

KENTUCKY

Cabinet for Health and Family Services

HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER REDESIGN

DECEMBER 14, 2016



Session Timeline

Time	Topic
9:30 – 10:15 AM	Discussion of Input from Session 1
10:15 – 11:15 AM	Overview and Discussion of Critical Elements
11:15 – 12:00 PM	Review of Key Redesign Questions
12:00 – 12:15 PM	Required Changes for Implementation
12:15 – 12:30 PM	Next Steps

Review of Input from Session 1

Feedback and Opportunities Offered by Stakeholders

Policy/Program Issues

- Eligibility: *Who are we serving and who should we be serving*
- Lack of standard "rules" across waivers: Service definitions (inconsistent not aligned with best practices), rates, and staffing requirements vary by waiver for the same service
- Issues with occupational therapy (OT), physical therapy (PT), and speech therapy (SP) moving to the State Plan
- Potential for behavioral supports to be removed from the waiver
- Waiting lists
- Katie Beckett Rule: Allows children of higher income parents to be served in waivers

Operational Issues

- Excessive paperwork and documentation
- Navigating new processes and systems including Medicaid Waiver Management Application (MWWMA) and Benefind
- Appropriate assessment tools (Brain Injury specifically), interplay between waivers
- Independent assessments
- Workforce issues:
 - Low pay rate
 - No career ladder
 - Lack of training
- Participants do not understand documents/paperwork nor processes

Financial Issues

- High costs
- Fee schedule for waiver services does not have acuity levels
- Lack of technical assistance (TA) versus recoupments and citations
- Lack of training regarding recoupments
- Rates should be based on outcomes, or incentives should be offered
- Participants cannot afford to hire employees under participant directed services (PDS)
- Fiscal role for PDS
- Billing issues
- Budget process is difficult and lengthy

Feedback and Opportunities Offered by Stakeholders (cont.)

Policy/Program Issues

- Access to waiver services for medically fragile individuals is not sufficient
- Participant/family dissatisfied with the quality of services (i.e., Adult Day Training (ADT), case management/support broker, home health)
- Respite is not easily obtainable
- Some participants apply for the waiver only to obtain Medicaid and take up slots that others need
- Transportation issues
- **Community Access: Authorized services not always available**
- **Crisis Services: Lack of crisis services, no tiered payment option, and there is a feeling that they are underserved**

Operational Issues

- No training for family members on Medicaid and waivers: *How do the services help me?*
- Redundancy on recertification paperwork
- **Communications: Lack of information available to family members, “telephone” messaging, right info at the right time**
- Training requirements are excessive (ex: crisis intervention)
- **Utilization of Technology: Working smarter NOT harder, getting people access to technology**
- Assistance for family members when things are not going well is needed and a direct contact is needed when issues are with the provider

Financial Issues