

Participant Directed Services (PDS) (Supports for Community Living Waiver- SCL) Participant Manual



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PARTICIPANT DIRECTED SERVICES (PDS) PARTICIPANT MANUAL

Introduction

The Participant Directed Services (PDS) program is based upon the principles of Self-Determination and Person-Centered Planning. A person-centered system acknowledges the role of participants, families, guardians, or representatives in planning for the participant who may need assistance in making informed decisions. The principles and tools of Self-Determination are used to assist participants in the creation of meaningful, culturally appropriate lives within their community in which they can develop relationships, learn, work and earn income, and actively participate in community life. The goals of this program are as follows:

- **Increasing Community Presence**: Increase the presence of a person in local community life.
- **Expanding Community Participation**: Expand and deepen people's relationships.
- **Encouraging Valued Social Roles**: Improve the status people have and increase the number of valued ways people can contribute.
- **Promoting Choice**: Help people have more control and choice in life.
- **Supporting Contribution**: Assist people to develop more skills.



The Principles of Participant Directed Services gives the participant:

- **Freedom** to live a meaningful life in the community;
- **Authority** to direct the services for support;
- **Support** to form ways that are life enhancing and meaningful;
- **Responsibility** to have smart usage of public funds; and
- **Confirmation** for leadership of self-advocates.

How Do I Find a Case Manager?

Once you are approved for the SCL Waiver, you must find a Case Manager. **You will receive a letter from the Department for Behavioral Health, Developmental and Intellectual Disabilities stating that you have been allocated funding for the SCL Waiver.** Enclosed with the letter will be a listing of all Case Managers. You can also go to the website to obtain a list of all the Case Managers and Providers of the SCL Waiver. The address for the website is:

<http://dbhdid.ky.gov/ProviderDirectory/OnlineProviderDirecory.aspx?ptc=SCL>

When you are considering whom you want to be your Case Manager, below are some questions to guide you in your search to help you and your family to make informed decisions.

- How will you support my PDS needs? Specifically, what is the process or system within your agency for PDS services?
- How much choice do I have in selecting the individual Case Manager within your agency who will work with me?
- What is the screening process you use to hire a Case Manager?
- What training does the Case Manager receive?
- How is my Case Manager supervised?
- What is your turnover and retention rates for Case Managers? For administrative staff?
- What is the average caseload size for your Case Managers?
- How many people does your agency support?
- Does your agency have good relationships with neighbors/neighborhood associations/the community? How are relationships nurtured and maintained?
- How are complaints handled? Whom do I call with a problem? How do the people you serve make their own complaints, if they need to do so?
- What are some names of people and/or families who currently receive services I can talk with about the agency? (You can only talk to them if the CM agency has permission from the Member to give you their names)
- How do you actively assist people to make choices?
- Do you support people to be active with self-advocacy groups? How?
- How does the agency make sure people are treated with respect and have privacy?
- What kind of safety measures do you have in place?

Case Manger Roles & Responsibilities

The Case Manager is responsible for making sure the participant's expectations and satisfaction with their life is the focus and making sure their freedom of choice is present. The case manager will also educate participants regarding SCL and what PDS means and involves. Case managers meet with participants to:

- Explain the PDS options at the time of initial **Plan of Care** and at least every year thereafter.
- Provide and explain the participant's responsibilities related to participant directed opportunities.
- Provide information regarding all possible services available.
- Coordinate and manage the team to develop the new Plan of Care.
- Assist with the recruiting and managing of employees.
- Monitor that services are happening as outlined by the Plan of Care.
- Work with the Financial Management Agency in submitting required documents.
- Provide information where employees can obtain their background checks and how they access the College of Direct Supports to complete the training requirements.
- Assist the participant with any other questions they may have regarding PDS.



The Case Manager will meet with the participant, the participant's guardian, the representative, and/or the Community Guide monthly. During the monthly meetings, the case manager will determine if the participant's needs are being met along with monitoring the health, safety, and welfare of the participant. The case manager will verify with the participant and the participant's representative if services are being properly performed.

As a Participant in SCL Waiver, you have the responsibility to make sure your Case Manager is doing what you need. Below are some guiding points to use to make sure your Case Manager is helping you appropriately.

- Your needs are always placed first and your Case Manager advocates for what you want.
- Documentation is thorough, precise, timely, and efficient.
- You feel your Case Manager is available and listens to your needs.
- Your Case Managers goes above and beyond service provision to include natural supports and other public/private funding as appropriate.
- Your Case Manager is willing to learn and apply the knowledge learned.
- Your Plan of Care documents provide new opportunities and new experiences to/for you.
- Other team members describe interactions with your case manager as resourceful, helpful, kind, respectful, timely, patient, caring, and understanding.
- Your Plan of Care documents reflect assistance with setting realistic expectations.
- Other team members feel facilitation and transition of services is smooth.
- Your life is very much like lives of non-disabled peers.

- You have valued social roles and meaningful friendships/relationships in your community.
- You are safe and healthy as reflected by a minimum number of incident reports and protection and permanency involvement.
- Your Case Manager can show knowledge of action steps for routine situations and proper follow up for situations that occur.
- You are satisfied and happy with the services and people in your life!

Participant Role and Responsibilities

Upon meeting with the Case Manager for the first time, the participant will need to choose a representative (if unable to perform that role) and if also needed, a **Community Guide**. The participant, the representative (if applicable), and/or Community Guide (if applicable) will work with the Case Manager and the Team to determine the necessary services that are to be provided. A copy of the Rights, Responsibilities, and Risks form which details the rights, responsibilities, and risks for the participant or representative is attached at the end of this manual.

Representative Role and Responsibilities

- Look for employees that meet the PDS service requirements as specified in the 907 KAR 12:010.
- Hire qualified employees.
- Obtain all required background checks and drug testing requirements with the assistance of the Financial Management Agency.
- Checks with the Financial Management Agency to make sure the employees' wages are correct.
- Make sure the employee duties match the Plan of Care.
- Figure out when employees should work.
- Make sure employees know what to do and how to do it.
- Supervise employees.
- Evaluate employee performance.
- Make sure timesheets are correct and readable.
- Sign timesheets and submit within the agency's timeline.
- If necessary:
 - Fire employees.
 - Select vendors for specific services such as Environmental Accessibility Adaptation Services, Goods and Services, Natural Supports Training, Transportation, and Vehicle Adaptation Services as specified in 907 KAR 12:010



Financial Management Agency Role and Responsibilities

- Provide Employer and Employee Packets
- Provide Calendar of Payroll
- Pay timesheets
- Ensure participants are compliant pertaining to wages and tax laws regarding federal and state requirements
- Ensure payments are made for prior authorized services approved in the Plan of Care

Immediate Family Member, Guardian, or Legally Responsible Individual as a Paid Employee.

Several services within the SCL waiver may allow immediate family members, guardians, or legally responsible individuals to be paid to provide you services. To be an employee, they must meet qualifications based upon the SCL Waiver Section 5 (4) of 907 KAR 12:010. If a participant wishes to have one of these individuals as an employee, a form called the MAP 532 must be completed. This form requires individuals who meet the above categories to answer questions regarding what service they will be providing and what abilities they demonstrate to provide the service. This form should be viewed like an application for employment. Each question should be answer with as much specific detail as possible.

The Case Manager may consult with DAIL if individuals need guidance in completing the form. Once submitted, DAIL shall determine eligibility within fourteen (14) calendar days of receiving the **MAP 532**. DAIL may request additional information from the Case Manager in order to make a determination. A blank form is at the end of this manual as well as some helpful hints in completing the form.

Employee Role and Requirements

Any person wishing to be employed for the Participant Directed Services must meet certain requirements before obtaining employment. They are as follows:

1. **Sign employee/provider contract** – (before starting work) sign a contract with which services are being provided and pay rate. A copy of the contract is located at the end of this manual.
2. **Drug screening** – (before starting work) this test will likely be a urine sample.
3. **College of Direct Supports Training** – (within six (6) months of starting work) this training includes:

- Maltreatment of Vulnerable Adults and Children;
- Individual Rights and Choices;
- Safety at Home and in the Community;
- Supporting Healthy Lives;
- Person-Centered Planning; and
- Any other training required by the participant.



4. Background Checks – (before starting work)

- Administrative Office of the Courts (AOC), or out of state equal if lived outside of Kentucky the previous year;
- Central Registry Check (CRC), or out of state equivalent if lived outside of Kentucky the previous year;
- Kentucky Board of Nursing nurse aide abuse registry check, or out of state equal if lived outside of Kentucky the previous year.

5. Tuberculosis (TB) Screening – (before starting work and every year after)

6. CPR/First Aid training – (within six (6) of starting work and must maintain certification)

Timesheets

Once an employee has passed the background checks, they can start providing services. Filling in the timesheet for services being performed is important to not only getting paid, but also to keep an accurate record for following the Plan of Care. Timesheets should be turned in based upon the Financial Agency Management Payroll Calendar. Accuracy is important when filling out the timesheet. Instructions for filling out the timesheet are as follows:

1. **Participant** - The person's name for whom the services are being rendered*
2. **Employee** - The person's name who is conducting the service(s)*
3. **Pay Period** – The dates for the pay period for the time entered. The Case Manager will provide pay period dates*
4. **Employee Address/Zip** – The mailing address of the employee*
5. **Date Service Provided** – Enter the day the employee worked in the format MM/DD/YY.

6. **Service Provided** – List services that are being provided*.
7. **Time IN/OUT** – Enter the time when services started and ended, to specifying AM or PM. Total the amount of time worked at the end of the column.
8. **Gross Total Amount** – Enter the service(s) and the total hours worked for that pay period in the appropriate boxes along with the pay rate. Add the totals.
9. **Employee signature** – The employee will sign and date the timesheet, making sure all the information is correct.
10. **Participant/Representative signature** – The participant or representative will sign and date the timesheet verifying all the information is correct before submitting to the Case Manager.
11. **Case Manager Signature**-The Case Manager will sign and date once the timesheet is turned in and is considered complete and accurate based upon the authorized services and then provide to Financial Management Agency.
12. **Financial Management Agency signature**- The Financial Management Agency will sign once they receive from the Case Manager and determine the timesheet is complete and accurate based upon the authorized services.

Note: *The Case Manager may provide timesheets with the numbers 1, 2, 3, 4, and 6 already printed to the employer to give to the employee.

Service Documentation: The service documentation sheet is the second page of the timesheet. For each day worked, the employee must write how they helped you or what they did during the hours they worked.

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Legible & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: Sally Jones Employee Name & ID #: Jane Smith

For each date of service please outline: 1) A full description of the service provided that covers the entire shift; and 2) Evidence of training or service that supports the outcomes in the Plan of Care.

Date Service Provided (MM/DDYY)	
01/06/14	<p>I provided CLS for Sally. We worked on cleaning up her room and organizing her closet and dresser. I showed her how to pick out the appropriate clothing for weather. We also went to Denny's for breakfast and I showed her how to properly place an order along with using her spoon and fork properly. All goals were maintained and there were no health, safety, or welfare issues.</p>
01/07/14	<p>I provided CLS for Sally. Today we worked on proper personal hygiene. The proper way to brush hair, brush teeth, and wash face. I also showed her how to properly wash herself when in the shower and proper areas to clean. We also went to the mall to shop for clothes. I showed her how to act properly in the community. All goals were maintained and there were no health, safety, or welfare concerns.</p>
01/08/14	<p>I provided CLS for Sally. Sally has ADT in the afternoon. I went over the proper personal hygiene practices from yesterday to see what she had learned. I assisted her in completing personal hygiene. We then went to her closet to pick out clothes that she was going to wear and explained how to pick the proper outfit for the current weather. All goals were maintained and there were no health, safety, or welfare concerns.</p>
01/09/14	<p>I provided CLS for Sally. Sally was not feeling that well today. We went on the computer and played a game that helps her organize her room. After she completed that, we went to her room and practiced what was learned on the computer. All goals were maintained and there were no health, safety, or welfare concerns.</p>
01/10/14	<p>I provided CLS to Sally. After Sally go back from ADT, we went over the steps in preparing a meal. I showed her where the ingredients were in the cupboards. We practiced measuring the proper amounts of ingredients along with mixing and baking dinner. I also showed her how to place a table setting for guests and herself. After dinner I showed her the proper way to clean up the dishes and store the leftovers. All goals were maintained and there were no health, safety, or welfare concerns.</p>

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Services Available

Below is a list and description of services available in PDS. When you are considering whom you want to be your employee, these are some questions to guide you in your search and help you and your family to make informed decisions.



- How are services individualized to meet each person's needs?
- What backup systems are in place for medical or behavioral emergencies?
- What are the policies regarding medication and its administration?
- What recreational and social activities do people participate in? How often do people participate in these activities? What happens when individuals choose not to participate?
- What do people do during the day? What percentage of people is involved in competitive or supported employment or volunteer jobs?
- How do you support people to worship at the place of their choice?

Community Access (Individual)

Community Access provides the participant with an opportunity to connect with clubs, associations, and any other groups in the community at large, and become involved with a group's organization, function, and events/activities. The participant or the participant's team would identify what groups may be considered for this service, and the participant's employees for this service shall assist the participant in developing relationships with a group's members, along with seeking involvement from the group's members in assisting the participant to be a member of the group. Once these relationships have been created, the Case Manager shall phase the service out of the Plan of Care, creating a lesser need on formal supports and a development of natural supports. Community Access Individual is to be provided on a one-to-one (1-1) basis, and shall not exceed forty (40) hours per week alone or in combination to the community access group. Community access services shall not exceed sixteen (16) hours per day alone or in combination with Personal Assistance, employment hours worked in the community, and Day Training.

Community Access (Group)

Community Access group is designed to provide the same service as Community Access Individual, with the exception that a participant may bring along another

participant; in other words, it may be provided on a two-to-one (2-1) participants to employee basis.

Community Guide

Community Guide services provide the participant with a mentor to assist with understanding the services available under the waiver and making decisions in how those services are delivered, knowing the responsibilities of being an employer, and developing the ability to manage an employee through the employment process. Community Guide services should only be considered if the participant/team decides that the participant could benefit from the service and may be able to complete the tasks associated with this service independently. Community Guide is limited to five hundred seventy-six (576) fifteen (15) minute units per year. An employee providing Community Guide to a participant is not eligible to provide any other service to that same participant. Community Guide is to be provided as a one-to-one (1-1) basis, participant to employee.



Day Training (DT)

DT services are intended to support the participation of participants in daily, meaningful, and valued routines of the community, which for adults may include work-like settings that do not meet the definition of supported employment. DT services include developing skills necessary for the transition from school to adult responsibilities, self-advocacy, adaptive and social skills, pre-vocation development, and community integration; any of these activities should be age and culturally appropriate. The service expectation is to achieve the goals defined by each participant, as well as to attain and support participation in less restrictive settings. The training, activities, and routines established shall be meaningful to the participant and provide an appropriate level of variation and interest. The objectives are individualized and developed under the direction of the participant through the person-centered planning process, and is provided in accordance with the approved Plan of Care.

DT services are typically provided on a regularly scheduled basis, for no more than five days per week and exclude weekends. The hours must be spent in training and program activities. DT services may be provided along with other services included on a participant's Plan of Care. For example, a participant may receive supported employment or other services for part of a day or week, and DT services at a different time of the day or week. DT services will only be billable for the time the participant actually received a service.

Services provided in a variety of community settings that assist the individual in meeting the personal goals reflected in their approved Plan of Care may be included. The supports are an opportunity to access community-based activities that cannot be

provided by natural or other unpaid supports, and are defined as activities designed to result in increased ability to access community resources. Any participant receiving DT services that are performing productive work that benefits an organization, or would be performed by someone else if not performed by the participant, must be paid. Participants who are working must be paid proportionate with members of the general work force doing similar work per wage and hour regulations of the U.S. Department of Labor. Day Training is to be provided on a one-to-one (1-1) basis, participant to employee.

Personal Assistance

Personal Assistance services are designed around the needs of the participant for personal hygiene tasks, activities of daily living (ADLs), household routine tasks, transportation, and/or community outing tasks, including medical appointments, which may involve observing, reminding, training, and/or hands-on assistance of these tasks. Personal Assistance is limited to sixteen (16) hours per day, alone or in combination with employment hours worked in the community, Day Training, and Community Access. Personal Assistance is to be provided on a one-to-one (1-1) basis, participant to employee.



Respite

Respite shall be available for a participant who does not receive residential services and lives in their own home or a family member's home and is unable to independently administer self-care. It may be provided in a variety of settings and on a short-term basis due to the absence or need for relief of an individual providing care to a participant. Respite is limited to 830 hours per calendar year.

Supported Employment

Supported Employment shall be services that enable a participant to engage in paid work which occurs in an integrated community setting with competitive wages and benefits commensurate to the job responsibilities. Long term support and follow-up is provided to maintain the job and continued success after the participant is fully integrated into the workplace and the Supported Employment Specialist is no longer needed on a regular basis. Supported Employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. Supported Employment is limited to forty (40) hours per week, and shall be provided on a one (1) to one (1) basis.

The following list identifies services that are available but are not recorded in the timesheet format. These services will require invoices to be paid and submitted to the Case Manager to provide to the Financial Management Agency to reimburse.

Environmental Accessibility Adaptation

This service is available to participants who may be able to utilize equipment or adaptations in their home environment to lessen the need for physical assistance from others. A Case Manager shall ensure that a vendor is in good standing with the Office of the Secretary of State in the Commonwealth of Kentucky pursuant to 30 KAR 1:010 and 30 KAR 1:020, and that all adaptations are provided within applicable state and local building codes. Examples include the widening of a doorway, installation of a ramp or grab-bar, bathroom or other room modifications to accommodate needs, and electrical or plumbing installation that accommodates equipment necessary for the participant. Environmental Accessibility Adaptation is limited to \$8,000 dollars per participant per lifetime.



Adaptations shall not be provided by an immediate family member, guardian, or legally responsible individual, not include any modification that has no direct medical or remedial benefit to the participant, not provide additional total square footage to a home unless necessary to complete the modification, and shall not be provided to a property owned by a provider.

Goods and Services

A participant may require certain items, services, or supplies that will promote inclusion into the community, reduce the need for other Medicaid services, increase the participant's safety in the home environment, and for which the participant does not have the funds to cover the costs of the goods or services. The good or service may not be considered experimental in nature. A participant may purchase goods and services that directly relate to the needs of the participant, interventions, and expected outcomes the participant has helped outline in their individualized Plan of Care. Goods and Services must be included in the Plan of Care and prior authorized. Examples may include assistive technology or assistive-type goods and services, incontinent supplies, and nutritional supplements. Goods and Services are limited to \$1,800 dollars per plan of care year, and are not eligible as an Exceptional Support; any additional supplies necessary may be obtained through Specialized Medical Equipment and Supplies.

Natural Supports Training

Natural supports training is a service to provide those who are currently providing any unpaid supports to a participant, or those who wish to provide any unpaid supports, with more information, instruction, and insight to a participant's particular routines, interests, coping mechanisms, and any other traits that are valuable to someone in a caregiving role. Natural Supports can be a family member or they can be a friend or neighbor. Natural Supports are individuals who help you without being paid. They may help you with grocery shopping, take you to your medical appointments, drive you to church and/or mow your yard.



Natural supports training may not duplicate or occur simultaneously with any education or training provided through Occupational, Speech, or Physical Therapy services, Consultative or Clinical Therapy services, or Positive Behavior Supports services. This service shall also not include costs associated with traveling, meals, lodging, or attendance to training events or conferences, and shall not include paid caregivers nor services or training events or conferences that are not related to the needs of the participant. An immediate family member, guardian, or legally responsible individual may not be a provider of training for natural supports. Natural supports training is limited to \$1,000 per Plan of Care year.

Shared Living

Shared Living Service is considered as an alternative to residential; the participant may live with a caregiver, and the caregiver provides unpaid supports to the participant in exchange for costs associated with room and board for the participant. The Plan of Care shall outline what needs the caregiver would provide to the participant, which may include assisting with the acquisition, retention, or improvement of skills associated with activities of daily living, supervision required for safety, or the social and adaptive skills



necessary to enable the participant to reside safely in the home. These duties shall be outlined in the Plan of Care, specified in a contractual agreement between the participant and the caregiver, and complement other services the participant receives to enhance independence. Shared Living is limited to \$600 dollars per month. A Shared Living caregiver shall meet the direct supports professional qualifications outlined in 907 KAR 12:010, Section 1. A caregiver may provide supports for up to two (2) participants in the same residence.

Transportation

Transportation services are designed for participants who would not otherwise access transportation through other formal services, or not customarily available through natural supports. In residential services, Personal Assistance, Respite, and Community Access, transportation is a duty that may be associated with any objective that appropriately applies to fulfill an objective in the Plan of Care.

Transportation is available to those who may not have access to agencies or employees for services. Participants shall utilize the Mileage Log to verify the delivery of the transportation service. Reimbursement for miles travelled shall not exceed two thirds (2/3) of the reimbursement rate established in 200 KAR 2:006, Section 8 (2) (d), if provided by an individual. The rate shall be adjusted quarterly in accordance with 200 KAR 2:006, Section 8 (2) (d). If the service is provided by a public transportation provider, then a receipt would be attached to the mileage log for each trip.

Reimbursement for transportation shall not exceed \$265 dollars per calendar month for a participant. A person who provides transportation must be at least eighteen (18) years of age, have a valid driver's license, and the vehicle used for transportation must have at minimum valid liability insurance.



Transportation shall not be utilized when involving school attendance, receiving transportation through another covered service, has access to transportation under the Individuals with Disabilities Education Act, or customarily receives transportation from a relative. A participant shall not utilize a person for transportation who has a conviction of Driving Under the Influence (DUI) within the last twelve (12) months.

Vehicle Adaptation Services

Vehicle Adaptation services allows for modifications to vehicles to enable participants to be more mobile in the community, whether being a passenger or a driver. Examples of modifications are a hydraulic lift, a ramp for entry/exit of the vehicle, a modified or special seat, or any interior alteration that enhances safety while the vehicle is in motion. Vehicle adaptations must be performed on vehicles that are owned either by the participant or the participant's family. Vendors who provide estimates for modifications must be approved by the Office of Vocational Rehabilitation and shall be in good standing with the Office of the Secretary of the State of the Commonwealth of Kentucky pursuant to 30 KAR 1:010 and 30 KAR 1:020. Vehicle Adaptations shall not exceed \$6,000 per five (5) year period.

Vehicle Adaptations shall not be provided by an immediate family member, guardian, or legally responsible individual of the participant.

Conclusion

The Supports for Community Living (SCL) Waiver Participant Directed Services (PDS) allows participants who are eligible for services the ability to choose their own providers for non-medical waiver services. PDS gives participants flexibility in the delivery and type of services they receive by placing the participant in charge of directing services and managing a Plan of Care based on the authorized service care needs. PDS also allows participants to access other waiver services to purchase goods and services that are necessary to help them continue to live independently in their home and community. PDS is a Medicaid funded program; therefore, adherence to both federal and state program rules is required. If you have any questions or need additional information, you can call the Department for Aging and Independent Living, PDS Administrators, at **502-564-6930** or visit the Department for Behavioral Health Developmental and Intellectual Disabilities website at <http://bbhdid.ky.gov/ddid/#> .

The regulatory language associated with the facilitation of PDS services for each waiver may be found in the following Kentucky Administrative Regulations (KAR):

907 KAR 12:010 New Supports for Community Living Waiver Services (SCL) and Coverage Policies; and

907 KAR 12:020 Reimbursements for New Supports for Community Living Waiver Services.

The language outlined in KAR supersedes the language outlined in the PDS Participant Manual. In order to ensure that the current version of the regulation is being followed, it is imperative that the participant check the following Kentucky Legislative Research Commission (LRC) website (<http://www.lrc.ky.gov/kar/TITLE907.HTM>) and follow the current regulation language for each waiver program.

SCL Waiver Glossary of Key Terms

Case Manager is an individual who will help train, provide technical assistance, answer questions, coordinate services and community resources, monitor service(s), and assist in developing a person-centered Plan of Care (including safety plan and support spending plan). The training and technical assistance will help participants to be aware of any service limits, as well as provide guidance on recruiting, hiring, supervising, and firing employees. The benefit total shall be based on need, utilization, and existing service limitations. Case Managers at a minimum, shall make a monthly face-to-face visit with the participant to assure that service delivery is in accordance with the participant's Plan of Care and support spending plan, and is adequate to meet the participant's needs according to regulation. The face-to-face visit will also ensure the participant's health, safety, and welfare.

Community Transition offers funds for a participant moving from an institution or provider-operated residential service to their own home. This service provides reimbursement for certain one-time set-up expenses such as security deposits, essential household items such as furniture, window coverings, kitchen items, bath and bed linens, set-up fees for utility access such as electricity, telephone service, water, or pest eradication, cleaning, and possibly minor accessibility adaptations. The reimbursement is not to exceed \$2000 per qualified move. **[This service cannot be PDS.]**

Conflict-Free Case Management means that the Case Manager and the Case Management Agency does not provide any other PDS waiver service to the participants they provide Case Management services for. An exemption to the conflict free requirements shall be granted if a participant requests the exemption and submits to DDID evidence that there is a lack of a qualified Case Manager within thirty (30) miles of the participant's residence, or there is a relationship between the participant and the participant's Case Manager. [MAP 531 form.]

Consultative Clinical and Therapeutic Service includes professional consultation, evaluation, and assessment of the person in the environment and the system of support for the person and their team. The service may be provided by the following: Certified Nutritionist, Licensed Dietitian, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Licensed Psychological Associate, Licensed Psychologist, Licensed Psychological Practitioner, Licensed Clinical Social Worker, Or Positive Behavior Support Specialist. **[This service cannot be PDS.]**

Employee is an individual who is employed by an SCL provider.

Goals are the desired outcome explained in the Plan of Care.

Occupational Therapy that is ordered by a physician and provided by a licensed Occupational Therapist or certified Occupational Therapy Assistant. **[This service cannot be PDS.]**

Participant is an individual who meets the eligibility and financial requirements of the 1915c waiver (SCL). The individual must have the ability to self-direct their own care and understand the rights, responsibilities, roles, and risks of managing their own care, or if the individual is unable to make his/her decisions independently, he/she can designate a representative to do so for him/her.

Person-Centered Coaching is available to any participant to be used when a barrier challenges the success of the participant or the implementation of a Plan of Care. The Person-Centered Coach is under the direction of a positive behavior support specialist or other licensed professional in the settings where the Plan of Care is implemented. The Person-Centered Coach operates independently of a residential or Day Training provider. **[This service cannot be PDS.]**

Physical Therapy ordered by a physician and provided by a licensed Physical Therapist or a certified Physical Therapy Assistant. **[This service cannot be PDS.]**

Plan of Care is a written plan that is developed by the participant, the representative, the participant's team, the Case Manager, and/or the Community Guide. [MAP 530 form.]

Positive Behavior Supports shall be used to develop the positive behavior support plan. **[This service cannot be PDS.]**

Representative is appointed if the participant is unable to make decisions independently. The participant, the Case Manager, or the participant's team may request a representative be named to provide PDS oversight of all services. A state guardianship worker may serve as a designated representative, but is not required to serve in this capacity.

Residential Support Services (this cannot be PDS) include:

- **Level I Residential Supports** may be provided in a licensed group home for no more than eight (8) people or in a staffed residence with no more than three (3) people living together who require up to twenty-four (24) hours a day, intense level of support, with no more than five (5) unsupervised hours per day per person.
- **Level II Residential Supports** may be provided in a family home provider setting or adult foster care setting for no more than three (3) people living together who require up to twenty-four (24) hour a day level of support.

- **Technology Assisted Residential Services** are available to participants who reside in a residence with three (3) or fewer people and require up to twenty-four (24) hour a day support. This service should enable people to increase their independence with a reduced need for on-site staff. This service is a real-time monitoring system with a two-way method of communication linking a person to a centralized monitoring station with twenty-four (24) hour availability.

Specialized Medical Equipment and Supplies may include a device, control, or appliance which is necessary to ensure health, safety, and welfare and offers greater independence in their home. This may include a computer necessary to operate communication device, scanning communicator, speech amplifier control switches, and other items. **[This cannot be PDS.]**

Speech Therapy is ordered by a physician and provided by a licensed Speech and Language Pathologist. **[This cannot be PDS.]**



**PARTICIPANT DIRECTED SERVICES
RIGHTS, RESPONSIBILITIES AND RISKS STATEMENTS**

I understand that I have the **RIGHT** to:

- Choose whether an authorized service will be provided by a traditional waiver provider or through Participant Directed Services;
- Work with my case manager in developing my plan of care;
- Have a monthly face-to-face visit with my case manager; and
- Contact my case manager twenty-four (24) hours per day and seven (7) days per week if a question arises.

I understand that I have the **RESPONSIBILITY** to:

- Be trained to coordinate my care prior to beginning Participant Directed Services services;
- Participate in monthly face-to-face visits with my case manager;
- Work with my case manager to determine my natural supports (family and friends) who can assist me when my Participant Directed Services are not being provided;
- Hire and train employees who I trust to perform the services outlined on my plan of care;
- Work with my case manager to ensure my employees have completed pre-employment checks;
- Keep up with my employees' time and the services provided, and ensure timesheets and service notes are documented correctly before being submitted to my case manager; and
- Pay my monthly patient liability on time, if applicable while maintaining my Medicaid eligibility.

I understand that I have the **RISK** of being terminated from Participant Directed Services:

- If I fail to pay my monthly patient liability;
- If I do not use my Participant Directed Services within sixty (60) consecutive days;
- If I do not make appropriate decisions concerning my Participant Directed Services and place my health, safety and welfare in jeopardy; and
- If I am non-compliant with my plan of care;

Member Name: _____

Medicaid ID: _____

I appoint _____ as my representative to manage my services for the Participant Directed Services Waiver.

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

As the participant or designated representative choosing Participant Directed Services, I have read the above Rights, Responsibilities and Risks statements. I have had all my questions answered by my case manager, and I have received a copy of these statements from my case manager. I understand that I must be at least 21 years of age, must not be paid for the role of representative, be responsible in managing care for the participant and participate in training as directed by the case manager. I further understand that if I submit any false information to the SCL waiver provider and Department that I am subject to criminal prosecution, jeopardize my Participant Directed Services eligibility, and will be required to return any benefits received.

Participant/Representative Signature

Relationship to Participant

Date

Case Manger Signature

Date

**Kentucky Participant Directed Services
Employee/Provider Contract**

I (*employee name*) _____, have agreed to work under the employment of

(*Employer name*) _____.

Services under this contract will consist of the following:

<u>SERVICE PROVIDED</u>	<u>RATE PER HOUR</u>

Services Available Through the Participant Directed Services:

- | | |
|---------------------|----------------------|
| Community Access | Respite |
| Community Guide | Shared Living |
| Day Training | Supported Employment |
| Personal Assistance | Transportation |

As an employee:

I agree to provide the above listed services as required by my employer at the rate stated above per hour.

I understand there may be civil or criminal penalties if I intentionally defraud the Department for Medicaid Services.

I understand that I shall not be approved as a Participant Directed Services (PDS) provider if results from my background check reveal that I have pled guilty to or been convicted of committing an offense as outlined in 907 KAR 12:010, Section 3 (3).

I understand that I shall not be approved as a PDS provider if I am registered on the Kentucky Nurse Aide abuse registry.

I understand that I shall not be approved as a PDS provider if results from the Central Registry Check reveal that I have been substantiated for abuse.

I understand that under KRS 205.5607 (Kentucky Independence Plus Through Consumer Directed Services Program) Workers Compensation (KRS Chapter 342)

shall not apply to my employment as a Participant Directed Services provider. This means that neither the state, nor any state agency, nor political subdivision, nor any fiscal intermediary, nor representative, nor service advisor can be held liable for any injuries or losses I may incur while providing services.

I understand that I shall not be approved as a PDS provider if results from my drug screening reveal a positive drug test as outlined in 907 KAR 12:010.

I understand that if I do not complete all training that is required with the specified timelines, I will no longer be eligible for employment with the participant.

I understand that I must maintain employee/employer confidentiality.

I understand this is an at-will contract and either party may terminate this agreement at any time.

I understand that I must notify my employer of the contraction of any infectious disease(s) and I shall abstain from work until the infectious disease can no longer be transmitted as documented by a medical professional.

I agree to follow all relevant state and federal statutes and regulations.

I have received and fully understand the list of employment guidelines and will follow them to the best of my ability. I further understand that any or all items of this contract may be subject to renewal or change upon agreement by my employer and myself.

As an employer:

I understand that I may be responsible for payments associated for employment requirements, including employee training.

I understand that I can only require my employee to assist with duties that are relevant to my needs and outcomes that are specified on the Plan of Care.

I understand that I may be responsible for payment for any hours I may require my employee to work beyond the authorized amount in the Plan of Care.

Employee/Provider Date

Employer/Participant Date

Helpful Hints for Completing the MAP 532

Question 1: What services are you providing?

List the services the employee is projected to work under the new waiver, whether it be Personal Assistance, Community Access, Supported Employment, Day Training, and/or Respite. CLS is not part of SCL 2.

Question 2: What duties will you be performing that *exceed the range of activities you normally provide* as a family member/legally responsible person?

Does this person ever provide any natural supports to the participant outside of time submitted on a timesheet? If so, then this may NOT be considered beyond their range of activity.

It is possible the employee provides natural supports, but the duties to be performed will not relate back to what is normally completed through natural supports.

The answer has to tie back to the question, which is, if you as an employee are approved for a service(s), what will you be doing that is different from what you normally do? The form must detail specific duties to be completed, not just stating personal hygiene, homemaking, community inclusion, or other broad terms.

Question 3: How will these duties be cost-effective?

Compare the service(s) this employee would provide to what has been provided in the past.

Compare the proposed wages of this employee to other employees who are currently working, previously worked, or have interviewed and declined based on wage expectation, and if Personal Service Agencies (PSAs) has requested upper limits of payment.

Question 4: What unique abilities and qualifications do you possess that may not be found with other potential employees?

Questions to consider when answering Question 4 include:

- Does the employee work, or have work history with an agency associated with a vulnerable population, such as a nursing home, hospital, other care facility, whether it is medical or non-medical?
- Has the employee attended any post-secondary school that targets the human services field in some manner?
- Has the employee ever attended any seminars/events/trainings that provided education to the employee?

- Has the employee received specific training from an institution that is directly related to the needs of the participant, such as catheter care, G-tube/J-tube care, etc.?
- Is the employee a member of any groups/networks that target a vulnerable population?

Question 5: What anticipated time of the day/week will these duties be performed?

Are the services requested at targeted times when providers or other employees would not be available to provide support to the participant? Please be specific.

Question 6: How is the participant limited in independence and how will you be able to increase this with your employment?

Is the employment of this person the primary, and possibly only, means to which the participant will receive support for independence? Are other employees/providers unwilling/unable/restricted to provide support for the independence requested in the plan of care?

Note: If the family member already provides a certain level of support that promotes independence without payment or outside of time submitted on timesheets, it may be difficult for the family member to prove that the employment would increase independence.

Question 7: How is the participant limited in community access and how will you be able to increase this with your employment?

Questions to consider in answering Question 7:

- How will the employment of this family member increase community access for the participant?
- What will the family member be doing differently than what is normally provided?
- Are other employees/providers unwilling/unable/restricted from providing the requested community access?

Question 8: What other resources for these services has your team pursued? Why were these services unsuccessful?

List examples of how employees have not been willing to work with the participant or candidates for employment cannot be located in the area?

Provide specific examples of providers who have refused to provide support to the participant, and the circumstances of that refusal?

**PDS Request Form for
Immediate Family Member, Guardian, or Legally Responsible Individual as Paid Service Provider**

Participant Information:

Name Last:		First:		MI:	Medicaid ID:
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Paid Service Provider Information:

Name Last:		First:		MI:	
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Current Case Manager:

Last Name:		First Name:	
Email:			
CM Provider Name:			CM Provider #:

Relation <i>(Please mark appropriate box in table below)</i>	Clear
<p>"Legally responsible individual" means an individual who has a duty under state law to care for another person and includes:</p> <p>(a) A <u>Parent</u> (biological, adoptive, or foster) of a minor child who provides care to the child;</p> <p>(b) The <u>guardian of a minor child</u> who provides care to the child; or</p> <p>(c) A <u>spouse</u> of a participant.</p>	<input type="checkbox"/>
<p>"Guardian" is defined by KRS 387.010(3) for a minor (means any person who has not reached the age of eighteen (18)) and in KRS 387.812(3) for an adult (means an individual who has attained eighteen (18) years of age.)</p>	<input type="checkbox"/>
<p>"Immediate family member" is defined by KRS 205.8451(3). (Means a parent, grandparent, spouse, child, stepchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, sibling, brother-in-law, sister-in-law, or grandchild.)</p>	<input type="checkbox"/>

<p>What services are you providing?</p>
<p>What duties will you be performing that exceed the range of activities you normally provide as a family member/legally responsible person?</p>
<p>How will these duties be cost-effective?</p>
<p>What unique abilities and qualifications do you possess that may not be found with other potential employees?</p>

MAP 532
(12/2013)

Participant Name: , **MAID #:**

What anticipated time of day/week will these duties be performed?
How is the participant limited in independence and how will you be able to increase this with your employment?
How is the participant limited in community access and how will you be able to increase this with your employment?
What other sources for these services has your team pursued? Why were these sources unsuccessful?

I have tried to find a qualified provider but am unable to do so for the following reasons: *(Check all that apply)*

<input type="checkbox"/> No qualified provider is located within thirty miles from my residence.
<input type="checkbox"/> No qualified provider will provide services at the necessary times and places. Please explain:

Signature of Requesting Immediate Family Member, Guardian or Legally Responsible Individual **Date:**

Participant/Guardian Signature: *(Guardian if above not signed by Guardian)* **Date:**

Case Manager Signature:
By electronically signing and dating this document, the Case Manager verifies that the Participant/Guardian and the Immediate Family Member, Guardian or Legally Responsible Individual requesting to be a paid service provider agree with the information contained in this form and has electronically signed this document or if not, has signed a paper copy which is kept with the participant's service records.