



# **1915(c) Home and Community Based Services Waiver Redesign Task Force**

Appendix K Update  
July 26, 2021

## **Presenters**

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Department for Medicaid Services**

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Division Director**

**Department for Behavioral Health, Developmental and Intellectual Disabilities**



# What is Appendix K?

- Appendix K is a standalone appendix of the 1915(c) Home and Community Based Services (HCBS) waiver application.
- States use it to request temporary waiver amendments due to an emergency. Amendments might include modifications to:

Waiver access  
or eligibility

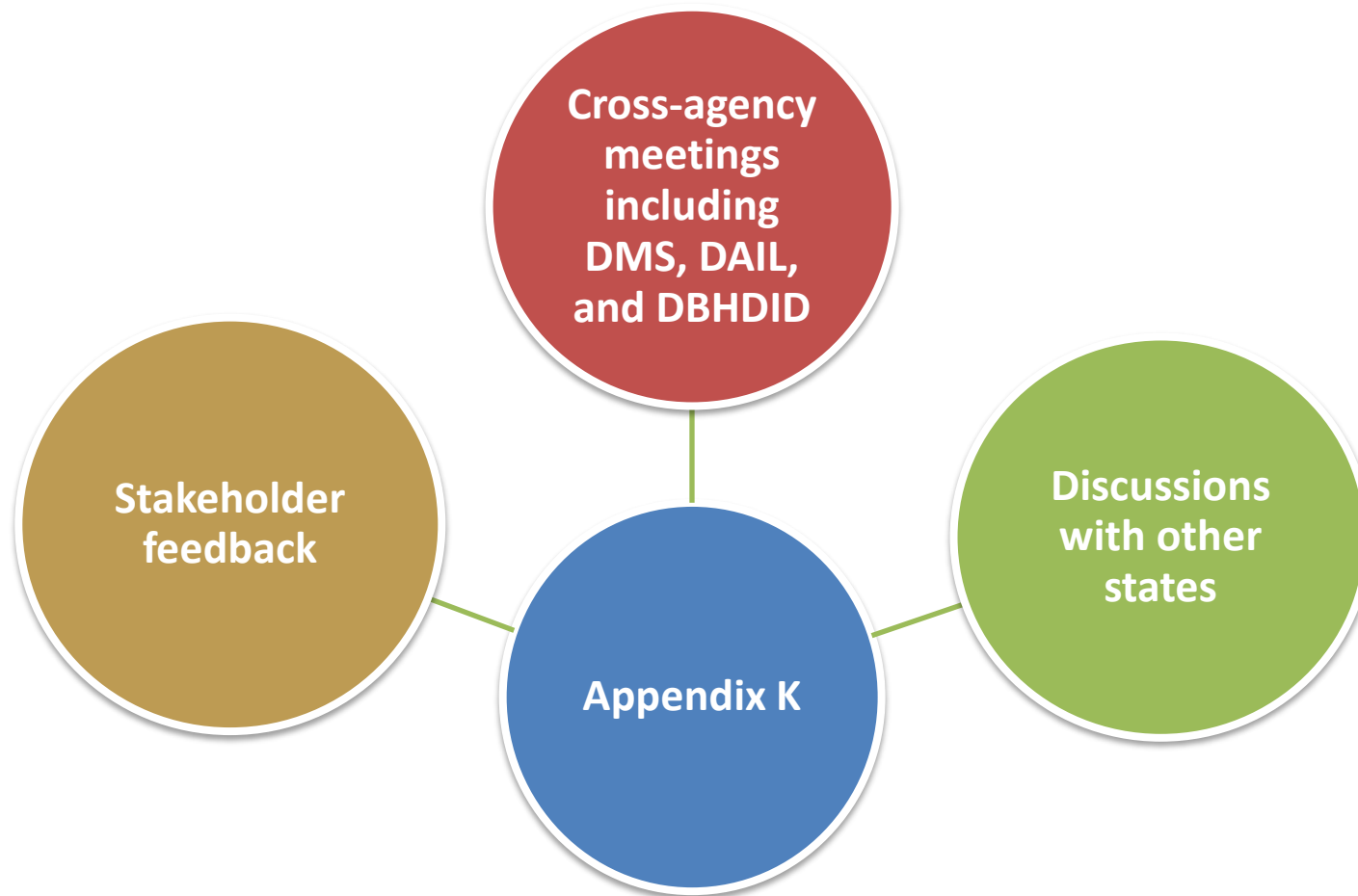
Service menu  
or service  
delivery

Provider  
qualifications  
or settings

Reimbursement  
or billing

Reporting

# Developing Kentucky's Appendix K Application



# Appendix K Timeline

The Centers for Medicare and Medicaid Services (CMS) allows states to complete Appendix K retroactively.

**March 25, 2020:** CMS approves Kentucky's Appendix K with a retroactive start date of March 6, 2020.

**March 24, 2021:** CMS approves Kentucky's Appendix K renewal with a retroactive start day of March 5, 2021

**March 5, 2021:** Appendix K expiration date

**Appendix K end date is TBD.** CMS approved the renewal for six months after the end of the federal public health emergency to allow for transition to normal operations.

# Kentucky's Appendix K Flexibilities

The temporary updates in Appendix K are designed to help providers and participants cope with changing service needs due to COVID-19. Updates include:

**Increasing limits on certain services**

**Adding home delivered meals to all waivers, except Model II**

**Telehealth services**

**Waiving immediate family member approval for participant-directed services (PDS)**

**Allowing employees to start work while waiting on background screening results**

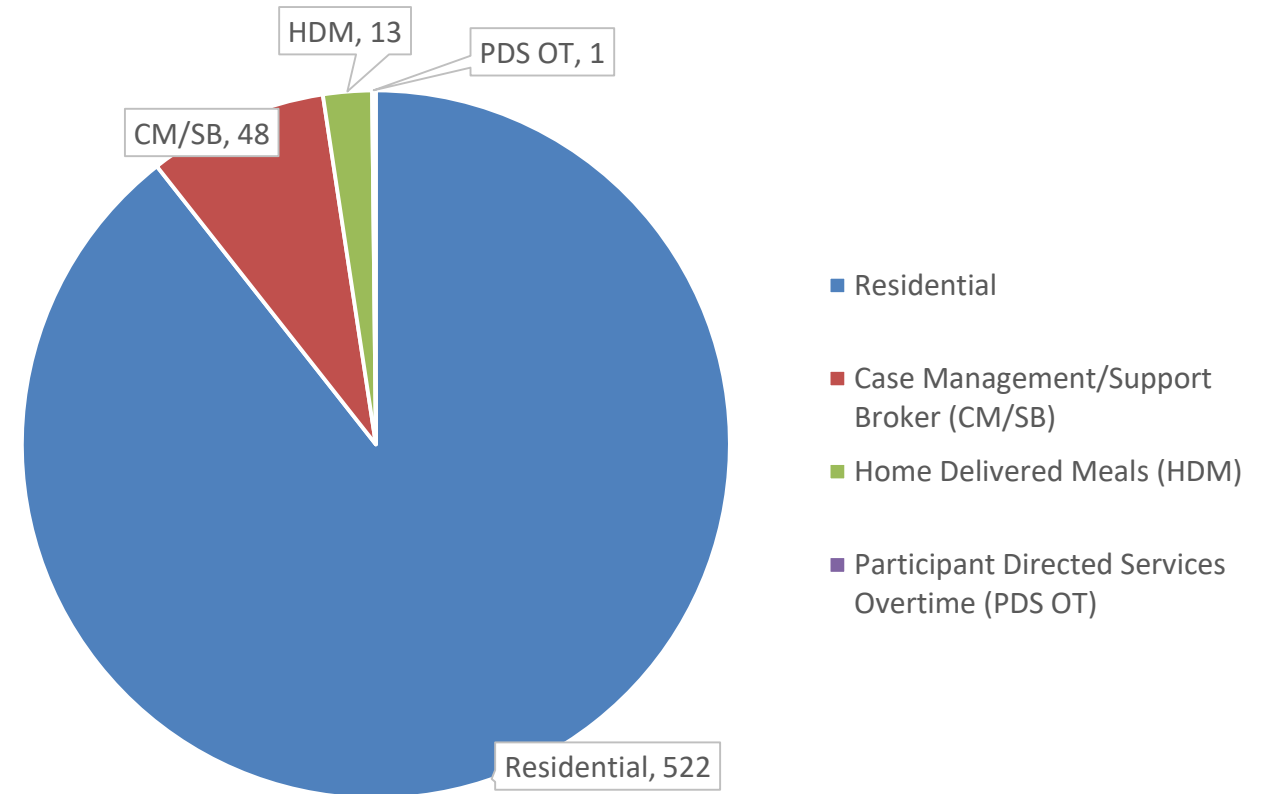
**Adding community mental health centers as PDS case management providers in HCB**

**Allowing waiver services in hospital settings under certain circumstances**

**Allowing an extra unit of case management**

# Appendix K Utilization: Acquired Brain Injury (ABI) Acute

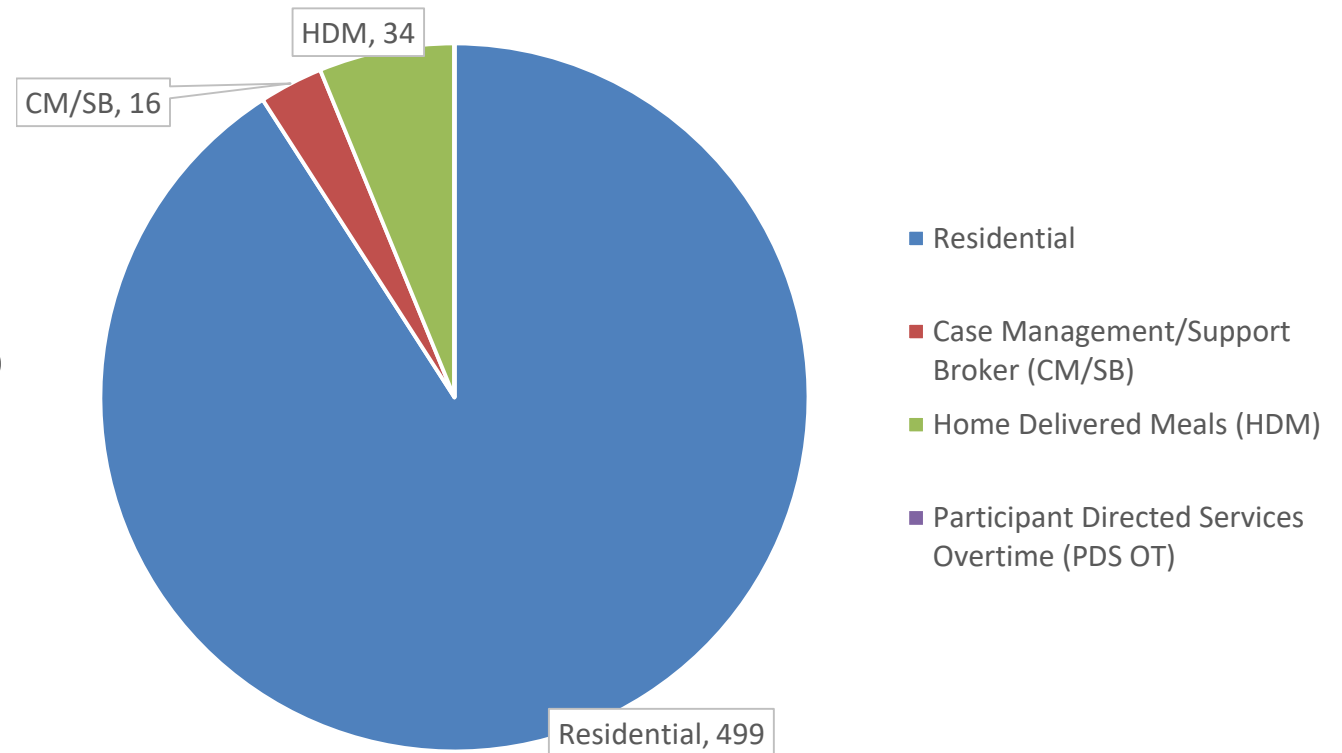
- **Total Waiver Enrollment: 285**
- **Total Requests for Increased Utilization: 584**
- **26 unique providers\*** made requests for **197 unique participants\***



*\*Note: A unique participant may have received multiple services. A unique provider may have provided multiple services.*

## Appendix K Utilization: ABI Long Term Care

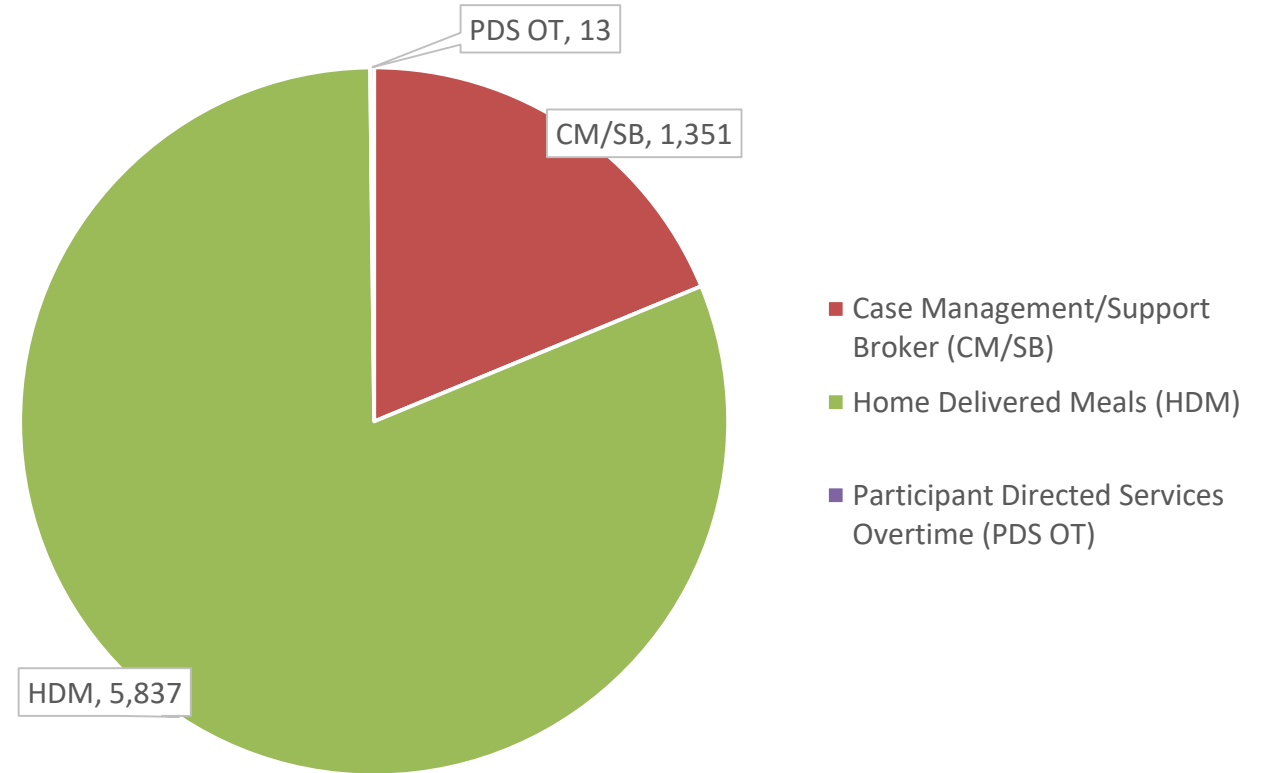
- **Total Waiver Enrollment: 388**
- **Total Requests for Increased Utilization: 549**
- **29 unique providers\*** made requests for **158 unique participants\***



*\*Note: A unique participant may have received multiple services. A unique provider may have provided multiple services.*

# Appendix K Utilization: Home and Community Based (HCB)

- **Total Waiver Enrollment:** 12,793
- **Total Requests for Increased Utilization:** 7,201
- **75 unique providers\*** made requests for **3,621 unique participants\***

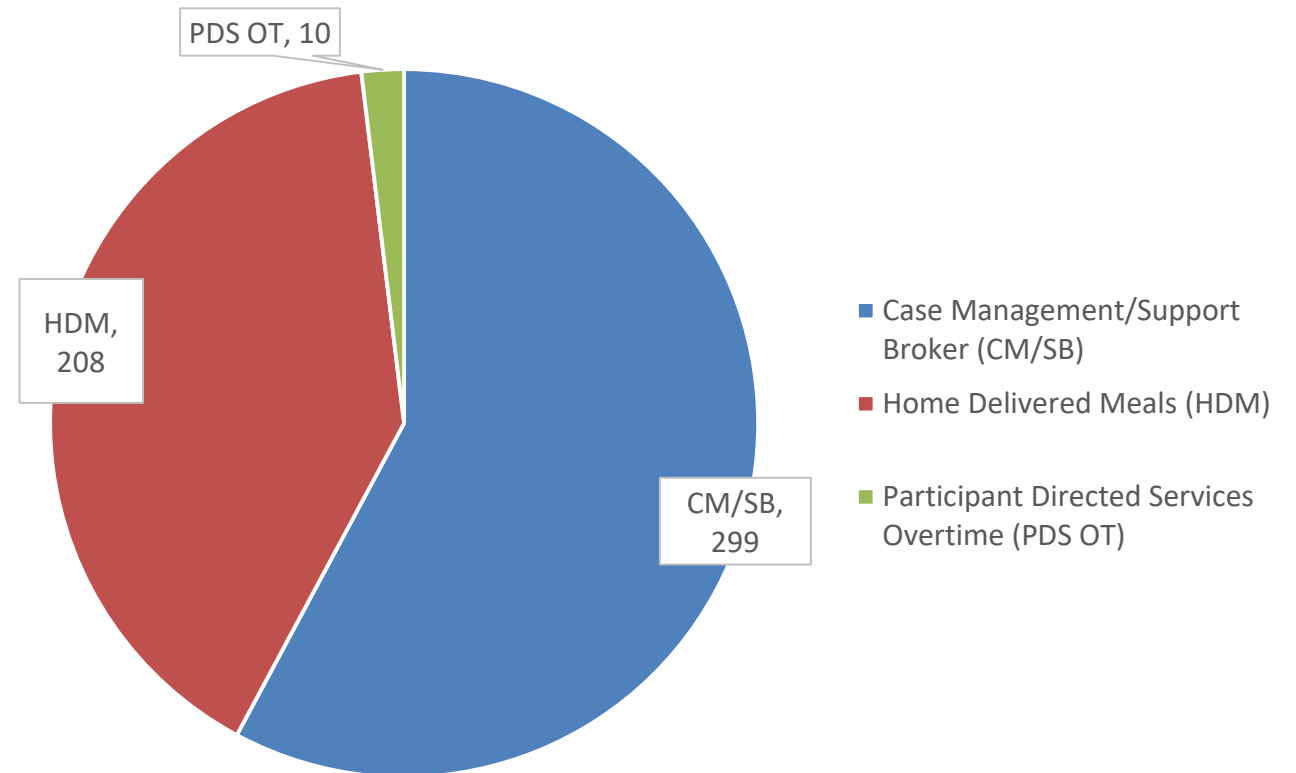


*\*Note: A unique participant may have received multiple services. A unique provider may have provided multiple services.*



# Appendix K Utilization: Michelle P. Waiver (MPW)

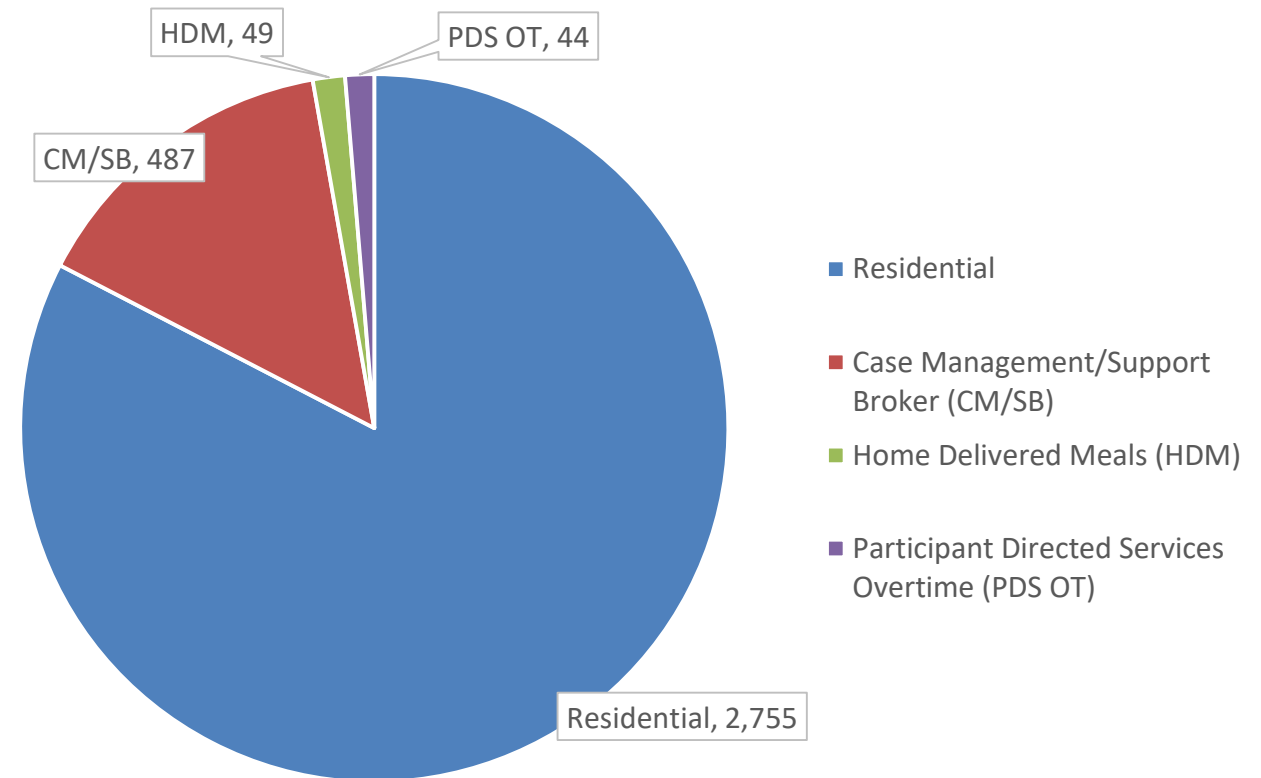
- **Total Waiver Enrollment:** 10,221
- **Total Requests for Increased Utilization:** 517
- **55 unique providers\*** made requests for **242 unique participants\***



*\*Note: A unique participant may have received multiple services. A unique provider may have provided multiple services.*

# Appendix K Utilization: Supports for Community Living (SCL)

- **Total Waiver Enrollment:** 4,846
- **Total Requests for Increased Utilization:** 3,335
- **145 unique providers\*** made requests for **3,219 unique participants\***



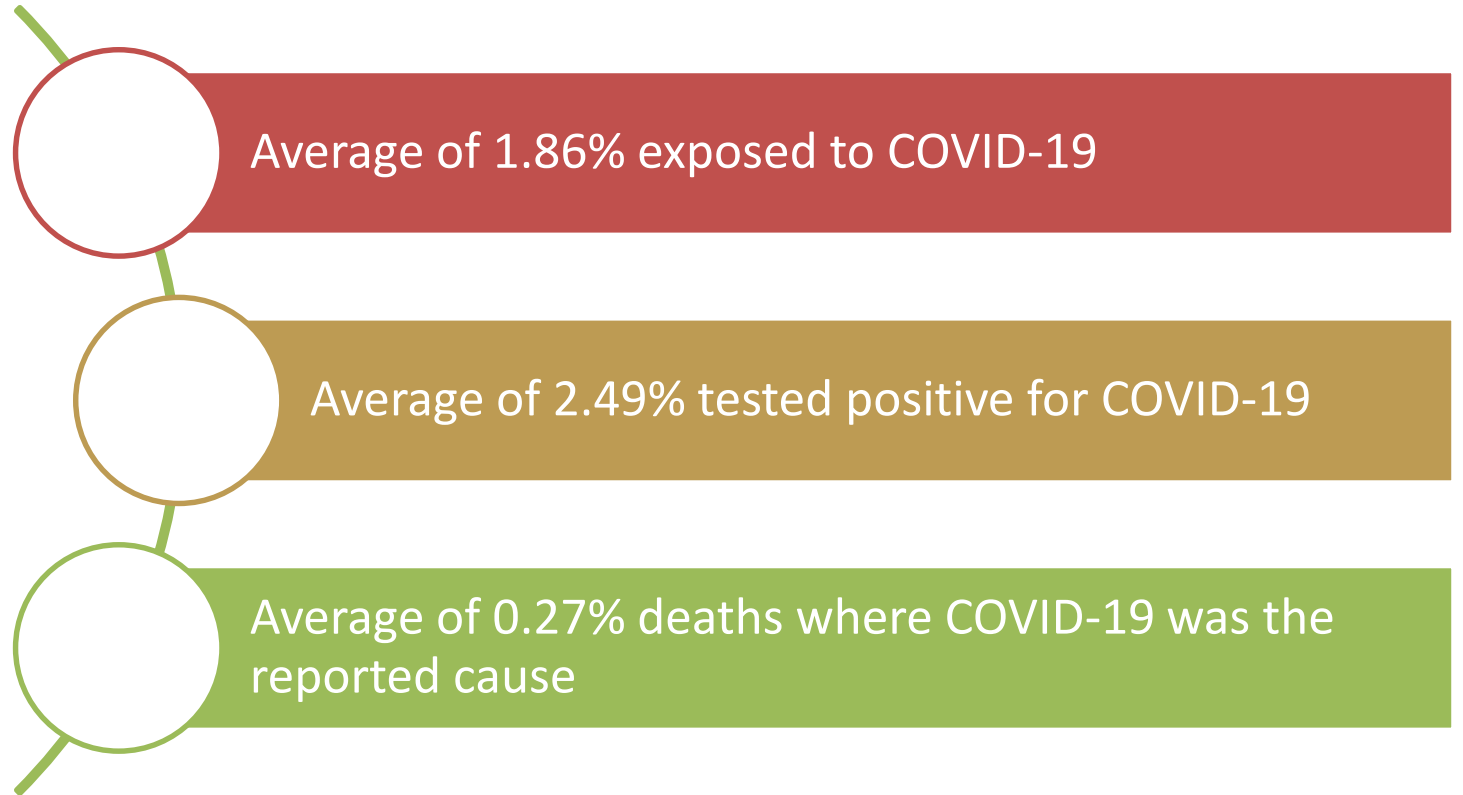
*\*Note: A unique participant may have received multiple services. A unique provider may have provided multiple services.*

# Retainer Payments

- CHFS issued two rounds of retainer payments to adult day health care (ADHC) and adult day training (ADT) providers.
- CHFS analyzed four data points to determine which providers should receive payments:
  - Average number of participants who attended between 2019 and 2020
  - Average amount of paid claims before the temporary closure of ADTs and ADHCs
  - Average of paid claims after the limited reopening of ADTs and ADHCs
  - Ability to expand and bill for other service offerings, such as telehealth or in-home services
- The first round of payments were issued in December 2020. A second review of the data resulted in payments made to additional providers in May 2021.
- In all, CHFS paid **\$4,747,879.68** to **81** unique providers.

# Kentucky's Waiver Participants and COVID-19

DMS tracked COVID-19 among waiver participants using our established incident reporting system. The number of exposures, positive cases, and deaths are based on incidents reported between March 2020 and June 2021.



# Beyond Appendix K: Considering What Flexibilities to Keep

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Telehealth services

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Expansion of home delivered meals

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Allowing services in acute hospital settings when necessary to support a participant

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Keeping some of these flexibilities will require updates to both the main 1915(c) HCBS waiver applications and waiver-related Kentucky Administrative Regulations (KAR).

# Next Steps

Some flexibilities added to Home and Community Based (HCB) waiver during ongoing renewal process

Continued utilization monitoring

Evaluate waiver applications and KARs to identify changes needed to continue some Appendix K flexibilities