **SCL:** Personal Assistance

Participants can still access a third meal using non-Medicaid funded programs.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q114: Can a participant in residential receive Home Delivered Meals?

Revised: 4/24/20

**No**, for most residential services the residential provider remains responsible for providing meals for participants in Supervised Residential Level I, II and III in ABI and ABI LTC and Residential Support Level I and II in SCL. DMS is allowing participants in Technology Assisted Residential in SCL to receive Home Delivered Meals.

Q115: Can a PDS participant receive Home Delivered Meals?

Date Added: 4/24/20

**Yes**. In most situations this is allowed as DMS wants all participants to have access to food during the state of emergency. This includes situations where a PDS participant lives alone, lacks natural supports, or is having difficulty acquiring food due to financial concerns, access to the grocery store, or the absence of a caregiver because of COVID-19. Duplicate billing of Home Delivered Meals and PDS completion of shopping and meal preparation is not permitted, beyond what is required to prepare a Home Delivered Meal for the participant to eat (i.e. microwaving the meal or preparing a place-setting, etc.).

Q116: Is the meal required to meet certain nutritional guidelines?

Date Added: 4/24/20

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 USDA. 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>.

## Telehealth

Q117: 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:

- 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

## Kentucky 1915(c) HCBS COVID-19 FAQs

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.

Q118: 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.

Q119: 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.

Q120: 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.

Q121: 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. 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q122: 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>.

Q123: 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.

Q124: If a provider delivered a service via telehealth and didn't bill it with the 02-Place of Service code, should they go back and change it?

Date Added: 4/24/20

**No**, providers do not need to go back and add the 02-Place of Service code to services already billed. Please use the 02-Place of Service code when billing units in the future.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q125: Do case managers/support brokers/service advisors need to use the 02-Place of Service code when providing case management via telehealth?

Date Added: 4/24/20

**No**, case managers/support brokers/service advisors do not need to use the 02-Place of Service code when providing case management via telehealth or by phone.

Q126: If a case manager/support broker/service advisor billed case management as telehealth, does it need to be changed?

Date Added: 4/24/20

**No**, if a case manager/support broker/service advisor already billed case management using the 02-Place of Service code, it does not need to be changed. Future units do not need to be billed using the 02-Place of Service code.

Q127: 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?

Revised: 4/24/20

**Yes**, if the assistance is necessary for the participant and they would be unable to receive the service via telehealth without it. The need for assistance and the type of assistance provided should be documented in the service notes.

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 or is able to participate in remotely delivered programming.

Q128: 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.

Q129: 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



## Kentucky 1915(c) HCBS COVID-19 FAQs

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.

Q130: 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.

Q131: 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.

Q132: Can Respite be provided via telehealth?

Date Added: 4/24/20

This would depend on the participant's circumstances. If a provider encounters a situation where they think telehealth respite could be appropriate, please contact DMS at (844) 784-5614 or [1915cWaiverHelpDesk@ky.gov](mailto:1915cWaiverHelpDesk@ky.gov) to discuss it.

Q133: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q134: 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.

Q135: 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.

Q136: If a participant wants to receive services via telehealth, is the residential provider obligated to assist them?

Date Added: 4/24/20

DMS expects the residential provider to collaborate with other providers on the participant's person-centered team to assist participants who wish to receive services via telehealth.

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.

Q137: What are the rates for services provided via telehealth?

Date Added: 4/24/20

The reimbursement rates for services remain unchanged when they are provided via telehealth. Reimbursement rates can be found in the each waiver's corresponding KAR at <https://apps.legislature.ky.gov/law/kar/TITLE907.HTM>.

## Kentucky 1915(c) HCBS COVID-19 FAQs

### Covered Services

Q138: 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

Q139: 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>.

Q140: 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](mailto:1915cWaiverHelpDesk@ky.gov) or by calling (844) 784-5614 and will work with you to make sure the participant's needs are addressed.

Q141: 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).

Q142: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q143: Can virtual activities, such as touring attractions or accessing religious services/classes online, be billed as CLS when it furthers goals and objectives on the participant's plan?

Date Added: 4/24/20

**Yes**, this is allowed if the activity meets the service definition, is person-centered, meaningful, and related to established goals, and the service provider has an active role in facilitating the viewing if necessary. Participants should be given the option to participate in virtual activities, which should 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 or is able to participate in the activity.

Q144: Can CLS services be provided in the community if practicing social distancing?

Revised: 4/24/20

**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) and is part of visits where the participant is receiving emergent care. Outdoor exercise should not be the primary reason for the visit.

Q145: For CLS, are participants/staff allowed to go for walks in the neighborhood or in local parks that are open?

Date Added: 4/24/20

**Yes**, CLS services may be allowed to support a participant with outdoor exercise, such as taking a walk, if it is completed following social distancing standards including six feet of separation from others (beyond the direct care worker) and is part of visits where the participant is receiving emergent care. Outdoor exercise should not be the primary reason for the visit.

Q146: Some agencies providing CLS are directing DSPs to take clients to their homes for services. Is this appropriate?

Date Added: 4/24/20

**No**, this is inappropriate and is not allowed as it does not follow social distancing guidelines. During the state of emergency, community-based CLS activities should be suspended. CLS activities that require cueing, such as medication administration or coaching individuals through hygiene or meal preparation / completion, can be delivered via telehealth. Only CLS activities necessary for the participant's health, safety, and welfare should be provided in-person. These should take place at the participant's residence with proper infection control and use of personal protective equipment (PPE) in place.

Q147: Can Community Access be provided in the participant's home?

Date Added: 4/7/20

## Kentucky 1915(c) HCBS COVID-19 FAQs

**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.

Q148: 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.

Q149: Can Goods and Services be approved without a letter from a doctor during the state of emergency?

Date Added: 4/24/20

**Yes**, DMS is allowing some items to be provided without a letter during the state of emergency. This includes non-specialized items such as incontinence supplies. Specialized items or items that require a fitting, such as hearing aids, glasses or dental work, would still need a letter to be approved.

Q150: 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.

Q151: Can PPE be obtained using Goods and Services?

Date Added: 4/24/20

**Yes**, this is allowed during the state of emergency.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q152: If a participant is currently receiving Residential, are they eligible to receive Respite during the state of emergency?

Date Added: 4/7/20

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.

Q153: 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.

Q154: 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.

Q155: 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.

Q156: Can personal care-type services be billed when running errands on a participant's behalf due to the state of emergency?

Date Added: 4/24/20

**Yes**, this is allowed during the state of emergency for participants who require or request this assistance. This option is only available to participants who live in a private, community-based

## Kentucky 1915(c) HCBS COVID-19 FAQs

residence, not for those residing in a provider-owned or controlled residential setting. Services under which this is allowable are:

- **ABI:** Companion
- **ABI LTC:** CLS
- **HCB:** Attendant Care/Home and Community Supports
- **MPW:** CLS
- **SCL:** Personal Assistance

Q157: With schools closed, can school-aged participants receive help with their classwork?

Revised: 4/24/20

**No**, DMS does not currently allow agency or 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.

Q158: 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.

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.

Q159: 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.



## Kentucky 1915(c) HCBS COVID-19 FAQs

Q160: 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.

Q161: 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.

Q162: 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.

Q163: 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 activities of daily living, and services essential to preserving a person's health, safety and welfare in his or her home.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q164: 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.

Q165: 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 PDS

Q166: Can an employee, PDS or agency, begin work without a completed background check?

Date Added: 4/24/20

**Yes**, this is allowed during the state of emergency. 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.

Q167: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q168: Do employers, agency or PDS, need proof background checks were requested prior to the employee delivering services?

Date Added: 4/24/20

Agency and PDS employers should retain documentation of when the background check was requested.

Q169: 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.

Q170: 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 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q171: 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.

Q172: 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.

Q173: 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.

Q174: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q175: 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.

Q176: When adding an immediate family member who is being hired as a PDS employee due to the state of emergency, what “relationship type” should be selected in MWMA? What document should be uploaded?

Date Added: 4/24/20

If the immediate family member is being hired as a PDS employee due to the state of emergency, they can be added in the comments in MWMA and the Immediate Family Member Request Approval Letter (<https://chfs.ky.gov/agencies/dms/dca/Documents/covid19ifmletter.pdf>) should be uploaded in place of the approval request form.

Q177: 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.

Q178: 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.

Q179: 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

## Kentucky 1915(c) HCBS COVID-19 FAQs

**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.

Q180: 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

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.

Q181: 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.

Q182: 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.

Q183: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q184: 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.

Q185: 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.

Q186: If agency staff, such as DSPs, are laid off during the state of emergency, do they have to go through the hiring process again when the agency resumes their employment?

Date Added: 4/24/20

DMS does not consider pre-existing employees who were laid off due to the state of emergency as “new hires.” The agency should have their own policies in place for re-introducing returning employees at the end of the state of emergency.

Q187: 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>.

Q188: 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.



## Kentucky 1915(c) HCBS COVID-19 FAQs

Q189: 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>.

Q190: 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.

Q191: 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.

### PDS Questions - Other

Q192: 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.

Q193: Can a PDS employee provide medication administration to a participant who switched from traditional services to PDS due to the closure of their ADHC?

Date Added: 4/24/20

**No**, as medication administration assistance is considered to be a skilled nursing service. The participant's ADHC is allowed to provide nursing services via telehealth to make sure required medications are taken and/or to remind the participant to refill medication planners.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q194: 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.

Q195: 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.

Q196: PDS representatives are supposed to be seen in the home once per quarter. How should this be handled during the state of emergency?

Date Added: 4/24/20

In order to comply with social distancing guidelines and reduce the spread of COVID-19, DMS does not recommend conducting in-person visits at this time. The support broker/service advisor should document that this requirement could not be met due to the state of emergency.

Q197: Can a PDS employee be permitted to work overtime to reduce gaps in service caused by the COVID-19 state of emergency?

Revised: 4/24/20

**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.

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 does not anticipate high rates of PDS overtime especially for: participants living in residential, participants under the age of 18 with a parent/guardian, or adults who have willing and able natural supports. DMS will conduct retrospective reviews of service increases to ensure these were implemented for appropriate, emergency-related reasons.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q198: Should agencies receive paper timesheets due to concerns about the transmission of COVID-19?

Date Added: 4/24/20

Agencies can continue to accept paper timesheets, as not all participants have technology available to send them electronically. DMS encourages participants and providers to take precautions when handling timesheets sent via the U.S. Post Office or having them dropped off.

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

Q199: 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 secure method in place for accepting timesheets electronically, they can be submitted by email or fax if accepted by the agency.

Q200: 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.

Q201: 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.

Q202: 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

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

## Kentucky 1915(c) HCBS COVID-19 FAQs

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.

Q203: 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.

Q204: 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.**

Q205: 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](http://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.

Q206: 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:

Bowling Green area: (270) 746-7425

Elizabethtown area: (270) 766-5115

Version 3

Updated: April 24, 2020



## Kentucky 1915(c) HCBS COVID-19 FAQs

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.

Q207: 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

Q208: 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>

Q209: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

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 and case managers 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.

Q210: 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.

Q211: 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.

Q212: Can a provider bill for conducting welfare checks on participants during the state of emergency?

Date Added: 4/24/20

**No**, welfare checks are not billable at this time. DMS encourages agencies to conduct welfare checks on the participants they serve who have experienced a reduction in congregate services and may need the added oversight and support to address any emergent risks to their health, safety and welfare. 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. DMS asks providers and case managers to coordinate welfare checks so the participant doesn't receive multiple calls on the same day.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q213: 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.

Q214: Will participants have their Medicaid financial eligibility extended during the state of emergency?

Date Added: 4/24/20

A welfare check is a short, periodic phone call made to participants with a reduction in congregate service who may need added oversight and support. A welfare check call allows screening for and identifying any emergent participant needs during the state of emergency. DMS developed a welfare check form to give providers performing these checks a tool to guide the call, please find the tool at <https://chfs.ky.gov/agencies/dms/MAPForms/waiverwelfarecheckform.docx>

Telehealth is used to deliver services on the person-centered service plan remotely and is intended to offer a continued method to advance a participant's person-centered goals during the state of emergency while reducing face-to-face contacts, adhering to social distancing guidelines, and preventing the spread of COVID-19.

### Medicaid Eligibility

Q215: Will participants have their Medicaid financial eligibility extended during the state of emergency?

Date Added: 4/24/20

**Yes**, there is an automatic 3-month extension for all cases due for renewal of financial eligibility during the state of emergency. For questions about Medicaid financial eligibility, call the Department for Community Based Services (DCBS) at (855) 306-8959. DCBS has extended the hours of operation for its call center due to the state of emergency. Phone lines are open 8:00 a.m. to 4:30 p.m. Eastern Monday through Friday and 9:00 a.m. to 1:00 p.m. Eastern on Saturdays.

Q216: If patient liability is not updating for a participant who had their Medicaid financial eligibility extended due to the state of emergency, how should this be addressed?

Date Added: 4/24/20

Medicaid financial eligibility extensions should not affect patient liability. Please call DCBS at (855) 306-8959. DCBS has extended the hours of operation for its call center due to the state of emergency. Phone lines are open 8:00 a.m. to 4:30 p.m. Eastern Monday through Friday and 9:00 a.m. to 1:00 p.m. Eastern on Saturdays. Be prepared to give the participant's case number so they can review the patient liability status.



## Kentucky 1915(c) HCBS COVID-19 FAQs

Q217: If a participant turned in paperwork for their Medicaid financial eligibility renewal but their coverage ended before it was processed due to the state of emergency, is there a way for them to complete the renewal?

Date Added: 4/24/20

**Yes**, contact DCBS at (855) 306-8959. DCBS has extended the hours of operation for its call center due to the state of emergency. Phone lines are open 8:00 a.m. to 4:30 p.m. Eastern Monday through Friday and 9:00 a.m. to 1:00 p.m. Eastern on Saturdays.

Q218: If a participant receives a stimulus check, will it be counted as income? If so, will it affect their Medicaid eligibility?

Date Added: 4/24/20

For questions about Medicaid financial eligibility, call DCBS at (855) 306-8959. DCBS has extended the hours of operation for its call center due to the state of emergency. Phone lines are open 8:00 a.m. to 4:30 p.m. Eastern Monday through Friday and 9:00 a.m. to 1:00 p.m. Eastern on Saturdays.

Q219: For new allocations, what is the best way to get Medicaid financial eligibility since DCBS is not open for face-to-face business right now?

Date Added: 4/24/20

For questions about Medicaid financial eligibility, call DCBS at (855) 306-8959. DCBS has extended the hours of operation for its call center due to the state of emergency. Phone lines are open 8:00 a.m. to 4:30 p.m. Eastern Monday through Friday and 9:00 a.m. to 1:00 p.m. Eastern on Saturdays.

Q220: If a waiver participant's family is collecting unemployment and the unemployment is more than what the family's income typically is, how will this affect their financial eligibility for waiver services?

Date Added: 4/24/20

For questions about Medicaid financial eligibility, call DCBS at (855) 306-8959. DCBS has extended the hours of operation for its call center due to the state of emergency. Phone lines are open 8:00 a.m. to 4:30 p.m. Eastern Monday through Friday and 9:00 a.m. to 1:00 p.m. Eastern on Saturdays.

## General Questions

Q221: What is Appendix K?

Date Added: 4/24/20

Appendix K is an additional appendix in the 1915(c) HCBS waiver application. It is enacted during emergency situations to allow states to make temporary changes to waiver policy that address programmatic needs and participant health, safety, and welfare for the duration of the emergency. DMS filed Appendix K due to the COVID-19 state of emergency and CMS approved the appendix on March 25, 2020. Kentucky's Appendix K amendments are available at <https://bit.ly/kyhcbappendixk>.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q222: Is Appendix K available for reference?

Revised: 4/24/20

**Yes**, Kentucky's Appendix K amendments are available at <https://bit.ly/kyhcbssappendixk>.

Q223: 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](https://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 DCBS 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>.

Q224: 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.

## Kentucky 1915(c) HCBS COVID-19 FAQs

Q225: 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](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.

Q226: 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.

Q227: Will DMS allow retainer payments for providers who had to close due to the state of emergency?

Date Added: 4/24/20

The emergency waiver flexibilities CMS approved in Appendix K, including retainer payments, are options DMS can, but is not required to, implement. The CHFS Office of the Secretary is reviewing the option of retainer payments for some waiver service providers and will make the final decision on implementation.