

## Checklist for approval of PSA

1. Initial application fee: **\$500** check or money order made payable to **Kentucky State Treasurer**.
2. Completion of **Section 2 of the application** including office hours with each day's hours written out.
3. Completion of **Section 3 of the application**.
4. Completion of **Section 4 of the application** with name of manager and alternate manager, if applicable.
5. Signature of authorized representative on **Section 5 of the application**.
6. Copy of manager's responsibilities for day to day operations pursuant to **Section 6 of the application**.
7. List containing the names of the manager, alternate manager, and direct service staff. The list must include the **dates** for completion of all items listed in **Sections 6 and 7 of the regulations**:
  - A. Hire date,
  - B. Criminal record check conducted by the Administrative Office of the Courts ([www.courts.ky.gov](http://www.courts.ky.gov)) or a company that conducts searches using information maintained by the AOC,
  - C. Nurse aide and home health aide abuse registry check ([www.kbn.ky.gov](http://www.kbn.ky.gov)),
  - D. Substance abuse test,
  - E. TB assessment,
  - F. Evaluation of competency, and
  - G. Training/topics; training must include:
    - 1.) Procedures for reporting adult abuse, neglect, or exploitation
    - 2.) Procedures for reporting child abuse or neglect
    - 3.) Procedures for facilitating the self-administration of medication; and
    - 4.) Effective communication techniques tailored to individual client needs.
  - H. All managers and alternate managers are included in this list and required to satisfy all items.  
**These items may be completed in the 90 day provisional period, if provisional license is issued.**
8. Copy of means and types of employee trainings that must include: procedures for reporting adult abuse, neglect, or exploitation; procedures for reporting child abuse or neglect; procedures for facilitating the self-administration of medication; and effective communication techniques tailored to individual client needs.
9. Documentation of how employee competency in providing personal care services is evaluated per **Section 7 of the regulations**.
10. Copy of the service agreement per **Section 8 of the regulations**. Service agreement must include **all** of the following:
  - A. Charge for each service provided.
  - B. Policy for notifying the client of any change in the hourly charge for services. Thirty days prior notice is required.
  - C. Hours the PSA office is open for business.
  - D. Procedures for contacting the PSA manager or manager's designee.
  - E. Procedure and telephone number to call for the purpose of filing a grievance with the PSA.
  - F. An explanation of whether the PSA **directly employs** the direct service employee, provides **bonded protection** for the client, and pays **worker's compensation** or other benefits for the direct service employee.
  - G. Name of the PSA owner, including anyone with at least 25% ownership in the facility.
  - H. Procedures for changing or terminating a client's service plan.
  - I. Signature and date lines for both client/client rep and PSA staff.

11. Copy of the Service Plan per **Section 9 of the regulations**. Service Plan must include **all** of the following:
  - A. Types and schedule of services to be provided
  - B. Charge(s) for service(s) or hour(s)
  - C. Signature and date lines for both client/client rep and PSA staff.
12. Copy of the Client's Rights Statement per **Section 8(i) (1-4) of the regulations**. Statement must include **all** of the following:
  - A. The client has the right to have the client's property treated with respect.
  - B. The client has the right to request a change in his or her service plan, including the temporary suspension, permanent termination, temporary addition, or permanent addition of any service.
  - C. The client has the right to file a grievance as services, employee conduct, or the lack of respect for property and not be subject to discrimination or reprisal for filing the grievance.
  - D. The client has the right to be free from verbal, physical, and psychological abuse and to be treated with dignity.
  - E. Signature and date lines for both client/client rep and PSA staff.
13. Copy of policy for investigating any grievance made by a client/client representative per **Section 10 of regulations**.
14. Copy of gift and gratuity policy as stated in KRS 216.712 (7).