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June 9, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
083, Capitol Annex
Frankfort KY 40601

907 KAR 16:005. Definitions for 1915(i) Recovery, Independence, Support & Engagement (RISE) Initiative.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 907 KAR 16:005, the Department for Medicaid Services proposes the attached suggested substitutes to 907 KAR 16:005.

If you have any questions, please feel free to contact Jonathan Scott, Regulatory and Legislative Advisor with the Department for Medicaid Services at (502) 564-4321 ext. 2015.

Sincerely,

Lucie Estill
Staff Assistant
Office of Legislative and Regulatory Affairs
Cabinet for Health and Family Services

SUGGESTED SUBSTITUTE
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CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services
(New)

907 KAR 16:005. Definitions for 907 KAR Chapter 16~~[1915(i) Recovery, Independence, Support & Engagement (RISE) Initiative]~~.

RELATES TO: KRS 205.520, 210.005, ~~[28 C.F.R. Part 35,]~~ 24 C.F.R. 578.3, 29 U.S.C. 206(a)(1), 42 U.S.C. 12101

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has the responsibility to administer the Medicaid program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law to qualify for federal Medicaid funds. This administrative regulation establishes the definitions for terms utilized within 907 KAR Chapter 16.

Section 1. Definitions.

- (1) "ACT" means American College Test.
- (2) "Allied health care professional" or "AHCP" means an individual who provides support in a residential setting, including a:
 - (a) Certified nursing assistant;
 - (b) Medication aide;
 - (c) Licensed practical nurse; or
 - (d) Registered nurse.
- (3) "Americans with Disabilities Act" or "ADA" is[as] defined by 42 U.S.C. 12101~~[in 28 C.F.R. Part 35]~~.
- (4) "Assessment" means the process that authorizes DBHDID to determine applicant service needs that can be met safely in a community-based setting and determine if the participant is eligible for 1915(i) RISE Initiative services.
- (5) "Assistive technology" or "AT" means any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the independence and functional capabilities of persons with disabilities in education, employment, recreation, and daily living activities. AT is intended to augment strengths and provide an alternative mode of performing tasks. AT is designed to enhance all aspects of a participant's life and may[can] also be used to ensure the health, welfare, and safety of the participant.
- (6) "At risk of homelessness" is ~~[as]~~ defined by 24 C.F.R. ~~[§]~~ 578.3.
- (7) "Behavioral health condition" means serious mental illness (SMI) as consistent with KRS 210.005 or[r] a co-occurring SMI[serious mental illness] and substance use disorder (SUD).
- (8) "Behavioral health professional" means:
 - (a) An advanced practice registered nurse (APRN);
 - (b) A licensed clinical social worker (LCSW);
 - (c) A licensed marriage and family therapist (LMFT);
 - (d) A licensed professional clinical counselor (LPCC);
 - (e) A licensed psychological practitioner;
 - (f) A licensed psychologist;

- (g) A licensed professional art therapist;
 - (h) A physician;
 - (i) A psychiatrist; or
 - (j) A licensed professional clinical counselor (LPCC).
- (9) "Case management" means services furnished to assist participants in gaining access to needed medical, social, educational, and other recovery support services that do not conflict or are not duplicative of case management services that a participant already receives within the Medicaid program.
- (10) "Case manager" means a qualified professional who:
- (a) Meets the requirements established in 907 KAR 16:010;
 - (b) Assists a 1915(i) RISE Initiative participant in any aspect of participant services established pursuant to this chapter; and
 - (c) ~~[Who-]~~Manages the overall development and monitoring of a participant's PCSP.
- (11) "Certification" or "recertification" means the authorization received by a Medicaid-enrolled provider who:
- (a) Has been determined to meet the requirements of the Centers for Medicare and Medicaid Services (CMS) approved 1915(i) state plan application and 907 KAR 16:010; and
 - (b) Is approved by the department to provide one (1) or more services to 1915(i) RISE Initiative participants.
- (12) "Certification period" means a period of time that a 1915(i) RISE Initiative provider has been certified or approved by DBHDID and may[can] be reimbursed for 1915(i) RISE Initiative home and community-based services.
- (13) "Community mental health center" or "CMHC" means a facility that meets the community mental health center requirements established in 902 KAR 20:091.
- (14) "Competitive integrated employment" or "CIE" means work that is performed on a full-time or part-time basis, including self-employment:
- (a) For which a participant:
 - 1. Is compensated at a rate that:
 - a. Is not less than the highest rate specified in Section 6(a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206(a)(1)) or the rate specified in the applicable minimum wage law; and
 - b. Is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or
 - c. In the case of a participant who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and
 - 2. Is eligible for the level of benefits provided to other employees;
 - (b) That is at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and
 - (c) That, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.
- (15) "Corrective action plan" means a document submitted by a 1915(i) RISE Initiative provider to the department that:

- (a) States the system changes, processes, or other actions that the provider is required to take to prevent a future occurrence of a founded violation stated in a citation or findings report;
 - (b) States the timeframe in which the provider shall successfully implement or perform a system change, process, or other action required by the corrective action plan; and
 - (c) Is not valid or effective until approved by the department.
- (16) "Critical incident or event" means an incident that is serious in nature and poses an immediate risk to the health, safety, or welfare of a participant.
- (17) "DBHDID" means the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities.
- (18) "Department" means the Kentucky Department for Medicaid Services or its designee.
- (19) "Early and Periodic Screening, Diagnostic and Treatment" or "EPSDT" means a service authorized pursuant to 907 KAR 11:034 or 11:035.
- (20) "Exceptional supports" means authorization for services beyond the service definition limit.
- (21) "Exceptions process" means a service:
- (a) ~~[A-service]~~Requested by a participant and the participant's team; and
 - (b) That, due to an extraordinary circumstance related to a participant's physical health, psychiatric issue, or behavioral health issue, is necessary to:
 - 1. Be provided in excess of the benefit limit for the service for a specified amount of time; and
 - 2. Meet the assessed needs of the participant.
- (22) "FFP" means federal financial participation.
- (23) "HCBS" means home and community-based services.
- (24) "Homeless" is defined by 24 C.F.R. ~~[§]~~578.3.
- (25) "HUD" means the federal Department of Housing and Urban Development.
- (26) "Human services related experience" means professional experience that includes~~[may include]~~:
- (a) Experience as a case manager in a related human services field;
 - (b) Certified nursing assistant experience;
 - (c) Certified medical assistant experience;
 - (d) Certified home health aide experience;
 - (e) Personal care assistant experience;
 - (f) Paid professional experience with aging or disabled populations or programs as a case manager, a rehabilitation specialist or health specialist, or a social services coordinator;
 - (g) Assessment and care planning experience with clients;
 - (h) Experience in working directly with persons with serious mental illness or substance use disorder; or
 - (i) Work providing assistance to individuals and groups with ~~[issues such as]~~economically disadvantaged, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, or~~[and]~~ cultural issues.
- (27) "Incident" means any occurrence that impacts the health, safety, welfare, or lifestyle choice of a participant and includes a:
- (a) Minor injury;
 - (b) Medication error without a serious outcome; or
 - (c) Behavior or situation that is not a critical incident.
- (28) "Independent living" means a participant in their own private housing unit or in a housing unit the participant shares with others, including a single-family home, duplex, or apartment building, in a community setting of the participant's choosing.

(29) "Individual Placement and Support – Supported Employment" or "IPS-SE" means an evidence-based practice designed to assist individuals with serious mental illness (SMI) or co-occurring serious mental illness and substance use disorder to obtain and maintain employment in competitive integrated employment (CIE) using the supports of ***his or her[their]*** behavioral health treatment team, an employment specialist, and benefits counselor. The Practice Principles of IPS-SE are ***as follows***:

(a) Focus on Competitive Integrated Employment: Agencies providing IPS services are committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment. Mainstream education and specialized training may enhance career paths; ***and***

(b) Eligibility Based on Client Choice: People are not excluded based on readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement; ***and***

(c) Integration of Rehabilitation and Mental Health Services: IPS programs are closely integrated with behavioral health treatment teams; ***and***

(d) Attention to Worker Preferences: Services are based on each person's preferences and choices, rather than providers' judgments; ***and***

(e) Personalized Benefits Counseling: Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements; ***and***

(f) Rapid Job Search: IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling. If further education is part of ***the[their]*** plan, IPS specialists assist in these activities as needed; ***and***

(g) Systematic Job Development: Employment specialists systematically visit employers ***and*** who are selected based on job seeker preferences ***and*** to learn about their business needs and hiring preferences; ***and***

(h) Time-Unlimited and Individualized Support: Job supports are individualized and continue for as long as each worker wants and needs the support; ***and***

(30) "InterRAI Community Mental Health" or "InterRAI CMH" functional assessment instrument means the most recent version of the standardized assessment system developed by InterRAI and intended for use by clinicians in community mental health settings.

(31) "Job-seeking skills training" or "JSST" means instruction that assists a participant in obtaining employment. Examples of JSST include:

(a) Writing and development of a resume;

(b) How to use a resume;

(c) Completing applications;

(d) Networking;

(e) Interviewing;

(f) Job searching;

(g) Follow-up techniques following a contact, interview, or application; and

(h) Work habits.

(32) "KRS" means Kentucky Revised Statutes.

(33) "Legally responsible individual" means an individual who has a duty under state law to care for another person and includes:

(a) A parent, whether biological, step, adoptive, or foster, who provides care to the parent's minor child;

(b) A legal guardian who is a court-appointed person who has the authority to make decisions for the participant; or

(c) A spouse of a participant.

(34) "Level of care determination" means a determination by the department that an individual meets the level of care criteria for 1915(i) RISE Initiative services established pursuant to Title 907 KAR **Chapter 16**.

(35) "Medicaid Partner Portal Application" or "MPPA" means the Web-based Kentucky Medicaid portal for the department.

(36) **"Medicaid Waiver Management Application" or "MWMA" means the Web-based Kentucky Medicaid portal.**

(37) "Medication management" means a service that is intended to support program participants' adherence to and implementation of medication regimens.

(38)[(37)] "Moratorium" means the department prohibition against a 1915(i) RISE Initiative provider providing services to a new 1915(i) RISE Initiative participant.

(39)[(38)] "MWMA" means Medicaid Waiver Management Application, the Web-based Kentucky Medicaid portal.

(39)] "OIG" means the Kentucky Office of Inspector General.

(40) "Permanent supportive housing" or "PSH" means principles that include ~~the following~~:

(a) Choice. This concept means that participants ~~should~~ have self-determination in all aspects of their lives, including the planning and delivery of services, and housing and living support arrangements. Participants ~~shall~~~~should~~ be free to choose housing from the same living environments available to the general public~~;~~.

(b) Safety. This concept is that participants ~~shall~~~~should~~ have the opportunity to live in housing that is decent and safe, and in neighborhoods free from problems of drugs and crime. A secure environment includes:

1. The development and implementation of clear administrative procedures for rent collection;
2. Building maintenance;
3. Monitoring visitors;
4. Enforcement of house rules; and
5. Opportunities for tenants to provide input on the safety and comfort of their living environment~~;~~.

(c) Affordable. This concept is that participants ~~should~~ have the opportunity to live in housing wherein no more than thirty ~~(30)~~ percent of the participant's income pays for a rent or mortgage and utilities~~;~~.

(d) Integrated. This concept is that participants ~~shall be~~~~are~~ entitled to housing options that are integrated into neighborhoods and are typical of the housing in the neighborhood~~;~~.

(e) Consumer and Family Involvement. This concept is that participants and their family members ~~should~~ play a role in the development of new housing and support opportunities and in promoting the availability of housing alternatives for people with disabilities~~;~~.

(f) Permanent. This concept is that participants ~~are~~~~should be~~ provided with needed support in obtaining housing where the participant leases, owns, or otherwise controls the housing. In addition, decisions regarding housing tenure ~~are~~~~should be~~ separate from decisions about needed supports and services~~;~~.

(g) Accessible. This concept is that participants ~~should~~ have access to housing with needed physical modifications or other reasonable accommodations to support them in daily living. Participants ~~are expected to~~~~should~~ receive necessary assistance in requesting and accessing ~~such~~ housing and supports~~;~~ and~~;~~.

(h) Flexible and Individualized Services and Supports. This concept is that participants ~~should~~ have support services available to them regardless of where they choose to live. Services and supports

~~shall~~~~[should]~~ be person-centered and ~~[should]~~ enable people to live in their own homes. Supports ~~[should]~~ include community supports (for example, congregations or schools) and natural supports (for example, family, friends, and neighbors).

(41) "Person-centered service plan" or "PCSP" means a written individualized plan of 1915(i) RISE Initiative services developed in accordance with the participant's wants, assessed needs, and preferences that may include a transition plan to more intense or less intense level of services.

(42) "Planned respite for caregivers" or "respite" means a service that provides temporary relief from caregiving to the primary caregiver of a participant during times when the participant's primary caregiver would normally provide care.

(43) "Related fields of study" means:

- (a) Social work;
- (b) Psychology;
- (c) Rehabilitation;
- (d) Nursing;
- (e) Counseling;
- (f) Education;
- (g) Gerontology;
- (h) Human services; and
- (i) Sociology.

(44) "RISE" means the Kentucky Recovery, Independence, Support, and Engagement Initiative.

(45) "Serious mental illness" or "SMI" means:

(a) An individual eighteen (18) years of age or over, who has: one (1) or more mental health diagnoses specifically listed in the following sections of the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders:

- 1. Schizophrenia spectrum and other psychotic disorders;
- 2. Bipolar and related disorders;
- 3. Depressive disorders; or
- 4. Trauma and stressor related disorders;

(b) Clear evidence of functional impairment in two (2) or more of the following:

- 1. Societal or role functioning;
- 2. Interpersonal functioning;
- 3. Daily living and personal care functioning;
- 4. Physical functioning; or
- 5. Cognitive or intellectual functioning; and

(c) The participant has experienced one (1) or more of these conditions of duration:

- 1. Clinically significant symptoms of mental illness have persisted in the participant for a continuous period of at least 2 (two) years;
- 2. The participant has been hospitalized for mental illness more than once in the past 2 (two) years; or
- 3. There is a history of one (1) or more episodes with marked disability and the illness is expected to continue for a two (2)-year period of time.

(46) "SOAR" means Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery.

(47) "SPA" means state plan amendment.

(48) "Substance use disorder" or "SUD" means individuals with a diagnosis designated in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.

(49) "TABE" means the Test of Adult Basic Education.

(50) "Tenancy supports" means services that include both pre-tenancy supports and tenancy-sustaining supports.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, Kentucky 40621; phone 502-564-7476; fax 502-564-7091; email CHFSregs@ky.gov.



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CABINET FOR HEALTH AND FAMILY SERVICES

Eric Friedlander
SECRETARY

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June 9, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
083, Capitol Annex
Frankfort KY 40601

907 KAR 16:010. 1915(i) RISE Initiative Home and Community-Based Services (HCBS);
Participant Eligibility.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 907 KAR 16:010, the Department for Medicaid Services proposes the attached suggested substitutes to 907 KAR 16:010.

If you have any questions, please feel free to contact Jonathan Scott, Regulatory and Legislative Advisor with the Department for Medicaid Services at (502) 564-4321 ext. 2015.

Sincerely,

Office of Legislative and Regulatory Affairs
Cabinet for Health and Family Services

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CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services
(New)

907 KAR 16:010. 1915(i) RISE Initiative Home and Community-Based Services (HCBS); Participant Eligibility.

RELATES TO: KRS 205.520

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has the responsibility to administer the Medicaid program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law to qualify for federal Medicaid funds. This administrative regulation establishes the policies and operational requirements to provide expanded services to individuals who have a primary diagnosis of serious mental illness or substance use disorder.

Section 1. 1915(i) RISE Initiative HCBS Participant Eligibility.

(1) To be eligible to receive a service in the 1915(i) RISE Initiative HCBS, an individual or an individual's representative shall:

- (a) Apply for 1915(i) RISE Initiative home and community-based services via the department approved system;
- (b) Complete application in the department approved system;
- (c) Meet Medicaid eligibility requirements established in 907 KAR 20:010; and
- (d) Meet participant eligibility requirements:
 - 1. Be eighteen (18) years of age or older;
 - 2. Have a primary diagnosis of Severe Mental Illness (SMI) or co-occurring SMI and Substance Use Disorder (SUD); and
 - 3. Meet criteria per the InterRAI CMH functional assessment tool.

(2) To maintain eligibility as a participant, the participant shall:

- (a) Maintain Medicaid eligibility requirements established in 907 KAR 20:010; ~~and~~;
- (b) Be reassessed and meet criteria annually utilizing the InterRAI CMH functional assessment tool ~~and meet eligibility requirements~~.

(3) 1915(i) HCBS services shall not be provided to an individual who is:

- (a) Receiving a service in a 1915(c) Home and Community-Based program; ~~and~~;
- (b) Receiving a duplicate service provided through another funding source; or
- (c) An inpatient of a hospital or other facility.

(4) Involuntary termination and loss of a 1915(i) RISE Initiative HCBS service shall be:

- (a) Subject to an appeal or hearing in accordance with 907 KAR 1:563; and
- (b)
 - 1. Initiated when an applicant moves to a residence outside of the Commonwealth of Kentucky; or
 - 2. If initiated by a 1915(i) RISE Initiative provider:

a. The 1915(i) Rise Initiative provider shall simultaneously notify electronically or in writing the participant or the participant's guardian, the participant's case manager, the department, and DBHDID at least thirty (30) days prior to the effective date of the termination;~~and~~

b. The participant's case manager, in conjunction with the 1915(i) RISE Initiative provider, shall immediately act to:

(i) Provide the participant or participant's guardian with the name, address, and telephone number of each current 1915(i) RISE Initiative provider in Kentucky;

(ii) Provide assistance to the participant or participant's guardian in making contact with another 1915(i) RISE Initiative provider;

(iii) Arrange or provide transportation for a requested visit to a 1915(i) RISE Initiative provider site;

(iv) Provide a copy of pertinent information to the participant or participant's guardian;

(v) Ensure the health, safety, and welfare of the participant until an appropriate placement is secured;

(vi) Continue to provide supports until alternative services or another placement is secured; and

(vii) Provide assistance to ensure a safe and effective service transition;~~and~~.

c. The notice referenced in subparagraph 2.a.[paragraph (c) 1.] of this paragraph[subsection] shall include:

(i) A statement of the intended action;

(ii) The basis for the intended action;

(iii) The authority by which the intended action is taken; and

(iv) The participant's right to appeal the intended action through the provider's appeal or grievance process.

(5) **In the instance of a** voluntary termination and loss of a 1915(i) RISE Initiative HCBS service:

(a) DBHDID shall initiate an intent to discontinue a participant's participation in the 1915(i) RISE Initiative HCBS services if the participant or participant's guardian submits a written notice of intent to discontinue services to:

1. The 1915(i) RISE Initiative HCBS provider; and

2. DBHDID.

(b) An action to terminate 1915(i) RISE Initiative HCBS participation shall not be initiated until thirty (30) calendar days from the date of the notice referenced in paragraph (a) of this subsection.

(c) A participant or guardian may reconsider and revoke the notice referenced in paragraph (a) of this subsection in writing during the thirty (30) calendar day period.

Section 2. 1915(i) RISE Initiative HCBS Participant Appeal Rights.

(1) An appeal of a department decision regarding a Medicaid beneficiary **made pursuant to**~~based upon an application of~~ this administrative regulation shall be in accordance with 907 KAR 1:563.

(2) An appeal of a department decision regarding Medicaid eligibility of an individual **made pursuant to**~~based upon an application of~~ this administrative regulation shall be in accordance with 907 KAR 1:560.

Section 3. Federal Approval and Federal Financial Participation. The department's reimbursement for services pursuant to this administrative regulation shall be contingent upon:

(1) Receipt of federal financial participation for the reimbursement; and

(2) Centers for Medicare and Medicaid Services' approval for the reimbursement.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, Kentucky 40621; phone 502-564-7476; fax 502-564-7091; email CHFSregs@ky.gov.



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June 9, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
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907 KAR 16:015. Recovery, Independence, Support & Engagement (RISE) Initiative 1915(i)
Home and Community-Based Services (HCBS); Provider Participation and Enrollment.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 907 KAR 16:015, the Department for Medicaid Services proposes the attached suggested substitutes to 907 KAR 16:015.

If you have any questions, please feel free to contact Jonathan Scott, Regulatory and Legislative Advisor with the Department for Medicaid Services at (502) 564-4321 ext. 2015.

Sincerely,

Office of Legislative and Regulatory Affairs
Cabinet for Health and Family Services

Subcommittee Substitute

**CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services
Division of Quality and Population Health
(As Amended at ARRS)**

**907 KAR 16:015. Recovery, Independence, Support & Engagement (RISE) Initiative
1915(i) Home and Community-Based Services (HCBS); Provider Participation and
Enrollment.**

RELATES TO: KRS 205.520, 273.182, 45 C.F.R. Parts 160, 162, ~~[and]~~ 164

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has the responsibility to administer the Medicaid program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law to qualify for federal Medicaid funds. This administrative regulation establishes the policies and operational requirements to provide expanded services to individuals who have serious mental illness.

Section 1. General **Requirements** ~~[Requirement]~~.

(1) A 1915(i) RISE Initiative provider shall comply with:

(a) 907 KAR 1:671;

(b) 907 KAR 1:672;

(c) The Health Insurance Portability and Accountability Act, 42 U.S.C. 1320d-2, and 45 C.F.R. Parts 160, 162, and 164;

(d) 42 U.S.C. 1320d to 1320d-8; and

(e) Local laws and ordinances governing smoke-free environments, as relevant.

(2) ~~[In order]~~ To provide a 1915(i) RISE Initiative service in accordance with 907 KAR 16:020, a 1915(i) RISE Initiative provider shall:

(a) Be certified by the department prior to the initiation of a service;

(b) Be recertified at least biennially by the department;

(c) In accordance with KRS 273.182, maintain a registered agent and a registered office in Kentucky with the Office of the Secretary of State and file appropriate statement of change documentation with the filing fee with the Office of Secretary of State if the registered office or agent changes;

(d) Be in good standing with the Office of the Secretary of State of the Commonwealth of Kentucky pursuant to 30 KAR 1:010 and 30 KAR 1:020;

(e) Abide by the laws that govern the chosen business or tax structure of the 1915(i) RISE Initiative provider;

(f) Maintain policy that complies with this administrative regulation concerning the operation of the 1915(i) RISE Initiative provider and the health, safety, and welfare of all people supported or served by the 1915(i) RISE Initiative provider;

(g) Maintain administrative oversight, which shall include management by a director with at least a bachelor's degree in a human service field and two (2) years of documented experience with the target population, and two (2) years of management experience, the director shall assume authority and responsibility for the management of the affairs of the 1915(i) RISE Initiative provider in accordance with written policy and procedures that comply with this administrative regulation; and

(h) Participate in all department directed survey initiatives.

(3) A 1915(i) RISE Initiative provider:

(a) Shall ensure that 1915(i) RISE Initiative services are not provided to a participant by a staff person of the 1915(i) RISE Initiative provider who is a guardian, legally responsible individual, or immediate family member of the participant; ~~and~~

(b) Shall not enroll a participant whose needs the 1915(i) RISE Initiative provider is unable to meet;

(c) Shall have and follow written criteria that comply with this administrative regulation for determining the appropriateness of a participant for admission to services;

(d) Shall document:

1. Each denial by the provider for a service requested or necessary for the 1915(i) RISE Initiative participant; and

2. The reason for the denial;

(e) Shall maintain documentation of its operations including:

1. A written description of available 1915(i) RISE Initiative services;

2. A current table of organizational structure;

3. Any memorandum of understanding between a participant's case management agency and the participant's service providers;

4. Information regarding participants' satisfaction with services and the utilization of that information;

5. A quality improvement plan that:

a. Includes updated findings and corrective actions as a result of department and case management quality assurance monitoring; and

b. Addresses how the provider shall ***accomplish the following goals***:

(i) Ensure that the participant receives person-centered 1915(i) RISE Initiative services;

(ii) Enable the participant to be safe, healthy, and respected in the participant's chosen community;

(iii) Enable the participant to live in the community with effective, individualized assistance; and

(iv) Enable the participant to enjoy living and working in the participant's community; ***and***

6. A written plan of how the 1915(i) RISE Initiative provider shall participate in the human rights committee in the area the 1915(i) RISE Initiative provider is located;

(f) Shall maintain accurate fiscal information including documentation of revenues and expenses;

(g) Shall meet the following requirements, if responsible, for the management of a participant's funds:

1. Separate accounting shall be maintained for each participant or for the participant's interest in a common trust or special account;

2. Account balance and records of transactions shall be provided to the participant or the participant's guardian on a quarterly basis; and

3. The participant or the participant's guardian shall be notified if a balance is accrued that may affect Medicaid eligibility;

(h) Shall have a written statement of its mission and values, related to the 1915(i) RISE Initiative, which shall include:

1. Support participant empowerment and informed decision-making;
2. Support and assist participants to form and remain connected to natural support networks;
3. Promote participant dignity and self-worth;
4. Support team meetings that help ensure and promote the participant's right to choice, inclusion, employment, growth, and privacy;
5. Foster a restraint-free environment where the use of physical restraints, seclusion, chemical restraints, or aversive techniques shall be prohibited; and
6. Support the 1915(i) RISE Initiative goal that all participants:
 - a. Receive person-centered 1915(i) HCBS services;
 - b. Are safe, healthy, and respected in the participant's community;
 - c. Live in the community with effective, individualized assistance; ~~and~~
 - d. Enjoy living and working in the participant's community; ~~and~~

(i) Shall have written policy and procedures for communication and interaction with a participant, family, or participant's guardian, which shall include:

1. A response within seventy-two (72) hours of an inquiry;
2. The opportunity for interaction by direct support professionals;
3. Prompt notification of any unusual occurrence;
4. Visitation with the participant at any reasonable time, without prior notice, and with due regard for the participant's right to privacy;
5. Involvement in decision making regarding the selection and direction of the person-centered service provided; and
6. Consideration of the cultural, educational, language, and socioeconomic characteristics of the participant and family being supported; ~~and~~

(j) Shall ensure the rights of a participant by:

1. Providing conflict-free services and supports that are person-centered; **and**
2. Making available a description of the rights and means by which the rights may be exercised and supported including the right to:
 - a. Live and work in an integrated setting;
 - b. Time, space, and opportunity for personal privacy;
 - c. Communicate, associate, and meet privately with the person of choice;
 - d. Send and receive unopened mail;
 - e. Retain and use personal possessions including clothing and personal articles;
 - f. Private, accessible use of a telephone or cell phone;
 - g. Access accurate and easy-to-read information;
 - h. Be treated with dignity and respect and to maintain one's dignity and individuality;
 - i. Voice grievances and complaints regarding services and supports that are furnished without fear of retaliation, discrimination, coercion, or reprisal;
 - j. Choose among service providers;

- k. Accept or refuse services;
- l. Be informed of and participate in preparing the PCSP and any changes in the PCSP;
- m. Be advised in advance of the:
 - (i) Provider or providers who will furnish services; and
 - (ii) Frequency and duration of services;
- n. Confidential treatment of all information, including information in the participant's records;
- o. Receive services in accordance with the current PCSP;
- p. Be informed of the name, business, telephone number, and business address of the person supervising the services and how to contact the person;
- q. Have the participant's property and residence treated with respect;
- r. Be fully informed of any cost sharing liability and the consequences if any cost sharing is not paid;
- s. Review the participant's records upon request;
- t. Receive adequate and appropriate services without discrimination;
- u. Be free from and educated on mental, verbal, sexual, and physical abuse, neglect, exploitation, isolation, and corporal or unusual punishment, including interference with daily functions of living; and
- v. Be free from mechanical, chemical, or physical restraints; **[.]**

3. Having a grievance and appeals system that includes an external mechanism for review of complaints; **and**

4. Ensuring access to participation in the local human rights committee in accordance with the human rights committee requirements established in Section 5 of this administrative regulation; **[and]**

(k) Shall maintain, as applicable, fiscal records, service records, investigations, medication error logs, and incident reports for five (5) years from the date of final payment for services; **[.]**

(l) Shall make available all records, internal investigations, and incident reports:

1. To the:

- a. Department;
- b. DBHDID;
- c. Office of Inspector General or its designee;
- d. Office of the State Budget Director or its designee;
- e. Office of the Auditor of Public Accounts or its designee;
- f. Office of the Attorney General or its designee;
- g. Department for Community Based Services (DCBS); **and**
- h. Centers for Medicare and Medicaid Services; or

2. Pertaining to a participant to:

- a. The participant, the participant's guardian, or the participant's case manager upon request;

or

- b. Protection and Advocacy upon written request;

(m) Shall cooperate with monitoring visits from monitoring agents;

(n) Shall maintain a record in the department approved system or provider health record system for each participant served that shall:

- 1. Contain all information necessary to support person-centered practices;
- 2. Be cumulative;

3. Be readily available;
 4. Contain documentation that meets the requirements of 907 KAR 16:020;
 5. Contain the following:
 - a. The participant's name, Social Security number, and Medicaid identification number;
 - b. The results of a department approved functional assessment;
 - c. The current PCSP;
 - d. The goals and objectives identified by the participant and the participant's person-centered team that facilitates achievement of the participant's chosen outcomes as identified in the participant's PCSP;
 - e. A list containing emergency contact telephone numbers;
 - f. The participant's history of allergies with appropriate allergy alerts;
 - g. The participant's medication record, including a copy of the signed or authorized current prescription or medical orders and the medication administration record if medication is administered at the service site;
 - h. A recognizable photograph of the participant;
 - i. Legally adequate consent, updated annually, and a copy of which is located at each service site for the provision of services or other treatment requiring emergency attention;
 - j. The prior authorization notifications; and
 - k. Incident reports, if any exist;
 6. Be maintained by the provider in a manner that:
 - a. Ensures the confidentiality of the participant's record and other personal information; and
 - b. Allows the participant or guardian to determine when to share the information in accordance with law; and
 7. Be safe from loss, destruction, or use by an unauthorized person;
- (o) Shall ensure that an employee or volunteer:
1. Behaves in a legal and ethical manner in providing a service;
 2. Has a valid Social Security number or valid work permit if not a citizen of the United States of America; and
 3. If responsible for driving a participant during a service delivery, has a valid driver's license with proof of current mandatory liability insurance for the vehicle used to transport the participant;
- (p) Shall ensure that an employee or volunteer:
1. Completes a tuberculosis (TB) risk assessment performed by a licensed medical professional and, if indicated, a TB skin test with a negative result within the past twelve (12) months as documented on test results received by the provider within thirty (30) days of the date of hire or date the individual began serving as a volunteer; or
 2. Who tests positive for TB or has a history of positive TB skin tests:
 - a. Shall be assessed annually by a licensed medical professional for signs or symptoms of active disease; and
 - b. If it is determined that signs or symptoms of active disease are present, in order for the person to be allowed to work or volunteer, is administered follow-up testing by his or her physician with the testing indicating the person does not have active TB disease;
- (q) Shall maintain documentation:
1. Of an annual TB risk assessment or negative TB test for each employee who performs direct support or a supervisory function; or

2. Annually for each employee with a positive TB test that ensures no active disease symptoms are present;

(r) Shall provide a written job description for each staff person that describes the required qualifications, duties, and responsibilities for the person's job;

(s) Shall maintain an employee record for each employee that includes:

1. The employee's experience;
2. The employee's training;
3. Documented competency of the employee;
4. Evidence of the employee's current licensure or registration if required by law; and
5. An annual evaluation of the employee's performance;

(t) Shall require a background check:

1. And drug testing for each employee who is paid with funds administered by the department and who:

- a. Provides support to a participant who utilizes 1915(i) RISE Initiative services; or
- b. Manages funds or services on behalf of a participant who utilizes 1915(i) HCBS services; or
2. For a volunteer recruited and placed by an agency or provider who has the potential to interact with a participant;

(u) 1. Shall for a potential employee or volunteer obtain:

a. The results of a criminal record check from the Kentucky Administrative Office of the Courts and equivalent out-of-state agency if the individual resided or worked outside of Kentucky during the twelve (12) months prior to employment or volunteerism;

b. The results of a nurse aide abuse registry check as described in 906 KAR 1:100 and an equivalent out-of-state agency if the individual resided or worked outside of Kentucky during the twelve (12) months prior to employment or volunteerism;

c. The results of the Kentucky Adult Caregiver Misconduct Registry check as described in 922 KAR 5:120 and an equivalent out-of-state agency if the individual resided or worked outside of Kentucky during the twelve (12) months prior to employment or volunteerism; and

d. Within thirty (30) days of the date of hire or initial date of volunteerism, the results of a central registry check as described in 922 KAR 1:470 and an equivalent out-of-state agency if the individual resided or worked outside of Kentucky during the twelve (12) months prior to employment or volunteerism; or

2. May use Kentucky's Applicant Registry and Employment Screening program established by 906 KAR 1:190 to satisfy the background check requirements of subparagraph 1 of this paragraph;

(v) Shall for each potential employee obtain negative results of drug testing for illicit or prohibited drugs;

(w) Shall on an annual basis:

1. Randomly select and perform criminal history background checks, nurse aide abuse registry checks, central registry checks, and caregiver misconduct registry checks of at least twenty-five (25) percent of employees; and

2. Conduct drug testing of at least five (5) percent of employees;

(x) Shall not use an employee or volunteer to provide 1915(i) RISE Initiative services if the employee or volunteer:

1. Has a prior conviction of an offense delineated in KRS 17.165(1) through (3);
2. Has a prior felony conviction or diversion program that has not been completed;

3. Has a drug related conviction within the past two (2) years;
 4. Has a positive drug test conducted by the employer within the previous six (6) months for prohibited drugs;
 5. Has a conviction of abuse, neglect, or exploitation;
 6. Has a Cabinet for Health and Family Services finding of:
 - a. Child abuse or neglect pursuant to the central registry; or
 - b. Adult abuse, neglect, or exploitation pursuant to the Caregiver Misconduct Registry; or
 7. Is listed on the nurse aide abuse registry;
- (y) Shall not permit an employee to transport a participant if the employee has a driving under the influence conviction, amended plea bargain, or diversion during the past year;
- (z) Shall maintain adequate staffing and supervision to implement services being billed;
- (aa) Shall establish written guidelines that address and ensure the health, safety, and welfare of a participant, which shall include:
1. A basic infection control plan that includes:
 - a. Universal precautions;
 - b. Hand washing;
 - c. Proper disposal of biohazards and sharp instruments; and
 - d. Management of common illness likely to be emergent in the particular service setting;
 2. Effective cleaning and maintenance procedures sufficient to maintain a sanitary and comfortable environment that prevents the development and transmission of infection;
 3. Ensuring that each site operated by the provider is equipped with:
 - a. An operational smoke detector placed in all bedrooms and other strategic locations; and
 - b. At least two (2) correctly charged fire extinguishers placed in strategic locations, at least one (1) of which shall be capable of extinguishing a grease fire and have a rating of 1A10BC;
 4. For a site operated by a provider, ensuring the availability of an ample supply of hot and cold running water with the water temperature complying with the safety limits established in the participant's PCSP;
 5. Establishing written procedures concerning the presence of deadly weapons as defined in KRS 500.080, which shall ensure:
 - a. Safe storage and use; and
 - b. That firearms and ammunition are permitted:
 - (i) Only in non-provider owned or leased residences; and
 - (ii) Only if stored separately and under double lock;
 6. Establishing written procedures concerning the safe storage of common household items;
 7. Ensuring that the nutritional needs of a participant are met in accordance with the current recommended dietary allowance of the Food and Nutrition Board of the National Research Council or as specified by a physician;
 8. Ensuring that an adequate and nutritious food supply is maintained as needed by the participant;
 9. Ensuring a smoke-free environment for any participant who chooses a smoke-free environment, including settings in which the participant is expected to spend any amount of time, including home, a day training site, a meeting site, or any other location;
 10. Ensuring that:

a. Every case manager and any employee who will be administering medication, unless the employee is a currently licensed or registered nurse, has:

(i) Specific training provided by a registered nurse per a DBHDID medication administration approved curriculum; and

(ii) Documented competency on medication administration, medication cause and effect, and proper administration and storage of medication; and

b. An individual administering medication documents all medication administered, including self-administered and over-the-counter drugs, on a medication administration record, with the date, time, and initials of the person who administered the medication and ensure that the medication shall:

(i) Be kept in a locked container;

(ii) If a controlled substance, be kept under double lock with a documented medication count performed every shift;

(iii) Be carried in a proper container labeled with medication and dosage pursuant to KRS 315.010(8) and 217.182(6);

(iv) Accompany and be administered to a participant at a program site other than the participant's residence if necessary; and

(v) Be documented on a medication administration record and properly disposed of, if discontinued; and

11. Adhering to policies and procedures for ongoing monitoring of medication administration;

(bb) Shall establish and follow written guidelines for handling an emergency or a disaster, which shall:

1. Be readily accessible on site;

2. Include instruction for notification procedures and the use of alarm and signal systems to alert a participant according to the participant's disability;

3. Include documentation of training and competency of staff and training of participants on emergency disaster drills;

4. Include an evacuation drill to be conducted in three (3) minutes or less, documented at least quarterly and, for a participant who receives residential support services, is scheduled to include a time when the participant is asleep; and

5. Mandate that the result of an evacuation drill be evaluated and if not successfully completed within three (3) minutes shall modify staffing support as necessary and repeat the evacuation drill within seven (7) days;

(cc) Shall provide orientation for each new employee, which shall include the mission, goals, organization, and practices, policies, and procedures of the agency;

(dd) Shall require documentation of all face-to-face training, which shall include:

1. The type of training provided; ~~the~~

2. The name and title of the trainer;

3. The training objectives;

4. The length of the training;

5. The date of completion;

6. The signature of the trainee verifying completion; and

7. Verification of competency of the trainee as demonstrated by post-training assessments, competency checklists, or post-training observations and evaluations;

(ee) Shall require documentation of web-based training, which shall include transcripts verifying successful completion of training objectives; **and**

(ff) Shall ensure that each case manager or employee prior to independent functioning and no later than six (6) months from the date of employment successfully completes training that shall include:

1. First aid and cardiopulmonary resuscitation certification by a nationally accredited entity;
2. Situational de-escalation;
3. Abuse, neglect, and exploitation;
4. Incident reporting;
5. Medication administration;
6. Professional boundaries;
7. Trauma-informed care;
8. Person-centered principles; and
9. Any additional trainings required by the state behavioral health authority.

(4) A 1915(i) RISE Initiative provider, employee, or volunteer shall:

(a) Not manufacture, distribute, dispense, be under the influence of, purchase, possess, use, or attempt to purchase or obtain, sell, or transfer any of the following in the workplace or while performing work duties:

1. An alcoholic beverage;
2. A controlled substance except a 1915(i) HCBS provider, employee, or volunteer may use or possess a medically necessary and legally prescribed controlled substance;
3. An illicit drug;
4. A prohibited drug or prohibited substance;
5. Drug paraphernalia; or
6. A substance that resembles a controlled substance, if there is evidence that the individual intended to pass off the item as a controlled substance; and

(b) Not possess a prescription drug for the purpose of selling or distributing it.

Section 2. Case Management.

(1) An 1915(i) HCBS RISE Initiative Case Manager provider shall comply with the following personnel requirements of having or attaining experience or licensure: **[as:]**

- (a) A bachelor's degree in behavioral health or human services;
- (b) A bachelor's degree in any field not closely related and one (1) year of human services related experience;
- (c) An associate degree in a behavioral science, social science, or a closely related field of study and two (2) years human services related experience;
- (d) Three (3) years of human services related experience;
- (e) A registered nurse; or
- (f) A behavioral health professional.

(2) A case manager shall:

- (a) Communicate in a way that ensures the best interest of the participant;
- (b) Be able to identify and meet the needs of the participant through coordination of Medicaid and non-Medicaid services within the participant's home and community to align with the participant's goals as identified in the functional assessment and documented in the PCSP;

(c) Be competent in the participant's language either through possessing linguistic proficiency, fluency of the language, or through interpretation; **[and]**

(d) Demonstrate a heightened awareness of the unique way in which the participant interacts with the world around the participant;

(e) Ensure that:

1. The participant is educated in a way that addresses the participant's:
 - a. Need for knowledge of the case management process;
 - b. Personal rights; and
 - c. Risks and responsibilities as well as awareness of available services; and
2. All individuals involved in implementing the participant's PCSP are informed of changes in the scope of work related to the PCSP as applicable;

3. The participant is educated on how case management services support 1915(i) HCBS;

4. Case management services are available to a participant by phone or in person:

a. Twenty-four (24) hours per day, seven (7) days per week; **and**

b. To assist the participant in obtaining community resources as needed to:

(i) Comply with applicable federal and state laws and requirements;

(ii) Continually monitor a participant's health, safety, and welfare; and

(iii) Complete or revise a PCSP;

(f) Have a code of ethics to guide the case manager in providing case management, which shall address:

1. Advocating for standards that promote outcomes of quality;

2. Ensuring that no harm is done;

3. Respecting the rights of others to make their own decisions;

4. Treating others fairly; and

5. Being faithful and following through on promises and commitments;

(g) Assist the participant to lead the person-centered service planning team to:**[:]**

1. Take charge of coordinating services through team meetings with representatives of all agencies involved in implementing a participant's PCSP;

2. Include the participant's participation and legal guardian participation, if applicable, in the case management process; and

3. Make the participant's preferences and participation in decision making a priority;

(h) Document a participant's:

1. Interactions and communications with other agencies involved in implementing the participant's PCSP; and

2. Personal observations;

(i) Advocate for a participant with service providers to ensure that services are delivered as established in the participant's PCSP;

(j) Be accountable to:

1. A participant to whom the case manager provides case management in ensuring that the participant's needs are met;

2. A participant's PCSP team and provide leadership to the team and follow through on commitments made; and

3. The case manager's employer by following the employer's policies and procedures;

(k) Stay current regarding the practice of case management and case management research;

(l)1. Assess the quality of services, safety of services, and cost effectiveness of services being provided to a participant to ensure that implementation of the participant's PCSP is successful and done so in a way that is efficient regarding the participant's financial assets and benefits;

2. Utilize department approved system to fulfill case management responsibilities, including:

a. Documenting that the participant's health, safety, and welfare are not at risk;

b. Gathering data regarding the participant's satisfaction with the services for use in guiding the person-centered planning process; **and**

c. Recording how the person-centered team will address the following:

(i)[(m)] Expanding and deepening the participant's relationships;

(ii)[1-] Increasing the participant's presence in local community life; **[and]**

(iii)[2-] Helping the participant have more choice and control; and

(iv)[3-] Record using the inability to access services functionality when a person is unable to access 1915(i) RISE Initiative services and when the person returns to services or is not going to return to services; **[-]**

(m)[(n)] Present to or engage with a human rights committee on the participant's behalf as needed; **and**

(n)[(o)] Review and approve each PCSP with human rights restrictions at a minimum of every six (6) months.

(3) Case management for any participant who begins receiving 1915(i) RISE Initiative services after the effective date of this administrative regulation shall be conflict free except as allowed in paragraph (b) of this subsection.

(a) Conflict free case management shall be a scenario in which a provider, including any subsidiary, partnership, not-for-profit, or for-profit business entity that has a business interest in the provider who renders case management to a participant, shall not also provide another 1915(i) HCBS service to that same participant unless the provider is the only willing and qualified 1915(i) RISE Initiative provider within thirty (30) miles of the participant's residence.

(b) An exemption to the conflict free case management requirement shall be granted if:

1. The participant's case manager provides documentation of evidence to the department or its designee that there is a lack of a qualified case manager within thirty (30) miles of the participant's residence;

2. The participant or participant's representative and case manager signs a completed MAP – 531 Conflict-Free Case Management Exemption; and

3. The participant, participant's representative, or case manager uploads the completed MAP – 531 Conflict-Free Case Management Exemption into the department approved system.

(c) If a case management service is approved to be provided despite not being conflict free, the case management provider shall document conflict of interest protections, separating case management and service provision functions within the provider entity, and demonstrate that the participant is provided with a clear and accessible alternative dispute resolution process.

(d) An exemption to the conflict free case management requirement shall be requested upon re-evaluation or at least annually.

(4) A case management agency providing case management to a 1915(i) RISE Initiative participant shall not make a referral to any 1915(i) RISE Initiative services provider to provide services for the same participant if the provider agency has an individual with an ownership

interest who is an immediate family member of an individual with an ownership interest in the referring case management agency.

(5) Case management shall:

(a) Assist a participant in the identification, coordination, arrangement, and facilitation of the person-centered team and person-centered team meetings;

(b) Assist a participant and the person-centered team to develop an individualized PCSP and update it as necessary based on changes in the participant's medical condition and supports;

(c) Assist a participant to gain access to and maintain employment, membership in community clubs and groups, activities, and opportunities at the times, frequencies, and with the people the participant chooses;

(d) Include coordinating and monitoring of the delivery of services and the effectiveness of the PCSP, which shall:

1. Be initially developed with the participant and legal representative (~~[i.e.,]~~ parent, guardian, legally responsible individual) if appointed prior to the level of care determination;

2. Be updated within the first thirty (30) days of service and as changes or recertification occurs; and

3. Include the PCSP being sent to the department or its designee prior to the implementation of the effective date the change occurs with the participant;

(e) Be provided by a case manager who:

1. Meets the requirements of subsection (1) of this section;

2. Shall provide a participant and legal representative with a listing of each available 1915(i) RISE Initiative provider in the service area;

3. Shall maintain documentation signed by a participant or legal representative of informed choice of a 1915(i) RISE Initiative provider and of any change to the selection of a Rise Initiative provider and the reason for the change;

4. Shall provide a distribution of the crisis prevention and response plan, transition plan, PCSP, and other documents within the first thirty (30) days of the service to the chosen 1915(i) RISE Initiative service provider and as information is updated;

5. Shall provide twenty-four (24) hour telephone access to a participant and chosen 1915(i) RISE Initiative provider;

6. Shall work in conjunction with a 1915(i) RISE Initiative provider selected by a participant to develop a crisis prevention and response plan, which shall be:

a. Individual-specific and person-centered; ~~[and]~~

b. Updated as a change occurs; and

c. Reviewed and updated as necessary at each recertification;

7. Shall assist a participant in planning resource use and assuring protection of resources;

8. Shall conduct an in-person meeting at minimum every other month with a participant occurring either at a covered service site or the participant's residence. However, one (1) visit every three (3) months shall be conducted at the participant's residence; ~~[and]~~

9. Shall conduct meetings at a location where the participant is engaged in services; ~~[.]~~

a. For a participant receiving supervised residential care, ~~[shall conduct]~~ at least one ~~(1)~~ quarterly visit at the participant's supervised residential care provider site; ~~and~~

b. Telehealth is allowed in all other instances outside of the minimum face-to-face requirements established in subparagraph 8. of this paragraph according to 907 KAR 3:170;

10. Shall ensure twenty-four (24) hour availability of services; and
11. Shall ensure that the participant's health, welfare, and safety needs are met; and
- (f) Assist a participant in obtaining a needed service outside those available by 1915(i) HCBS.

Section 3. Person Centered Service Planning Process.

(1) After an initial functional assessment is performed, a participant shall choose a case manager.

(2) The case manager shall assist the participant and the participant's legal guardian, if applicable in developing the PCSP.

(3) Upon acceptance of a new participant, the case manager shall conduct an initial home visit to begin the person-centered planning process no later than forty-five (45) days from the case manager's acceptance.

(4) The person-centered service plan shall:

(a) Be created by using a person-centered team composed of a team of individuals designated by the participant, including any family member, friends, and other paid or unpaid caregivers. The participant and the participant's legal guardian, if applicable, may remove any individuals at their discretion;

(b) Be created by a case manager who shall document the individuals included in the person-centered team on the department approved form and upload it to the department approved system;

(c) Be updated when a support is disinvited or removed from the person-centered planning team;

(d) Require participation of the full person-centered planning team established in paragraph (a) of this subsection;

(e) Be redetermined annually;

(f) Require final approval by the participant and the participant's guardian or authorized representative, if applicable, as to whether there is satisfactory team participation to conduct the PCSP annual review meeting; and

(g) Require documentation by the case manager:

1. Relating to how information about the meeting was provided to absent members; and
2. Of a written attestation by members of the person-centered planning team who do not attend the annual review meeting, or who attend by phone, that they understand the contents of the PCSP and can support the participant's service needs at the requested amount, frequency, duration.

(5) The person-centered service planning team shall:

(a) Collectively review the findings of the participant's functional assessment, including documenting any non-Medicaid paid or unpaid supports including information on the access and limitations of these supports and Medicaid State Plan services; ~~and~~

(b) Work collectively under the leadership of the participant or the participant's legal guardian, if applicable, to complete an additional review of the participant's person-centered planning needs and wishes to establish goals and objectives that enhance:

1. Health;
2. Safety;
3. Welfare;

4. Community-based independence; ~~and~~

5. Community participation; and

6. Quality of life; ~~and~~

(c) Not require that all goals and objectives be accomplished using 1915(i) RISE Initiative funded services.

(6) Goals and objectives as communicated by the person-centered team and PCSP shall include education and team support for the participant and the participant's legal guardian, if applicable.

(7) Goals and objectives for all services on the PCSP shall utilize the SMART format.

(8) The case manager shall provide detailed information to participants about available non-1915(i) RISE Initiative services that may assist in reaching their goals and objectives. ~~and~~

(9)(a) Goals and objectives placed in a PCSP shall be documented, along with an inventory of:

1. A participant's personal preferences;

2. Individualized considerations for service delivery; and

3. Information about the participant's needs, wants, and future aspirations;

(b) The results of the inventory shall be:

1. Included in the PCSP and housed in a department approved system; ~~and~~

2. Signed by the participant and the participant's legal guardian, if applicable, the case manager, and all other individuals responsible for the implementation of services.

(10) The case manager shall provide counseling and education on available service options to meet a participant's person-centered goals and objectives.

(11) After a participant and the participant's legal guardian, if applicable, selects providers to deliver services pursuant to the frequency and amount, the case manager shall facilitate the referral process including attaining providers' signatures on the PCSP.

(12) The case manager shall be responsible to ensure that the scope, frequency, amount and duration of services falls within the allowable utilization criteria and limitations set by the department and shall clearly document any planned changes in utilization anticipated over the course of the year.

(13) The case manager shall maintain documentation showing that all needs identified through the functional assessment are addressed ~~by~~ ~~[via]~~ unpaid supports or paid supports – such as Medicaid state plan services - and that all paid services are appropriate in amount, duration, frequency as identified by the functional assessment.

(14)(a) Once signatures have been secured from all required person-centered team members, including the participant and the participant's legal guardian, if applicable, the case manager, and all 1915(i) RISE Initiative funded service providers delivering PCSP included services, services may be initiated.

(b) The signatures shall not be obtained until the person-centered planning process and the PCSP are complete.

(15) A service rendered prior to the completed signed attestation of understanding of the contents of the PCSP by these parties shall not be reimbursed.

(16) The participant's signature serves only as acknowledgement and understanding of the PCSP's contents, and signing the PCSP does not preclude the participant from grievance or appeal.

(17) A participant's PCSP shall be recertified on an annual basis. Prior to the reviewing and modifying of the PCSP, the following activities shall occur:

(a) An annual functional assessment; ~~and~~

(b)1. The case manager shall review the annual functional assessment; and
2. The case manager is encouraged to co-attend the performance of the functional assessment.
If a case manager chooses to attend the functional assessment, the following requirements shall apply:

- a. The case manager shall support the participant in answering questions and not answer questions on the participant's behalf;
- b. The case manager shall not influence the participant's response or lack of response; and
- c. The functional assessor shall not use information provided by a case manager that directly conflicts with assessment feedback provided by the participant.

(18) The person-centered service planning shall begin forty-five (45) calendar days prior to the end of the current period.

(19) The PCSP shall be completed and uploaded to department approved system seven (7) calendar days prior to the end of the period spanning 364 calendar days from the date a participant is enrolled in the department approved system.

Section 4. Ongoing Management and Use of the PCSP.

(1) A participant and a participant's legal guardian, if applicable, may request a modification to their PCSP due to changes in their condition or service needs at any time.

(2) Throughout the course of plan monitoring, the case manager shall address instances when a modification to the PCSP may be appropriate.

(3)(a) The case manager shall not initiate any modification to the PCSP without the consent of the participant and the participant's legal guardian if applicable.

(b) The service providers affected by an event-based modification to the PCSP shall be involved in the modification process as well.

(4) Certain modifications or event-based circumstances may require the completion of an updated functional assessment of the participant's needs and make necessary adjustments to the participant's PCSP. The following are examples, but not an exhaustive list, of circumstances that could merit completion of a functional assessment outside of the annual assessment cycle:

(a) Inpatient admission to an institutional care setting with changes at discharge in functional ability from previous assessment;

(b) Change in care setting that increases the participant's level of care, including transitions between community-based settings such as moving from a participant's own home to a residential setting;

(c) Long-term change in access to or ability of an unpaid caregiver; **and**

(d) Observed or reported changes that result in the inability of the participant to meet goals and objectives based on the current PCSP. **[;]**

(5) If an event-based assessment is initiated pursuant to subsection (4) of this section, the case manager shall:

(a) Initiate in the department approved system;

(b) Review the updated assessment and share information about the assessment outcomes with the participant and the participant's legal guardian, if applicable; **and[;]**

(c) Work with the participant, and any members of the participant's person-centered team as requested by the participant, to modify the PCSP to address any requested or necessary modifications.

(6) An updated PCSP shall be signed by the participant and the participant's legal guardian, if applicable, the case manager, and any new service providers or providers for whom the scope, amount, or duration of service has been adjusted from what was previously consented to or for whom services have been impacted. The signatures shall not be obtained until the person-centered planning process and the PCSP are complete.

(7) The modified PCSP shall remain in effect until the end of the participant's original enrollment year.

(8) An event-based functional assessment shall not eliminate the need for a participant's annual PCSP redetermination.

(9) All providers delivering services shall be:

(a) Notified ***through [via]*** the department approved system when a participant's PCSP has changed; and

(b) Responsible for reviewing changes and working with the participant's case manager and person-centered team to make any adjustments or deploy mitigation strategies to ensure continuity of care.

(10) A case manager shall not maintain a case load of more than thirty (30) participants during any monthly period.

Section 5. Documentation Requirements for 1915(i) RISE Initiative Providers.

(1) Documentation shall be maintained in the participant's record for all services provided.

(2)(a) A note shall be entered for each service provided within seventy-two (72) hours from the date of the service being rendered.

(b) Each service shall be documented in the department approved system by a detailed staff note, which shall include:

1. The participant's health, safety, and welfare;
2. Progress toward outcomes identified in the approved PCSP;
3. The date of the service;
4. The beginning and ending times of service provision; and
5. The signature and title of the individual providing the service.

(3) Documentation shall be person centered and reflect the support provided to the participant, including:

- (a) The goal from the PCSP addressed by the service;
- (b) The activity completed to meet the goal and the outcome;
- (c) How the participant responded to the service; and
- (d) Any progress or lack thereof toward the goals and objectives reflected on the PCSP.

(4) All service notes shall also include:

- (a) The participant's name;
- (b) The date of service;
- (c) The time of service, including the beginning and end times;
- (d) Type of service;
- (e) Mode of contact, for example whether the service was in-person, ***by [via]*** telephone, or telehealth;
- (f) Location of service;

(g) Narrative summary of the service provided and relating what was provided to the goal and objectives on the PCSP; and

(h) Signature, date, and title of the person providing the service.

(5) Each note entered pursuant to this section shall be unique and not duplicative of other notes.

(6) Supported Employment shall have these additional documentation requirements:

(a) Documentation that states when Office of Vocational Rehabilitation funding has been exhausted;

(b) A Person-Centered Employment Plan (PCEP) that is executed and implemented when a participant enters into supported employment;

(c) A long-term employment support plan (LTSEP) shall be developed and documented through the PCSP; **and**

(d) The PCEP and LTSEP shall include service notes completed each time that a supported employment specialist meets with or conducts an action on behalf of the participant.

(7) Residential Services shall have the following additional documentation requirements:

(a) A daily note describing relevant services and activities in which the participant participated; **and**

(b) Relevant services and activities shall include:

1. Skills training, including adaptive skill development;
2. Assistance with ADLs;
3. Community inclusion;
4. Social and leisure development;
5. Protective oversight or supervision;
6. Transportation;
7. Personal assistance provided; and
8. The provision of medical or health care services.

(8) Case management shall have these additional documentation requirements:

(a) Case management notes shall reflect the monitoring of the services;

(b) Documentation of all contacts and communication conducted with or on behalf of the participants on their caseload;

(c) The documentation shall include, at minimum, one **(1)** contact with the client conducted in-person or **by [via]** telehealth;

(d) The monthly contact shall document how the monitoring of services for the participant's PCSP is occurring. For example, whether a phone call with the provider occurred, or if a face-to-face visit occurred during the conduct of a service; and

(e) If the participant has a guardian, regular check-ins with the guardian to determine if the guardian has any relevant information or concerns to share. **./**

(9) The case manager shall have these additional PCSP monitoring requirements:

(a) All service documentation shall be reviewed by the case manager to assist with monitoring services for each participant. **./**

(b) A case manager shall address concerns with the quality of services or documentation with a provider as part of managing the PCSP. **./**

(c) A case manager shall ensure that documentation thoroughly addresses:

1. The current status of the client;

2. The services utilized to address specific goals established in the PCSP; and
3. Resolution of any concern expressed by the client or provider; **and[.]**

(d) As services are provided to a participant, all indirect and direct contacts shall be documented, including, as appropriate, contacts with:

1. Members of the participant's person-centered team;
2. Primary care providers;
3. Additional service providers; **and**
4. The participant's caregiver or guardian, as relevant.

Section 6. Human Rights Committee.

(1) A human rights committee shall meet on a routine, scheduled basis, no less than quarterly to ensure that the rights of participants utilizing 1915(i) RISE Initiative services are respected and protected through due process.

(2) A human rights committee shall include at least:

- (a) One (1) self-advocate;
- (b) One (1) member from the community at large with experience in human rights issues or in the field of SMI or co-occurring SMI and SUD;

(c) One (1) appointed guardian or family member of a 1915(i) RISE Initiative participant;

(d) One (1) professional in the medical field; and

(e) One (1) professional with:

1. A bachelor's degree from an accredited college or university; and
2. Three (3) years of experience in the field of behavioral health.

(3) Each 1915(i) RISE Initiative provider shall:

(a) Actively participate in the human rights committee process of the local human rights committee; and

(b) Provide the necessary documentation to the local human rights committee for review and approval prior to implementation of any rights restrictions or positive behavior support plans involving rights restrictions.

(4) A human rights committee meeting shall have a quorum of at least three (3) members, including at least one (1) self-advocate and one (1) community at large member.

(5) A human rights committee shall:

- (a) Maintain a record of each meeting; and
- (b) Send a summary of each PCSP reviewed to the:
 1. Relevant participant; or
 2. Participant's guardian and case manager.

(6) Each member of a human rights committee shall:

- (a) Complete an orientation approved by DBHDID;
- (b) Sign a confidentiality agreement; and

(c) Function in accordance with the Health Insurance Portability and Accountability Act codified as 45 C.F.R. Parts 160, 162, and 164.

(7)(a) A human rights committee shall ensure that any restriction imposed on a participant is:

1. Temporary in nature;
2. Defined with specific criteria outlining how the restriction is to be imposed;

3. Paired with learning or training components to assist the participant in eventual reduction or elimination of the restriction;

4. Removed upon reaching clearly defined objectives; and

5. Reviewed by the human rights committee at least once every six (6) months if the restriction remains in place for at least six (6) months.

(b) In an emergency where there is imminent danger or potential harm to a participant or other individuals, the participant's 1915(i) RISE Initiative service provider, in consultation with the case manager and participant's guardian, as appropriate, may limit or restrict the participant's rights for a maximum of one (1) week.

(c) If a participant is under the care of a psychologist, counselor, psychiatrist, or behavior support specialist, a restriction plan:

1. Shall be developed with the input of the psychologist, counselor, psychiatrist, or behavior support specialist; and

2. May be implemented for up to two (2) weeks.

(d) A proposed continuation of a restriction shall be immediately reviewed and approved by three (3) members of the local human rights committee while alternative strategies are being developed.

(e) If a rights restriction needs to be continued and addressed in the participant's PCSP, the restriction shall be submitted to the local human rights committee at the next regularly scheduled meeting.

Section 7. Other Assurances Required by Provider.

(1) For each participant to whom it provides services, a 1915(i) RISE Initiative provider shall ensure:

(a) The participant's:

1. Right to privacy, dignity, and respect; and

2. Freedom from coercion or restraint;

(b) The participant's freedom of choice as defined by the experience of independence, individual initiative, or autonomy in making life choices in all matters;

(c) That the participant or participant's representative chooses services, providers, and any service settings;

(d) That the participant is provided with a choice of where to live with as much independence as possible and in the most community-integrated environment; and

(e) That the service setting options are:

1. Identified and documented in the participant's PCSP; and

2. Based on the participant's needs and preferences.

(2) A 1915(i) RISE Initiative provider shall not use an aversive technique with a participant.

(3) Any right restriction imposed by a 1915(i) RISE Initiative provider shall:

(a) Be bi-annually reviewed by a human rights committee;

(b) Be subject to approval by a human rights committee; and

(c) Include a plan to restore the participant's rights.

Section 8. Incident Reporting Process.

(1) The incident reporting process shall follow the processes outlined in the "Incident Reporting Instructional Guide for 1915(c) HCBS Waiver Services". Available at: <https://www.chfs.ky.gov/agencies/dms/dca/Documents/irinstructionalguide.pdf>.

(2) The department or its designee shall continually monitor incident trends and patterns and may require additional incident types beyond those listed above as needed.

(3) A provider shall identify individuals and entities that are required to report critical events and incidents, including:

(a) That any individual who witnesses or discovers a critical or non-critical incident is responsible to report it; and

(b) All persons as defined in KRS 209.030(2) and KRS 620.030.

(4) A provider shall:

(a) Notify all pertinent entities including ~~the [but not limited to]~~ case manager or service advisor, law enforcement, and protective services; ~~[and]~~

(b)[(a)] Ensure that any employee or agent who witnesses or discovers a critical incident shall immediately take steps to ensure the participant's health, safety, and welfare, and notify the necessary authorities, including calling law enforcement and reporting any suspected abuse, neglect, or exploitation; ~~and~~

(c)[(b)] Comply with existing requirements for reporting of critical and non-critical incidents[;

(c) ~~Contact all pertinent entities including, as appropriate, the case manager or service advisor, law enforcement, and protective services]~~.

(5) The department or its designee shall regularly review critical and non-critical incident summary data generated by the department approved system to identify systemic issues and conduct follow-up activities as warranted.

Section 9. Use of Electronic Signatures. The creation, transmission, storage, or other use of electronic signatures and documents shall comply with:

(1) The requirements established in KRS 369.101 to 369.120; and

(2) All applicable state and federal statutes and regulations.

Section 10. Employee Policies and Requirements Apply to Subcontractors. Any policy or requirement established in this administrative regulation regarding an employee shall apply to a subcontractor.

Section 11. Appeal Rights.

(1) An appeal of a department decision regarding a Medicaid beneficiary based upon an application of this administrative regulation shall be in accordance with 907 KAR 1:563.

(2) An appeal of a department decision regarding Medicaid eligibility of a participant based upon an application of this administrative regulation shall be in accordance with 907 KAR 1:560.

(3) An appeal of a department decision regarding a provider based upon an application of this administrative regulation shall be in accordance with 907 KAR 1:671.

Section 12. Federal Approval and Federal Financial Participation. The department's reimbursement for services pursuant to this administrative regulation shall be contingent upon:

(1) Receipt of federal financial participation for the reimbursement; and

(2) Centers for Medicare and Medicaid Services approval for the reimbursement.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs,
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Eric Friedlander
SECRETARY

June 5, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
083, Capitol Annex
Frankfort KY 40601

907 KAR 16:020. 1915(i) Home and Community-Based Services (HCBS) Recovery, Independence, Support & Engagement (RISE) Initiative; Covered Services.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 907 KAR 16:020, the Department for Medicaid Services proposes the attached suggested substitutes to 907 KAR 16:020.

If you have any questions, please feel free to contact Jonathan Scott, Regulatory and Legislative Advisor with the Department for Medicaid Services at (502) 564-4321 ext. 2015.

Sincerely,

Stacy Carey
Executive Staff Advisor
Office of Legislative and Regulatory Affairs

Final, 6-4-2025

SUGGESTED SUBSTITUTE

CABINET FOR HEALTH AND FAMILY SERVICES Department for Medicaid Services Division of Quality and Population Health

907 KAR 16:020. 1915(i) Home and Community-Based Services (HCBS) Recovery, Independence, Support & Engagement (RISE) Initiative; Covered services.

RELATES TO: KRS 205.520, 314.011, 42 C.F.R. 431.53, 440.170, 441.530, 20 U.S.C. 1400, 29 U.S.C. 730, 794, 42 U.S.C. 1396a, 12101

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has the responsibility to administer the Medicaid program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law to qualify for federal Medicaid funds. This administrative regulation establishes the policies and operational requirements to provide expanded services to individuals who have a primary diagnosis of serious mental illness or co-occurring serious mental illness and substance use disorder.

Section 1. General Coverage Requirements.

(1) For the department to reimburse for a service covered under this administrative regulation, the service shall:

- (a) Be provided for a primary diagnosis of serious mental illness (SMI) or co-occurring SMI~~[serious mental illness]~~ and substance use disorder (SUD);
- (b) Be designated as~~[deemed]~~ eligible, based on the interRAI Community Mental Health Functional Assessment;
- (c) Be provided to a participant pursuant to the participant's person-centered service plan (PCSP) by an individual who meets the requirements established in 907 KAR 16:015;
- (d) Meet the coverage requirements established in Section 2 of this administrative regulation; and
- (e) Be provided to a participant by a provider who is enrolled in accordance with:
 1. 907 KAR 1:671~~[672]~~;
 2. 907 KAR 1:672~~[674]~~; and
 3. 907 KAR 16:015.

(2) The department shall ensure that duplication of services does not occur by prohibiting payment for services without authorization.

Section 2. Covered Services. Services shall be covered under this administrative regulation in accordance with the requirements established in this section.

(1) Assistive Technology.

- (a) Assistive Technology (AT) shall be provided to individuals who are at least twenty-one (21) years of age and who have a primary diagnosis of SMI or co-occurring SMI and SUD.
- (b) AT may include low tech to high tech devices, solutions, or equipment and shall include the services necessary to get and use the devices, including assessment, customization, repair, and training.
- (c) AT services and supports may include~~[the following]~~:
 1. Consultation and assessment to identify and address the participant's needs as specified in the PCSP and other supporting documentation, as applicable;
 2. Individual and small group demonstration and exploration of devices to increase awareness and knowledge of what is available;

3. Individual consultations to support device trials and assist in selection of a[appropriate] device that is appropriate consistent with this paragraph[selection];

4. Individual and small group training on a specific device to support proper use;

5. Education and training for the participant and family, guardian, or provider staff to aid the participant in the use of the AT as needed;

6. Maintenance and repair of the AT; and

7. A one-time implementation training per order if needed and not provided by the vendor as part of delivery and installation. Additional therapy-related training may be recommended by the provider as appropriate.

(d) All items shall:

1. Meet applicable standards of manufacture, design, and installation; and

2. Be of direct benefit to the participant.

(e) The need for AT shall be documented in the participant's PCSP.

(f) A recommendation of AT, for services or goods, that exceeds ~~[three-hundred dollars-(\$300)]~~ or more shall be ordered by ~~[one of the following]:~~

1. A behavioral health professional;

2. A Rehabilitation[;] Engineering and Assistive Technology Society of North America assistive technology professional (RESNA ATP);

3. A physical therapist;

4. An occupational therapist;

5. A speech language pathologist; or

6. An audiologist.

(g)

1. AT shall be subject to an annual cap of \$10,000 per participant, per year; and

2. If a participant requires AT after the cost limit has been reached, the participant's case manager shall assist them with accessing other resources or alternate funding sources that may be available.

(2) Case Management[;]

(a) Case management shall be delivered to individuals eighteen (18) years of age and older.

(b) A case manager shall adhere to person-centered principles during all planning, coordination, and monitoring activities[;]

(c) Case management shall include working with the participant, the participant's legal guardian, legal representative, and others who the participant identifies, such as immediate family members, in developing and documenting a PCSP.

(d) The case manager shall use a person-centered planning process and assist in identifying and implementing support strategies to enable the PCSP to advance the participant's identified goals while meeting assessed community-based needs. Support strategies shall incorporate the principles of empowerment, community inclusion, health and safety assurances, and the use of paid, unpaid, and community supports.

(e) Case managers shall work closely with the participant to assess and document the participant's needs, desired outcomes, services, available resources, and overall satisfaction with services and processes.

(f) Case managers shall ensure that participants have freedom of choice of providers.

(g) Case management activities shall include quarterly in-person communication and if chosen by the participant, [at least quarterly,]virtual, ~~[per participant's choice,]~~telephonic, or[and] other methods of communication that provide coordination and oversight[;] which ensure ~~[the following]:~~

1. Ongoing access to conflict-free options guidance to select appropriate services to meet identified needs and goals, along with education about available service providers;

2. The desires and needs of the participant are determined through a person-centered planning process;

3. The development or review of the PCSP, including monitoring of the effectiveness of the PCSP to advance person-centered goals and objectives and respond to changes in participant goals and objectives;

4. The coordination of multiple services and among multiple providers, to include other service-specific plans, such as a housing supports plan, as appropriate;

5. Linking 1915(i) RISE Initiative service participants to services that support the participant's home and community-based needs;
 6. Addressing problems in and barriers to service provision;
 7. Implementing participant crisis mitigation plans and making appropriate referrals to address active or potential crises;
 8. Detecting, reporting, and mitigating suspected abuse, neglect, and exploitation of participants, including adherence to mandatory reporter laws, and monitoring the quality of the supports and services;
 9. Assisting the participant in developing and coordinating access to social networks to promote community inclusion as requested by the participant;
 10. Assessing the quality of services, safety of services, and cost effectiveness of services being provided to a participant to ensure that implementation of the participant's PCSP is successful and efficient regarding the participant's financial assets and benefits;
 11. Routinely assessing the participant's progress towards achieving the goals identified in the PCSP as well as the participant's readiness to transition to a lower level of care or less restrictive residential setting.[:]
 12. Performing advocacy activities on behalf of the client; and
 13. Providing SSI/SSDI Outreach, Access, and Recovery (SOAR) to assist participants with accessing Social Security disability benefits, if[when] applicable.
- (h) Case management activities shall be documented consistent with 907 KAR 16:015.[:]
- (i) Plans for supports and services shall be reviewed and updated by the case manager and the participant's team at least annually and more often as needed.[:]
- (j)
1. The provision of case management services shall facilitate free choice of providers as required by Title XIX[per section 1902(a) (23)] of the Social Security Act, under 42 U.S.C. 1396a(a)23[Title XIX) Act]; and
 2. Participants shall[will] have free choice of case management service providers.[:]
- (k) Participants shall have free choice of the providers of other behavioral health care and medical care under the plan.[:]
- (l) This service shall be limited to one (1) unit per participant, per calendar month.[:]
- (m) [The following] Activities [shall be] excluded from case management as a billable 1915(i) RISE Initiative service shall include:
1. Travel time incurred by the case manager as a discrete unit of service;
 2. Representative payee functions; and
 3. Other activities identified by DMS.
- (3) In-home independent living supports.
- (a) In-home independent living supports shall be:
1. Targeted to individuals eighteen (18) years of age and older.[:]
 2. Routine services provided to participants to support:
 - a. The participant's ability to live independently; and
 - b. The development of the requisite skills to support independent living; and[:]
 3. a. Intended to support the participant to maximize the participant's own independence in self-managing independent living; and
 - b. Provided in their own private housing unit or in a housing unit the participant shares with others, including a single-family home, duplex, or apartment building.
- (b) In-home independent living supports may be reduced over time as a participant becomes more self-sufficient.
- (c) No more than two (2) 1915(i) RISE Initiative service participants shall be supported in one (1) home or apartment unit.
- (d) In-home independent living supports shall provide a range of assistance and training based on the assessed need to identify and complete activities of daily living (ADLs) or instrumental activities of daily living (IADLs).
- (e) In-home independent living supports shall include assistance such as:
1. Hands-on assistance;

2. Supervision; or
 3. Cueing with the goal of offering participant direction opportunities.
- (f) ADLs or IADLs provided pursuant to this subsection shall include activities such as:
1. ~~if~~**[When]** detailed in a participant's PCSP goals;~~;~~**[;]** assistance with:
 - a. Bathing;
 - b. Grooming;
 - c. Dressing;
 - d. Financial management;
 - e. Meal preparation;
 - f. Grocery shopping;
 - g. Preparing and storing food safely;
 - h. Shopping;
 - i. Cleaning; or
 - j. Telephonic communication;~~;~~**[;]**
 2. Assistance with medication education and adherence based on the PCSP goals;~~;~~**[;]**
 3. Social skills training, including developing interpersonal effectiveness skills, and reduction or elimination of barriers to recovery;~~;~~**[;]**
 4. Providing or arranging transportation to services, activities, and behavioral health and medical appointments as needed, as well as accompanying and assisting a participant ~~if~~**[while]** utilizing transportation services, including supporting the participant to navigate public transportation systems and other community transit options independently; ~~and~~**[; and];**
 5. Participation in behavioral health and medical appointments and follow-up care as directed by the medical staff.
- (g) ADL and IADL support shall vary based on the assessed the needs of the participant.
- (h)
1. Services shall be furnished in a way that fosters the independence of each participant to facilitate autonomy, self-sufficiency, or recovery.
 2. Providers shall be expected to support participants in learning coping skills to navigate their chosen independent living environment.
 3. Routines of service delivery shall be person-centric and participant-driven, to the maximum extent possible, and each participant shall be treated with dignity and respect and have full freedom of choice and self-determination.
 4. The PCSP shall document any planned intervention that ~~may~~**[could]** potentially impinge on participant autonomy. Documentation shall include:
 - a. Informed consent of the participant to the intervention;
 - b. The specific need for the intervention in supporting the participant to achieve the participant's goals;
 - c. Assurance that the intervention is the most inclusive and person-centered option;
 - d. Time limits for the intervention;
 - e. Periodic reviews of the intervention to determine if it is still needed;~~;~~**[;]** and
 - f. Assurance that the intervention ~~shall not~~**[will]** cause~~[-no]~~ harm to the participant.
- (i) **In-home independent living supports** shall involve meeting a homelessness risk factor, and shall include at least one (1) of the following criteria **for a participant**:
1. Homeless;
 2. At risk of homelessness;
 3. History of frequent – more than one (1) **time** per year in the previous two (2) years – stays in a nursing home or inpatient settings;
 4. Was homeless in the prior **twenty-four (24)** months; or
 5. Formerly homeless and is now residing in HUD or other subsidized assisted housing.
- (j) **In-home independent living supports shall be** limited to one (1) unit per participant per calendar day.
- (k) Payments for In-home Independent Living Supports shall not be made for:
1. Room and board;
 2. Items of comfort or convenience;~~;~~**[;]** or

3. The costs of facility maintenance, upkeep, and improvement.

(l)

1. Separate payments shall not be made for:

a. Medication management services;

b. Transportation services;~~;~~ or

c. Any other service that is provided to a participant under in-home independent living supports, but listed as a separate service pursuant to this section.

2. To prevent duplication of services, the department shall prohibit payment for:

a. Services provided pursuant to this paragraph without authorization; and

b. Providing the same service to the same participant during the same time.

(4) Medication Management.~~;~~

(a) Medication management shall be targeted to individuals eighteen (18) years of age and older.

(b) Medication management services shall be intended to support program participants' adherence to and implementation of medication regimens with the participant in a person-centered manner.

(c) Medication management shall be provided by a pharmacist, medical doctor, physician assistant, advanced practice registered nurse, a registered nurse as defined in KRS 314.011(5), or a licensed practical nurse as defined in KRS 314.011(9) under the supervision of a registered nurse, and includes:

1. In-person contact with the participant, in an individual setting, for the purpose of monitoring a participant's medication adherence;

2. Providing education and training about medications;

3. Offering support to assist a participant experiencing medication side effects; or

4. Providing other nursing or behavioral health and medical assessments.

(d) The goal of this service shall be to provide the information, training, and empowerment necessary for a participant to make an informed decision about the participant's medication regimen.

(e)

1. Identified barriers and challenges to medication autonomy shall be reflected in the participant's PCSP by the case manager and may be amended as situations change.

2. Changes to the PCSP shall reflect the progression of a participant to less restrictive service delivery to promote progress towards self-identified goals.

(f) Medication management services shall be determined by a participant's PCSP, and, at a minimum, shall include:

1. Medication training and support that demonstrate movement toward or achievement of participant-driven treatment goals identified in the PCSP;

2. Medication training and support goals that are habilitative in nature; and

3. Documentation that supports~~[shall support]~~ how the service benefits the participant or addresses individualized risks for ongoing health and safety that are linked to the participant's medication.

(g) Medication training and support may also include the following services that are not required to be provided in-person with the participant:

1. Setting or filling medication boxes;

2. Consulting with the attending physician or AHCP regarding medication-related issues;

3. Ensuring lab or other prescribed clinical orders are sent;

4. Ensuring that the participant follows through and receives lab work and services pursuant to other clinical orders; or

5. Follow up reporting of lab and clinical test results to the participant and physician.

(h) Medication training and support services may be provided for a maximum of ~~[one hundred and eighty-two (182)]~~ hours, billed as ~~[seven hundred and twenty-eight (728)]~~ fifteen (15) minute units per year. The maximum shall include all subtypes of the service identified within this paragraph, such as:

1. Individual;

2. Group;

3. Family or couple;~~;~~ and

4. Services provided with or without the participant present.

- (i) Exclusions for medication management. If a participant receives medication management by[via] in-home independent living supports or supervised residential care, then medication management services shall not be billed separately for the same visit by the same provider.
- (5) Respite or planned respite for caregivers. [;]
- (a) Planned respite for caregivers shall be targeted to individuals eighteen (18) years of age and older.
- (b) Planned respite for caregivers shall be designed to provide temporary relief from caregiving[care giving] to the primary caregiver of a participant during times when the participant's primary caregiver would normally provide care.
- (c) Respite shall be provided to assist the participant and the participant's family in preventing[prevent] institutionalization.
- (d) Respite services shall be intended to assist in maintaining a goal of living in a natural community home and shall be provided on a short-term, intermittent basis to relieve the participant's family or other primary caregivers from daily stress and care demands during times when they are providing unpaid care.
- (e) Respite services shall not be provided on a continuous, long-term basis iff[where] those services are a part of daily services that would enable an unpaid caregiver to work elsewhere full time.
- (f) Routine respite services may include hourly, daily, or overnight support.
- (g) Decisions about the methods and amounts of respite shall be decided during the development of the PCSP to ensure the health, welfare, and safety of the participant.
- (h) The department shall prior authorize respite services, and case managers shall be responsible for assisting participants in identifying and accessing other natural supports or supports available through other available funding streams if the participant's needs exceed the service limit.
- (i) Respite shall be offered contingent upon the willingness of the participant to engage in the respite activity and shall not be offered as a service against a participant's will or under duress that would impede the participant's autonomy in personal decision-making.
- (j) Respite may be provided in [the following settings]:
1. A participant's home or place of residence;
 2. A provider owned or controlled facility approved by the State that is not a private residence (e.g., supervised residential home or licensed respite care facility);
 3. Home of a friend or relative chosen by the participant and members of the planning team; or
 4. [In] A social or recreational community setting.
- (k) Respite services shall not be provided by the participant's:
1. Primary caregiver or
 2. Legal guardian.
- (l) Cost of room and board shall not be included as part of the respite service unless provided as part of the respite care in a facility that is not a private residence.
- (m) Transportation costs associated with the respite service are included in the respite rate. Providers shall not bill for transportation to a respite service site.
- (n) Respite service activities may include:
1. Assistance with daily living skills;
 2. Assistance with accessing or transporting to or from community activities;
 3. Assistance with grooming and personal hygiene;
 4. Assistance with meal preparation, serving, and cleanup;
 5. Administration of medications as needed;
 6. Supervision as needed to ensure the participant's health and safety; or
 7. Recreational and leisure activities.
- (o) Respite shall be provided for the planned or emergency short-term relief for natural, unpaid caregivers.
- (p) Respite shall be provided intermittently iff[when] the natural caregiver is temporarily unavailable to provide supports based on routine or typical patterns of caregiving timing, duration, and scope of support, as recorded by the participant's case manager in his or her PCSP.
- (q) Respite services shall not exceed twenty-one (21) hours per month or 200 hours annually without authorization.

(r) Respite shall not be a stand-alone service and shall be provided in conjunction with other treatment services.

(6) Supervised Residential Care~~;~~

(a) Supervised Residential Care shall be targeted to individuals eighteen (18) years of age and older.

(b) Supervised Residential Care shall consist of supportive and health-related residential services provided to individuals in Medicaid enrolled and certified settings per 907 KAR 16:015.

(c) This service shall not have greater than three (3) service participants in a home leased or owned by the service provider.

(d) The supervised residential care setting shall include:

1. One (1) unit of staff supervision that[which] shall consist of up to twenty-four (24) hours per day;

and

2. As indicated per PCSP, skills training, recreational opportunities, emergency services, and referrals for behavioral health care and medical care.

(e) Supervised residential care shall be based on the individual needs of a participant per the PCSP.

(f) This setting may include unsupervised time per day for a participant to work towards increased independence. If this option is utilized, a participant shall work with their case manager to develop a PCSP for the participant to work towards increased independence. The portion of the PCSP that establishes an increased independence plan shall include:

1. Necessary provisions to ensure[assure] the participant's health, safety, and welfare;

2. Documented approval by the participant's person-centered planning team, including the participant being served; and

3. Periodic review and updates, based on changes in the participant's status.

(g) Staff providing supervised residential care shall be expected to provide assistance and training to identify and complete ADLs and IADLs, including activities such as:

1. Personalized support with:

a. Assisting residents with ADLs per PCSP goals;

b. Meal preparation;

c. Shopping;

d. Cleaning;

e. Financial management or bill paying for the resident's personal expenses; or

f. Executing telephonic, e-mail, or other communication with formal and informal supports~~;~~

2. Assistance with medications, education, and adherence based upon the results of a registered nurse assessment per the PCSP~~;~~

3. Social skills training including developing interpersonal effectiveness skills, and reduction or elimination of barriers to recovery~~;~~

4. Providing or arranging transportation to services, activities, and medical appointments as needed as well as accompanying and assisting a participant while utilizing transportation services; and

5. Supporting a participant to arrange, attend, communicate, and manage their post-appointment follow up treatment and care activities, as recommended by the provider.

(h) Participants shall work with the case manager to develop PCSPs that include the utilization of community residential supports specifically supporting the development of natural supports, as well as community integration and participation.

(i) Participants shall be routinely engaged by the case manager to:

1. Identify the participant's preparedness or desire to transition to a more community-integrated residential setting that is non-congregate~~;~~ and

2. Promote timely and appropriate movement to a participant's preferred residential arrangement.

(j) During the movement phase from a supervised care setting to a more community-integrated residential setting, eligible participants shall receive evidence-based programming to promote the furtherance of the goals in the participant's PCSP and establish community integration and participation foundations.

(k) Providers of supervised residential care services shall collaborate with other members of the participant's person-centered team to promote successful preparation and transition if[when] a move-out occurs.

(l) Additional needs-based criteria for the provision of the supervised residential care service include an assessment of homelessness Risk Factors, which shall include meeting at least one (1) of the following criteria for a participant:

1. Homeless;
2. At risk of homelessness;
3. History of frequent – more than one (1) time per year in the previous two (2) years – stays in a nursing home or inpatient settings;
4. Was homeless in the prior twenty-four (24) months; or
5. Formerly homeless and is now residing in HUD or other subsidized assisted housing.

(m) Supervised residential care shall be limited to one (1) unit per participant per calendar day.

(n) Payments for supervised residential care shall not be made for:

1. Room and board;
2. Items of comfort or convenience; or
3. The costs of facility maintenance, upkeep, and improvement.

(o)

1. Separate payments shall not be made for:

- a. Medication management services;
- b. Transportation services; or
- c. Any other service that is provided to a participant as supervised residential care, but listed as a separate service pursuant to this administrative regulation.

2. To prevent duplication of services, the department shall prohibit payment for:

- a. Services provided pursuant to this paragraph without authorization; and
- b. Providing the same service to the same participant during the same time.

(7) Supported Education or

(a)

1. Supported Education (SEd) shall be targeted to individuals eighteen (18) years of age and older.

2. Supported Education providers shall exhaust all other available resources available through state and federal agencies prior to utilizing the 1915(i) RISE Initiative services established pursuant to this chapter.

(b) SEd/Supported Education (Sed) services shall:

1. Be individualized;
2. Promote engagement;
3. Sustain participation by the participant within the educational setting; and
4. Be delivered with the goal of restoring a participant's ability to function in the learning environment.

(c) The educational environments in which SEd may be delivered include college, technical college, proprietary, distance learning, and short-term learning.

(d) A service shall:

1. Be specified in the PSCP or ~~(PCSP)~~ to enable the participant to integrate more fully into the community or educational setting; and
2. Ensure the health, welfare, and safety of the participant.

(e) The goals of SEd as reflected in the PCSP shall be for participants to:

1. Engage and navigate the learning environment;
2. Support and enhance attitude and motivation;
3. Develop skills to improve educational competencies, including social skills, social-emotional learning skills, literacy, study skills, and time management;
4. Promote self-advocacy, self-efficacy, and empowerment, including disclosure, reasonable accommodations, and advancing educational opportunities; and
5. Build community connections and natural supports as needed to adapt to and thrive within the educational program or setting of the participant's choosing.

(f) Supported Education providers shall provide individualized services utilizing an engage, bridge, and transition model, which shall include any combination of the following:

1. Acting as a liaison or support in the educational learning environment; or
2. Facilitating outreach and coordination of learning opportunities; or

3. Familiarizing the participant and caregiver (if applicable) to educational settings, to help navigate the school system and student services;~~[-]~~
 4. Assisting with admission applications and registration;~~[-]~~
 5. Assisting with transitions or withdrawals from programs, such as those resulting from behavioral health challenges, medical conditions, and other co-occurring disorders;~~[-]~~
 6. Improving access for a participant by effectively linking consumers of mental health services to educational programs within the school, college, or university of their choice;~~[-]~~
 7. Coordinating with the 1915(i) RISE Initiative Case Manager who shall oversee the needs of the participant and act as a liaison between the participant and the case manager;~~[-]~~ **and**~~[-]~~
 8. Assisting with advancing education opportunities for the participant, including applying for work experience, employment training programs, apprenticeships, and colleges.
- (g) A training facility shall be accredited or licensed by appropriate accrediting or licensing bodies and comply with all state and federal requirements applicable to their use by the Office of Vocational Rehabilitation and 1915(i) RISE Initiative approved provider types.
- (h) Supported education shall include a supported training component for specific participants in need of intensive job-related training. The goal of sponsored training is not education alone, but employment.

1. Supported training shall include:

- a. Developing an education or career plan and revising as needed in response to the participant's needs and recovery process;~~[-]~~
 - b. Assisting in training to enhance interpersonal skills and social-emotional learning skills, including:
 - (i) Effective problem solving;
 - (ii) Self-discipline;
 - (iii) Impulse control;
 - (iv) Increased social engagement;
 - (v) Emotion management; and
 - (vi) Coping skills; ~~[-]~~ **and**~~[-]~~
 - c. Working collaboratively with the case manager to assist the participant in conducting a need assessment or educational assessment based on established goals in the PCSP to identify education or training requirements, personal strengths, and necessary support services.
2. Supported training may include individualized supports in all educational environments. Individualized supports may include:
- a. Classroom;
 - b. Dining facilities; or
 - c. Test-taking environments.
3. Before utilizing supported training, all resources available through the Office of Vocational Rehabilitation shall first be exhausted.
4. This service may support training required to achieve an agreed upon vocational goal in the PCSP.
5. ~~if~~**[When]** making decisions related to supported training, these areas shall be considered and documented:

- a. Informed choice of the participant;
- b. Benefit to the participant in terms of employment outcome; and
- c. Expenditure of time and resources of the participant.

~~6.~~**[d.]** A thorough career exploration shall occur, which may include interest inventories, visits to job sites and training institutions, job shadowing, or volunteer opportunities. The career exploration shall include a counselor associated with the participant's case explaining labor market trends for the planned occupation.~~[-]~~

~~7.~~**[e.]** The associated counselor shall assess transferable skills, interests, and capacities to determine if training is needed to obtain suitable employment.~~[-]~~

~~8.~~**[f.]** The associated counselor shall discuss all situations, obligations, history, and attendant factors that may affect successful completion of training and explore comparable training options prior to finalizing a plan.

~~9.~~**[6.]**

- a. Documentation shall support the participant's ability, aptitude, and interest to complete the training, with or without reasonable accommodations.
- b. Documentation may include performance measures, such as academic records, American College Test (ACT), or Test of Adult Basic Education (TABE) scores. ~~and~~
- (i) Supported education shall develop skills to improve educational competencies, including:
 - 1. Working with participants to develop the skills needed to remain in the learning environment, which may include:
 - a. Effective problem solving;
 - b. Self-discipline;
 - c. Impulse control;
 - d. Emotion management;
 - e. Coping skills;
 - f. Literacy;
 - g. English as a second language;
 - h. Study skills;
 - i. Note taking;
 - j. Time and stress management; or
 - k. Social skills; or
 - 2. Providing opportunities to explore individual interests related to career development and vocational choice.
- (j)
 - 1. Supported education shall include improving a participant's skills relating to self-advocacy, self-efficacy, and empowerment.
 - 2. To ensure duplication of related services does not occur providers shall coordinate efforts with the Department of Education and the local vocational rehabilitation agency.
- (k) A supported education provider may:
 - 1. Act as a liaison to assist with attaining alternative outcomes, for example, completing the process to request an incomplete rather than failing grades if the student needs medical leave or withdrawal from the educational institution;
 - 2. Have or promote individualized and ongoing discussions with involved parties regarding the disclosure of disability;
 - 3. Provide advocacy support to obtain accommodations, including requesting extensions for assignments and different test-taking settings if needed for a documented disability;
 - 4. Conduct advocacy and coaching on reasonable accommodations as defined by the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1400 et seq., Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq., which may include:
 - a. Note-taking services;
 - b. Additional time to complete work in class and on tests;
 - c. Modifications in the learning environment;
 - d. Test reading;
 - e. Taking breaks during class if[when] needed;
 - f. Changes in document and assignment format; or
 - g. Other common reasonable accommodations provided pursuant to the federal laws listed in this subparagraph~~[-4.];~~ or
 - 5. Provide instruction on self-advocacy skills in relation to independent functioning in the educational environment.
- (l) A supported education provider shall assist with establishing and developing community connections and natural supports, including:
 - 1. Serving as a resource clearinghouse for educational opportunities, tutoring, financial aid, and other relevant educational supports and resources;
 - 2. Providing access to recovery supports, including cultural, recreational, and spiritual resources;
 - 3. Providing linkages to education-related community resources, including supports for learning and cognitive disabilities;

4. Identifying financial aid resources and assisting with applications for financial aid; or
5. Assisting in applying for student loan forgiveness on previous loans for reasons including disability status.

(m) Ongoing SEd service components may be conducted after a participant is successfully admitted to an educational program.

(n) SEd services shall be designed to be delivered in and outside of the classroom setting and may be provided by schools or agencies enrolled as approved providers of 1915(i) RISE Initiative SEd services that specialize in providing educational support services.

(o) To be a SEd qualified provider, the provider shall be an approved vendor through the Office of Vocational Rehabilitation.

(p)

1. The person-centered individualized care plan shall be developed based on the participant's needs with respect to remote services to ensure proper monitoring of the health and safety of the participant.

2. Remote support ~~by~~[via] telehealth shall be real-time, two-way communication between the service provider and the participant. Within the scope of SEd services, remote support shall be limited to:

- a. Check-ins, such as reminders, verbal cues, or prompts; or
- b. Consultations, such as counseling or problem solving.

(q) Remote services ~~by~~[via] telehealth shall be utilized for the benefit and at the option of the participant. Telehealth shall be utilized, as feasible, on an agreed-upon schedule, and shall ensure protection of the participant's personal space and activities.

(r) The remote service may be rendered in:

1. Tandem with a caregiver, personal assistant, or other support person ~~if~~[when] physical assistance is required; or
2. The absence of a support person ~~if~~[when] appropriately utilizing assistive technology tools to deliver services.

(s) Individuals who require assistance utilizing technology necessary for telehealth delivery of service shall be considered for eligibility for ~~[assistive technology - (AT)]~~. Education and training for the participant and family, guardian, or provider staff to aid the participant in the use of the AT shall be incorporated as a service of AT.

(t) Additional remote support requirements include:

1. Use of any appropriate telehealth option pursuant to 907 KAR 3:170; ~~and~~[-]
2. That remote support shall:
 - a. Be elected by the participant receiving services;
 - b. Not block the participant's access to the community;
 - c. Not prohibit needed in-person services for the participant;
 - d. Utilize a HIPAA-compliant platform; and
 - e. Prioritize the integration of the participant into the community.

(u) Providers shall document that the remote support option complies with paragraph (t)2. of this ~~subsection~~[section].

(v) Supported education shall be limited to ~~[four hundred and eighty - (480)]~~ fifteen (15) units per ~~[one hundred and eighty - (180)]~~ day authorization period. Any additional time within that ~~[one hundred and eighty - (180)]~~ day period shall require an exception pursuant to Section 3(3) of this administrative regulation.

(w)

1. This service shall not be provided to a participant at the same time as another service that is the same in nature and scope regardless of source, including federal, state, local, and private entities.
2. Participants eligible for multiple Medicaid funded services for supported education shall not access this service in more than one (1) authority and shall be required to utilize the alternate service first.
3. Services furnished through this section shall not be duplicated by services funded under Section 110 of the Rehabilitation Act of 1973, 29 U.S.C. 730, or ~~[the IDEA - (20 U.S.C. 1400 et seq.)]~~.
4. To ensure duplication does not occur, providers shall coordinate efforts with the Department of Education or the local vocational rehabilitation agency.

5. Justification that services are not otherwise available to the participant through these agencies under 29 U.S.C. 730,~~[section 110 of the Rehabilitation Act of 1973]~~ or ~~[the IDEA (]~~20 U.S.C. 1400 et seq.~~)]~~ shall be documented in the participant's record and kept on file.

(8) Supported Employment or Individual Placement and Support – Supported Employment (IPS-SE) shall be targeted to individuals 18 years of age and older.

(a) IPS-SE shall be an evidence-based practice designed to assist participants with ~~[(S)MI]~~ or co-occurring SMI and SUDs to obtain and maintain employment in competitive integrated employment using the supports of:

1. The participant's behavioral health treatment team;
2. An employment specialist; and
3. A benefits counselor.

(b) IPS-SE shall use IPS-SE principles that shall be planned and implemented through a coordinated and integrated partnership with the participant and the participant's person-centered team members, including the employment specialist, to assist the participant in achieving the participant's specific employment goals as defined by the PCSP.

(c) All supported employment services shall be prior authorized through submission of the Coordination of Funding for Employment Services.

(d) IPS-SE employment activities shall include~~[the following employment activities]~~:

1. A vocational assessment or career profile;
2. The development of a vocational plan;
3. On-the-job training and skill development;
4. Job-seeking skills training;
5. Job development and placement;
6. Job coaching;
7. Individualized job supports, which may include regular contact with the employers, family members, guardians, advocates, treatment providers, and other community supports;
8. Benefits planning;
9. General consultation, advocacy, building and maintaining relationships with employers; and
10. Time unlimited individualized vocational support.

(e) IPS-SE shall comply with competitive integrated employment, including:

1. Compensating at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience;
2. Receiving the same level of benefits provided to other employees without disabilities in similar positions;
3. Located where the participant interacts with other individuals without disabilities; and
4. Presenting opportunities for advancement similar to other employees without disabilities in similar positions.

(f) To be an IPS-SE 1915(i) RISE Initiative qualified provider, the provider shall:

1. Be an approved vendor through Office of Vocational Rehabilitation;
2. Provide the evidence-based practice of IPS-SE through training and technical assistance provided by state IPS-SE~~IPS-SE~~ trainers;
3. Participate in fidelity reviews required by the developer of the practice; and
4. Complete supported employment core training offered through the University of Kentucky Human Development Institute.

(g) IPS-SE shall establish:

1. Competitive integrated employment job options with permanent status rather than temporary or time-limited status; and
2. Jobs that anyone may~~can~~ apply for and that are not set aside for people with disabilities.~~[:]~~

(h) IPS-SE payments shall:

1. Be made only for the adaptations, supervision, and training required by participants receiving IPS-SE services; and
2. Not include payment for the supervisory activities rendered as a normal part of the business setting.

- (i)
1. IPS-SE services furnished under the 1915(i) RISE Initiative service shall not be available under a program funded by either the Rehabilitation Act of 1973 or IDEA, 20 U.S.C. 1400 et seq.
 2. Documentation shall be maintained in the file of each participant receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or IDEA, 20 U.S.C. 1400 et seq.
- (j) **Federal Financial Participation (FFP)** shall not be claimed for incentive payments, subsidies, or unrelated vocational training expenses including:
1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
 2. Payments that are passed through to users of supported employment programs; or
 3. Payments for vocational training that are not directly related to a participant's supported employment program.
- (k)
1. Extended services shall be available to participants once they are employed and are provided periodically to address work-related issues as they arise. For example, this may/could include assistance with understanding employer leave policies, scheduling, time sheets, or tax withholding processes.
 2. Ongoing follow-along support may also involve assistance to address issues in the work environment, including accessibility, career advancement, and employee - employer relations.
- (l)
1. Extended services shall be designed to identify any problems or concerns early and to provide the best opportunity for long lasting work opportunities.
 2. Extended services may include supports to address any barriers that interfere with employment success or maintaining employment, which may include providing support to the employer.
- (m)
1. The person-centered individualized care plan shall be developed based on the participant's needs with respect to remote services to ensure proper monitoring of the health and safety of the participant.
 2. Remote support by/via telehealth shall be real-time, two-way communication between the service provider and the participant. Within the scope of IPS-SE services, remote support shall be limited to:
 - a. Check-ins, such as reminders, verbal cues, or prompts; or
 - b. Consultations, such as counseling or problem solving.
- (n) Remote services by/via telehealth shall be utilized for the benefit and at the option of the participant. Telehealth shall be utilized, as feasible, on an agreed-upon schedule, and shall ensure protection of the participant's personal space and activities.
- (o) The remote service may be rendered in:
1. Tandem with a caregiver, personal assistant, or other support person if/when physical assistance is required; or
 2. The absence of a support person if/when appropriately utilizing assistive technology tools to deliver services.
- (p) Participants who require assistance utilizing technology necessary for telehealth delivery of service shall be considered for eligibility for [assistive technology-(AT)]. Education and training for the participant and family, guardian, or provider staff to aid the participant in the use of the AT shall be incorporated as a service of AT.
- (q) Additional remote support requirements include:
1. Use of any appropriate telehealth option pursuant to 907 KAR 3:170; and/-
 2. That remote support shall:
 - a. Be elected by the participant receiving services;
 - b. Not block the participant's access to the community;
 - c. Not prohibit needed in-person services for the participant;
 - d. Utilize a HIPAA-compliant platform; and
 - e. Prioritize the integration of the participant into the community.

(r) Providers shall document that the remote support option complies with paragraph (q)2. of this subsection[section].

(s) IPS-SE shall be limited to ~~[four hundred and eighty (480)]~~ fifteen (15) minute units per ~~[one hundred and eighty (180)]~~ day authorization period. Any additional time within that ~~[one hundred and eighty (180)]~~ day period shall require an exception, pursuant to Section 3(3) of this administrative regulation.

(t) IPS-SE services are to be rendered consistent with the frequency, duration, and scope recommended by the participant's PCSP. IPS-SE may be a standalone service provided in conjunction with case management services.

(u) Supported Employment Services shall not:

1. Be provided in a group setting; and~~;~~
2. Be duplicated by any other services provided through 907 KAR Chapter 16.

(v) Services shall not include payment for the supervisory activities rendered as a normal part of the business setting.

(w) Services shall not include payment for supervision, training, support, and adaptations typically available to other non-disabled workers filling similar positions in the business.

(x) Services shall not include adaptations, assistance, and training used to meet an employer's responsibility to fulfill requirements for reasonable accommodations under the Americans with Disabilities Act.

(y) Transportation to and from the work site may be a component of the rate paid to providers. This service shall only be available if the participant cannot access public transportation or does not have other means of transportation available to the participant. The cost of transportation shall be included in the rate paid to providers.

(z) Documentation shall be maintained for each participant receiving this service that the service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or IDEA.

(aa) Services shall not be reimbursed for job placements paying below minimum wage.

(bb) Services shall be delivered in a manner that supports and respects the participant's communication needs including:

1. Translation services; and
2. Assistance with and use of communication devices.

(cc) Services shall be provided in regular integrated settings and shall not include sheltered work or other types of vocational services in specialized facilities or incentive payments, subsidies, or unrelated vocational training expenses, including~~[the following]~~:

1. Incentive payments made to an employer to encourage hiring the participant; or
2. Payments that are passed through to the participant;
 - a. Payments for supervision, training, support, and adaptations typically available to other workers without disabilities filling similar positions in the business; or
 - b. Payments used to defray the expenses associated with starting up or operating a business.

(9) Tenancy supports, including pre-tenancy supports and tenancy-sustaining supports.

(a) Tenancy supports shall be targeted to individuals eighteen (18) years of age and older.

(b) Tenancy supports shall include both pre-tenancy supports and tenancy-sustaining supports.

(c) Pre-tenancy support services shall:

1. Be available if determined to be necessary for a participant to identify, select, and enter into a lease agreement resulting in the participant moving into an independent housing unit;
2. Be tailored to person-centered goals, as stated in the participant's PCSP; and
3. Assist the participant in identifying and leasing a housing unit that is expected to promote the participant's personal health and welfare in a housing arrangement that is not provider-owned or controlled and is instead governed by a lease that is entered into with the owner or landlord of the housing unit.

(d) Pre-tenancy supports shall follow evidence-based practices and may include addressing the following components, as relevant, if[when] these services are not otherwise available in other services pursuant to 907 KAR Chapter 16:

1. Identify the participant's needs and preferences related to:
 - a. Housing, including type of housing;

- b. Location;
 - c. Living alone or with someone else;
 - d. Identifying a roommate;~~;~~
 - e. Accommodations needed;~~;~~
 - f. Community integration; or
 - g. Other related preferences;
2. Assisting in budgeting for housing or living expenses, including financial literacy education on budget basics based upon anticipated housing, utility, and other known budget components;
 3. Assisting participants with finding and applying for housing, including:
 - a. Filling out housing, utility, or rental assistance applications;
 - b. Remitting necessary fees; or
 - c. Obtaining and submitting appropriate documentation required for tenancy approval;
 4. Reviewing and understanding the terms of and assisting the participant with consenting to the terms of a rental agreement or lease;
 5. Assisting participants with completing reasonable accommodation requests and obtaining disability verifications as needed to secure an appropriate housing arrangement. This type of assistance shall include:
 - a. Identifying verbal requests for a reasonable accommodation; and
 - b. Supporting and conducting written documentation of the request with the prospective landlord;
 6. Coordinating with the 1915(i) RISE initiative case manager to develop goals and objectives relating to the participant's housing supports plan, which shall:
 - a. Include a community integration plan;
 - b. (i) Identify short and long-term measurable goals;
 - (ii) Address process for achievement of identified[How-the] goals[will-be-achieved]; and
 - (iii) Include process for addressing[How] barriers to achieving identified goals[will-be-addressed]; and
 - c. Include plans for:
 - (i) Housing maintenance;
 - (ii) Lease adherence; and
 - (iii) Facilitation of tenant-landlord communications;
 7. Assisting with identifying and securing resources to obtain housing, including community-based resources to assist with securing documentation, related fees needed, and transportation needs;
 8. Ensuring that the living environment is safe and accessible for move-in, including an assessment of health risks to ensure the living environment is not adversely affecting the occupants' health; or
 9. Assisting in arranging for and supporting the details and activities of the move-in. This assistance shall include:
 - a. Assisting the participant with identifying the date and time that the move-in will take place; and
 - b. Providing the participant with assistance to arrange necessary transportation for the move-in.
- (e)
1. Participants enrolling in tenancy supports may currently be residing in any living environment, up to and including those exiting institutional settings.
 2. Prior to being enrolled in this benefit, participants shall meet at least one (1) of the at-risk homelessness risk factors.
- (f)
1. Tenancy-sustaining supports shall be made available to support service participants to maintain tenancy once housing is secured.
 2. The availability of ongoing housing-related services in addition to other long-term services and supports shall be intended to:
 - a. Promote housing success;
 - b. Foster community integration and inclusion; and
 - c. Develop natural support networks.
- (g) Tenancy-sustaining supports shall follow evidence-based practices and may include the following components of:
1. Working collaboratively with the 1915(i) RISE Initiative case manager to:

a. Assist the participant with maintaining entitlements and benefits, including rental assistance, necessary to maintain community integration and housing stability. This type of assistance may include:

- (i) Assisting participants in obtaining documentation;
- (ii) Assistance with completing documentation;
- (iii) Navigating the process to secure and maintain benefits; or
- (iv) Coordinating with the entitlement or benefit assistance agency;[;]

b. **Assisting**[**Assist**] the participant with securing supports to preserve and maximize independent living;[;]

c. **Collaborating**[**Collaborate**] with the 1915(i) RISE Initiative case manager to ensure that referrals are made to services that are needed to:

- (i) Promote housing stabilization;
- (ii) Adaptation to surrounding neighborhood conditions;
- (iii) Lease adherence;
- (iv) Sustained landlord-tenant communications; and
- (v) Problem-solving;[;]

d. **Allowing** examples of types of referrals [~~**allowed**~~] pursuant to clause c. **that** include:

- (i) Substance use treatment providers;
- (ii) Mental health providers;
- (iii) Medical;
- (iv) Vision, nutritional, and dental providers;
- (v) Vocational, education, employment, and volunteer supports;[;]
- (vi) Hospital care, including utilization of the emergency department;
- (vii) Probation and parole crisis services;
- (viii) End of life planning; or
- (ix) Other support groups and natural supports; **and**[;]

e. **Coordinating**[**Coordinate**] with the participant as needed to plan, participate in, review, update, and modify the participant's goals and objectives related to the participant's housing support to reflect current needs and preferences and address existing or recurring housing retention barriers;[;]

2. Providing supports to assist the participant in the development of independent living skills to remain in the most integrated setting. Supports may include:

- a. Skills coaching to maintain a healthy living environment;
- b. Developing and managing a household budget;
- c. Interacting appropriately with neighbors or roommates;
- d. Reducing social isolation; and
- e. Utilizing local transportation;

3. Providing supports to assist the participant in communicating with the landlord or property manager. These supports may include:

- a. Educating and training the participant on the role, rights, and responsibilities of the tenant and landlord; or
- b. Providing training and resources to assist the participant with complying with the participant's lease;[;]

4. Assisting in reducing the risk of eviction by providing services to prevent eviction, this may include:

- a. Improvement of conflict resolution skills to include;[;]

(i) Coaching; **and**

(ii) Role-playing and communication strategies targeted towards resolving disputes with landlords and neighbors;

- b. Communicating with landlords and neighbors to reduce the risk of eviction;
- c. Addressing biopsychosocial behaviors that put housing at risk;
- d. Providing ongoing support with activities related to household management; or
- e. Linking the participant to community resources to prevent eviction, including expert resources to address legal issues; **and**[;]

5. Supporting the participant with unanticipated threats to housing stability, including man-made and natural disasters and any other imminent jeopardy to health and or safety. This support shall include, as necessary:^[;]

a. ⁽ⁱ⁾ Planning; and

⁽ⁱⁱ⁾ ~~[b.]~~ Referral to temporary housing arrangements; or

~~b.[6.]~~ Providing early identification, risk management, and proactive intervention for actions or behaviors that may jeopardize housing.

(h) Pre-tenancy and tenancy-sustaining supports services shall adhere to the SAMHSA permanent supportive housing (PSH) principles.

(i) Participants receiving pre-tenancy and tenancy sustaining supports shall be included in the search, choice, and any significant decisions regarding the establishment of the participant's housing arrangement.

(j) Housing selected by[via] this subsection shall be guided by and support the goals for social inclusion and community integration as defined by the participant in their PCSP.

(k) Tenancy Support Services shall:

1. Include direct contact with the participant;

2. Be reimbursed as a daily rate with a benefit limitation of thirty (30) days over a ~~[one-hundred and eighty-[180]]~~ day authorization period; and

3. For any additional time beyond the thirty (30) day initial authorization, be authorized as an exception.^[;]

(l) Tenancy support services shall not include:

1. Payment of rent or other room and board costs;

2. Payment of any costs or fees associated with a tenancy application or lease-up;

3. Capital costs related to the development or modification of housing, including implementation of physical reasonable accommodations, which are the responsibility of the property owner;

4. Expenses for utilities or other regularly occurring bills;

5. Goods or services intended for leisure or recreation;

6. Payment of emergency-based or temporary housing arrangements during emergencies or gaps in a permanent housing arrangement;

7. Transportation costs and fees incurred during the delivery of pre-tenancy services;

8. Duplicative services from other state or federal programs; or

9. Services to participants in a correctional institution or an Institution of Mental Disease (IMD) other than services that meet the exception of IMD exclusion.

(10) Transportation.

(a) Transportation shall be:

1. Available to participants eighteen (18) years of age[old] and older with a primary diagnosis of SMI or SMI co-occurring with SUD;

2. Offered to aid participants in gaining access to 1915(i) RISE Initiative services and other community services, activities, and resources, as specified by the participant's PCSP;

3. Offered in addition to, and not as a replacement for, other transportation services available within the Medicaid program, including:

a. Medical transportation required under 42 C.F.R. ~~[Sec.]~~431.53;

b. Ambulance transportation required pursuant to 907 KAR 1:060;

c. Nonemergency transportation provided pursuant to 907 KAR 3:066; and

d. Any other transportation services under the state plan, as defined by[at] 42 C.F.R. ~~[§~~ § 440.170(a);

4. Offered in accordance with the participant's care plan and shall support the participant with PCSP goal advancement or attainment; and

5. Separate from any transportation component of any other service established in this section.

(b) If possible, natural supports that can provide transportation without charge shall be exhausted, with 1915(i) RISE Initiative funded transportation being accessed as a last resort.

(c) A provider of a transportation service shall provide and document service provision in accordance with this subsection, program policies and procedures, and billing guidelines. Documentation requirements for transportation shall include:

1. Date of contact;
 2. Mileage log with start and stop time;
 3. Printed name of service provider;
 4. Location of origination and destination; and
 5. Signature and title of the person providing the service.
- (d) Transportation shall be limited to \$2,500 per year, which may be exceeded based on medical necessity.
- (e) The participant's service limit of \$2,500 is not Medicaid reimbursable for ride sharing applications.

Section 3. Exception Process.

- (1) A service listed in Section 2 of this administrative regulation that includes benefit limitations, regardless of delivery method, shall qualify for review as an exception to the benefit limitations:
 - (a) Based on the needs of the participant for whom the exception is requested;
 - (b) For a limited period of time not to exceed a full PSCP year;
 - (c) If the service meets the requirements for an exception in accordance with the Kentucky 1915(i) RISE initiative Exception Process entered within the department-approved system; and
 - (d) If approved by the department or designee to be an exception.
- (2) An exception granted pursuant to this section shall be for the sole purpose of ensuring the health, safety, and welfare of the 1915(i) RISE initiative participant.
- (3) Each exception request shall be approved by a consensus vote of the person-centered team by/via a person-centered team meeting.
- (4) Within one (1) day of the person-centered team meeting in which an exception request is approved, the case manager shall submit the exception request through the department-approved system, including:
 - (a) The name and identifying information of the participant;
 - (b) A description of the exception being requested;
 - (c) Specific challenges presented by the participant and interventions provided that have resulted in the request, including dates, times, and locations of occurrences;
 - (d) Summary notes of the person-centered team meeting held to determine if the request for the requested exception was appropriate, including signatures of the team members and date, time, and location of the meeting;
 - (e) Documentation of any intervention attempted to stabilize the challenges and the resulting outcomes for any repeat exception requests; and
 - (f) An updated PSCP with the service exception documented.
- (5) Once submitted within the department-approved system, the case manager shall send written notification of the date and time of submission to the service provider who will potentially be providing the extended service.
- (6) The department or designee shall:
 - (a) Review the exception request submission within three (3) business days; and
 - (b) Either deny or approve the request.
- (7) An approved exception request shall be prior authorized for a period of six (6) months or until the end of their eligibility year, whichever is shorter.
- (8) The prior authorization shall follow the participant if a transition to another provider occurs through an amendment to the prior authorization.
- (9) A new exception request that will continue an existing exception shall be submitted no later than fifteen (15) days prior to the end of a prior authorization period.

Section 4. Federal Approval and Federal Financial Participation. The department's reimbursement for services pursuant to this administrative regulation shall be contingent upon:

- (1) Receipt of federal financial participation for the reimbursement; and
- (2) Centers for Medicare and Medicaid Services' approval for the reimbursement.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, Kentucky 40621; phone 502-564-7476; fax 502-564-7091; email CHFSregs@ky.gov.



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Eric Friedlander
SECRETARY

June 5, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
083, Capitol Annex
Frankfort KY 40601

907 KAR 16:025. 1915(i) Recovery, Independence, Support & Engagement Initiative (RISE)
Program reimbursement provisions and requirements.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 907 KAR 16:025, the Department for Medicaid Services proposes the attached suggested substitutes to 907 KAR 16:025.

If you have any questions, please feel free to contact Jonathan Scott, Regulatory and Legislative Advisor with the Department for Medicaid Services at (502) 564-4321 ext. 2015.

Sincerely,

Stacy Carey
Executive Staff Advisor
Office of Legislative and Regulatory Affairs

SUGGESTED SUBSTITUTE
Final Version: 6/4/2025 2:00 PM

CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services
(New)

907 KAR 16:025. Recovery, Independence, Support & Engagement (RISE) Initiative [~~(RISE) Program~~ /reimbursement provisions and requirements.

RELATES TO: KRS 205.520

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has the responsibility to administer the Medicaid program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law to qualify for federal Medicaid funds. This administrative regulation establishes the reimbursement provisions of the RISE Program for individuals with serious mental illness or substance use disorder.

Section 1. General Reimbursement Requirements.

- (1) For the department to reimburse for a service or item, the requirements of 907 KAR Chapter 16 shall be met.
- (2) The department shall reimburse a participating provider for a covered service as established pursuant to the 1915(i) Fee Schedule as available at: <https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>.

Section 2. Federal Approval and Federal Financial Participation. The department's reimbursement for services pursuant to this administrative regulation shall be contingent upon:

- (1) Receipt of federal financial participation for the reimbursement; and
- (2) Centers for Medicare and Medicaid Services' approval for the reimbursement.

Section 3. Appeals. A provider may appeal a department decision **made pursuant to**~~**as to the application of**~~ this administrative regulation in accordance with 907 KAR 1:671.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, Kentucky 40621; phone 502-564-7476; fax 502-564-7091; email CHFSregs@ky.gov.