Comment Number	Date Received	Section or Page Number(s)	Comment	Action
1.	9/10/2024	300.18.7 300.18.9 300.18.9.1	The info & Asst, Outreach and Public Info/Education changes and/or additions are wonderful. I am really excited and have a plan about capturing more information on the work we already do!	<u>No change</u> . Thanks for the positive comment.
2.	9/16/2024	300.21.3 300.21.4 300.21.5	 As to the FAIR/IIIE (Caregiver) services portion of the Title III Manual re-write, adding the following bullet points will help to clarify how to properly enter and manage these services to maintain compliance for reporting. The Caregiver and Care Recipient must be linked in WellSky. All FAIR/Caregiver Services are to be put on the Caregiver. The service delivery type must be changed from "standard" to "to caregiver" each month after billing is completed. 	<u>Changed</u> . Verbiage added to clarify the requirement of making the link between caregiver and care recipient for ACL registered services.
3.	9/18/2024 & 9/20/2024	300.1 - Definitions	Reporting Period"The federal fiscal year is designated by the calendar year in which it ends; for example, federal fiscal year 2024 begins on October 1, 2024 through September 30, 2025."I believe the fiscal year should be 2025.Comment #2 – Shouldn't this be 2025?	<u>Changed</u> . Error fixed.

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4.	9/20/2024	Introduction, para. 3	Look at sign-up sheets. Do they reflect this?	Unchanged. Older Relative Caregiver was formerly a service that could only be provided by Healthy Grandfamilies. It is now a service that can be provided by county aging providers. Refer to sections 300.22.1, 300.22.2 and 300.22.3.
5.	9/20/2024	300.1 Definitions	Financial Exploitation – <i>Could also be outside source?</i>	Changed. Added outside source as an entity that could potentially financially exploit.
6.	9/20/2024	300.2, #19	So how do we acct. for holidays & still need the 40 hr.	Unchanged. It is standard in government, corporate business, etc. that some weeks will have holidays.
7.	9/20/2024	300.2, #35	How often for senior input?	Question. Requirement is every four years as provider plans, Area Plans and State Plan are being developed. Many county aging providers will choose to do it more frequently to get valuable input from their seniors on services. It is still an annual requirement to get input annually for the

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				nutrition program – Refer to Section 300.19.
8.	9/20/2024	300.2, #40	What is UMC web portal software?	Changed. Removed. Error in a copy/paste. UMC refers to Utilization Management Contractor in Medicaid.
9.	9/20/2024	300.6, para. 2	Do these require a grievance procedure?	Question. They do not require the policy manual grievance process. The agency should establish their own policy and process regarding complaints such as what items are on the menu, the bingo schedule, etc.
10.	9/20/2024	300.6, Level One, pg. 24	Need better directions for when the Provider does the denial – at that point, is it Level 2?	Question. The Level 1 grievance is held by the Executive Director. If the service recipient is not content with the decision, they may request a Level 2 with the Board of Directors. It does not proceed to Level 2 unless the service recipient requests a Level 2. The grievance process and that option must be communicated to the service recipient.

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11.	9/20/2024	300.6, Level Two, bullet point 3	Outdated language; new acceptable is just "c" copy. No one does carbon copy.	Unchanged. Cc currently refers to a duplicate of anything written or typed or a copy of an email or other document that is sent to one or more people in addition to the primary addressee. It is also used in this manner as a field in an email header that allows the sender to send a copy of the email to additional recipients.
12.	9/20/2024	300.18.4; para. 2	Suggestion: Appropriate staff should include LPN. We provide non-medical in home health Med Express has eliminated the nurse position at all of their locations and most emergency rooms hire LPN's. Nurses have a higher salary. Personal Care has a Social Worker option could Lighthouse also have a SW as an appropriate staff?	Unchanged. Personal Care requirements are in line with Medicaid Personal Care requirements. Will refer to Lighthouse program for response.
13.	9/20/2024	300.19.2, bullet points 3 & 9	Please make the timeframes match. If we can delivery 3 days, the contact should match.	<u>Changed</u> . They did match because the requirement was in person or by phone. However, decision made to remove this requirement. Providers are still required to deliver a minimum of 3x per week, at least one in person

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				contact and to ensure health and safety.