1	A JOINT RESOLUTION directing the Cabinet for Health and Family Services to
2	implement reforms to the provision of exceptional support services through the Supports
3	for Community Living Waiver Program as recommended by the 2020 Exceptional
4	Support Waiver Services Task Force of the Kentucky General Assembly and declaring an
5	emergency.
6	WHEREAS, the Supports for Community Living Waiver Program (SCL) provides
7	essential services to vulnerable populations; and
8	WHEREAS, SCL waiver participants with high-intensity needs require exceptional
9	levels of staffing and specialized care; and
10	WHEREAS, the Legislative Research Commission established the Exceptional
11	Support Waiver Services Task Force during the 2020 Interim for the purpose of
12	identifying necessary reforms to the provision of exceptional support services; and
13	WHEREAS, the SCL exceptional support services program currently fails to
14	adequately support individuals with high-intensity needs and fails to adequately
15	compensate providers; and
16	WHEREAS, the SCL exceptional support services program has historically
17	prioritized cost-savings over meeting the needs of qualified individuals and fairly
18	compensating providers; and
19	WHEREAS, the exceptional support services application is overly burdensome and
20	unnecessarily complicated; and
21	WHEREAS, the overly burdensome and complicated nature of the exceptional
22	support services application process may deter individuals, who might qualify for
23	services, from seeking the supports they need; and
24	WHEREAS, under the SCL waiver, many participants lack access to adequate
25	consultative clinical and therapeutic (CCT) services; and
26	WHEREAS, limited access to CCT services has left the participants who require
27	intense, long-term support after stabilization with few options for care in their

1 communities and resulted in a significant increase in applications for exceptional support

- 2 services for increase CCT units; and
- 3 WHEREAS, Kentucky could significantly increase SCL waiver and exceptional
- 4 support service expenditures without violating the federal Centers for Medicare and
- 5 Medicaid Services budget neutrality requirements for 1915(c) Home and Community
- 6 Based Services waivers; and
- WHEREAS, improving the Support for Community Living referral system would
- 8 ensure that providers are not deterred from accepting high-intensity referrals; and
- 9 WHEREAS, reducing administrative burdens, adjusting application timelines, and
- allowing for the backdating of exceptional support approvals to the date of the application
- submission would streamline the Support for Community Living exceptional supports
- 12 application process;
- 13 NOW, THEREFORE,
- 14 Be it resolved by the General Assembly of the Commonwealth of Kentucky:
- Section 1. The Cabinet for Health and Family Services is hereby directed to
- implement the following reforms to the provision of exceptional support services through
- 17 the Supports for Community Living Waiver Program as recommended by the 2020
- 18 Exceptional Support Waiver Services Task Force of the Kentucky General Assembly:
- 19 (1) Adopt a single, standardized assessment tool with demonstrated reliability and
- 20 validity;
- 21 (2) Streamline the SCL exceptional support services waiver process by reducing
- 22 administrative burdens, adjusting application timelines, and allowing for the
- backdating of exceptional support approvals to the date of application submission;
- 24 (3) Extend the SCL exceptional support services prior authorization period for
- 25 nonclinical support services from 6 months to 12 months;
- 26 (4) Improve the SCL referral system to ensure that providers are not deterred from
- accepting high-intensity referrals;

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- 1 (5) Simplify billing procedures for SCL exceptional supports services;
- 2 (6) Reform the current SCL exceptional support services rate methodology to ensure
- 3 that it is truly cost-based, with a particular focus on one-to-one and two-to-one
- 4 residential staffing arrangements;
- 5 (7) Research implementing a tiered rate structure for case management based on acuity
- 6 and the needs of the individual;
- 7 (8) Restore SCL CCT service unit limits to SCL 1 waiver levels;
- 8 (9) Permit the use of SCL exceptional support services for nonmedical transportation;
- 9 and
- 10 (10) Establish a new SCL level of care for waiver participants whose needs cannot be
- met in an SCL Residential Level 1 or Level 2 setting.
- → Section 2. Except as provided in Section 3 of this Joint Resolution, the Cabinet
- for Health and Family Services shall implement the reforms described in Section 1 of this
- 14 Joint Resolution within 180 days after the effective date of this Joint Resolution.
- → Section 3. If the Cabinet for Health and Family Services determines that a
- waiver, state plan amendment, or any other authorization from the federal Centers for
- 17 Medicare and Medicaid Services or any other federal agency is necessary prior to
- implementing the reforms described in Section 1 of this Joint Resolution, the cabinet
- shall, within 90 days after the effective date of this Joint Resolution, request the waiver,
- 20 state plan amendment, or authorization and shall only delay full implementation of those
- 21 reforms for which a waiver, state plan amendment, or authorization was deemed
- 22 necessary until the waiver, state plan amendment, or authorization is granted.
- → Section 4. The Cabinet for Health and Family shall provide an update on
- 24 progress toward implementing the reforms described in Section 1 of this Joint Resolution
- 25 to the Interim Joint Committee on Health, Welfare, and Family Services and the Medicaid
- 26 Oversight and Advisory Committee during the 2021 Interim.
- → Section 5. Whereas continued failure to provide adequate exceptional support

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1 services to individuals with high-intensity needs threatens the health, well-being, and

- 2 safety of every Supports for Community Living Waiver Program participant, an
- 3 emergency is declared to exist, and this Joint Resolution takes effect upon its passage and
- 4 approval by the Governor or upon its otherwise becoming law.