



CABINET FOR HEALTH
AND FAMILY SERVICES

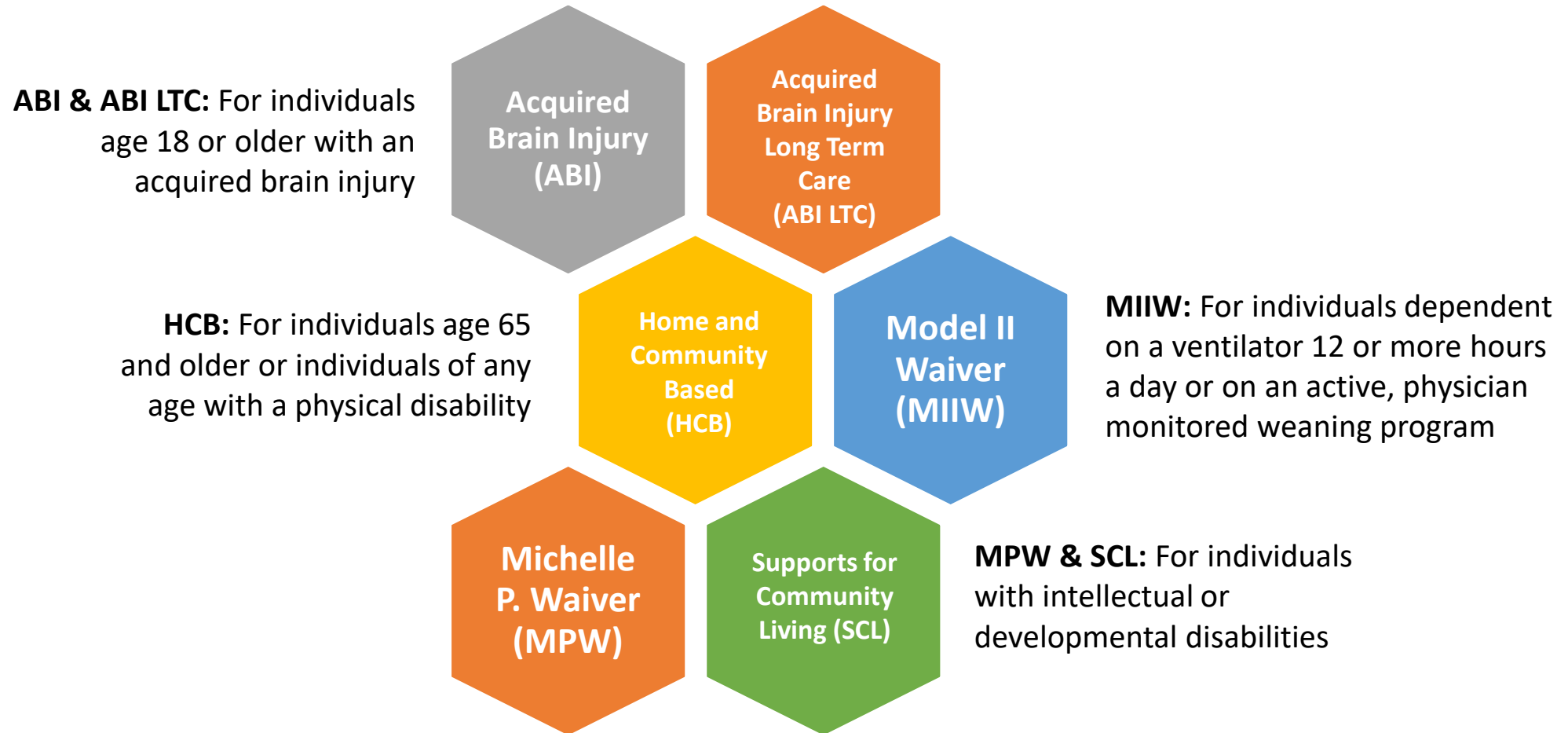
Budget Review Subcommittee on Health and Family Services

Presentation on 1915(c) HCBS Waivers

July 19, 2023

Lisa Lee, Commissioner

Kentucky Medicaid 1915(c) HCBS Waivers



Current Member and Waitlist Counts

Numbers current as of 07/07/2023

Waiver	Funded Slots	Filled Slots	Reserved Slots	Available Slots	Waitlist Count
ABI LTC	438	402	24	12	N/A
ABI-Acute	383	230	16	120	N/A
HCB	17,050	16,105	800	145	1,094
MIIW	100	27	15	58	N/A
MPW	10,500 [^]	10,191	72	237	8,398
SCL	4,941 [^]	4,731	29	181	3,231*
TOTAL	33,412	31,686	956	753	12,723

**For the SCL waitlist there are 84 individuals categorized as Urgent and 3,147 categorized as Future Planning.*

[^]50 slots will be added to the MPW and SCL waivers once approval is received from CMS.

22RS HB1 Reimbursement Increase Update

- The 2022-2024 biennial budget authorized rate increases for all services within active 1915(c) waivers (except Model II Waiver)
 - The 2022-24 budget bill mandated increased rates for all services within the ABI, ABI-LTC, HCB, SCL, and MPW waiver programs by 10% in fiscal year 2022-2023 and another 10% in fiscal year 2023-2024
 - The budget also mandated a 50% rate increase for SCL Residential Level 1 and ABI Residential services in both fiscal years. This action requires federal approval which will expire 6 months after the end of the federal public health emergency with the option to request an extension.
 - The 2022-24 budget bill assumed that the federal ARPA enhanced federal match (+10%) would be available to finance these rate increases through fiscal year 2023-24 even though the enacted Medicaid budget assumed the end of the enhanced federal match funding through just fiscal year 2021-22
 - Fortunately, the public health emergency/enhanced federal match funding was extended through fiscal year 2022-23
 - Medicaid will be able to fund the rate increases during fiscal year 2023-24 from ARPA enhanced federal match.
- The fiscal year 2023-24 rate increases are being loaded into the Medicaid Management Information System and anticipate being able to bill within 2 weeks. Mass adjustments will be issued for any time between July 1 and the date the rates are fully implemented in the system

1915(c) Waiver Rate Methodology Study Status Update

- The rate study process is complete
- The proposed reimbursement methodology and resulting benchmark rates are under DMS review
- Because the 2022-24 budget bill mandated rate increases were financed from non-recurring funds, continuing or increasing those rates will require additional state and federal funding.
- The standard process for updating rates include:
 - 30-day public comment period before rates are submitted to the Centers for Medicare and Medicaid Services (CMS).
 - Approval by CMS.
 - Regulation and waiver amendments.

Questions/Discussion

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