



CABINET FOR HEALTH
AND FAMILY SERVICES

Introduction to HCB2 Participant Directed Services (PDS) Coordination

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Hello and welcome to an Introduction to HCB2 Participant Directed Services (PDS) Coordination.

My name is Martin Raymer. I work for the Department for Aging & Independent Living and I will be presenting this webinar.

The purpose of this presentation is to **acquaint traditional case managers with Participant Directed Services (PDS).**

The presentation highlights some of the requirements specific to PDS that will be unfamiliar to agencies that provide services under the HCB2 traditional model.

Other aspects of the PDS model are similar to or the same as the requirements for the provision of traditional services.

A copy of this PowerPoint presentation, as well as a PDF version of the slides with the associated written narrative for each slide will be available to print-out if needed.

We will not be taking questions during the presentation. If you have questions, please submit through the chat window. Following the conclusion of this presentation your questions will be answered and distributed via an F-A-Q.

We Will Discuss:

Difference Between Traditional & PDS

PDS Coordination – Role of Case Manager

Person-Centered PDS Services

Documentation Requirements

PDS Employment Requirements

In this presentation we will discuss:

[1st Bullet]

The differences between Traditional & PDS services.

[2nd Bullet]

The role of Case Managers in the delivery of PDS services.

[3rd Bullet]

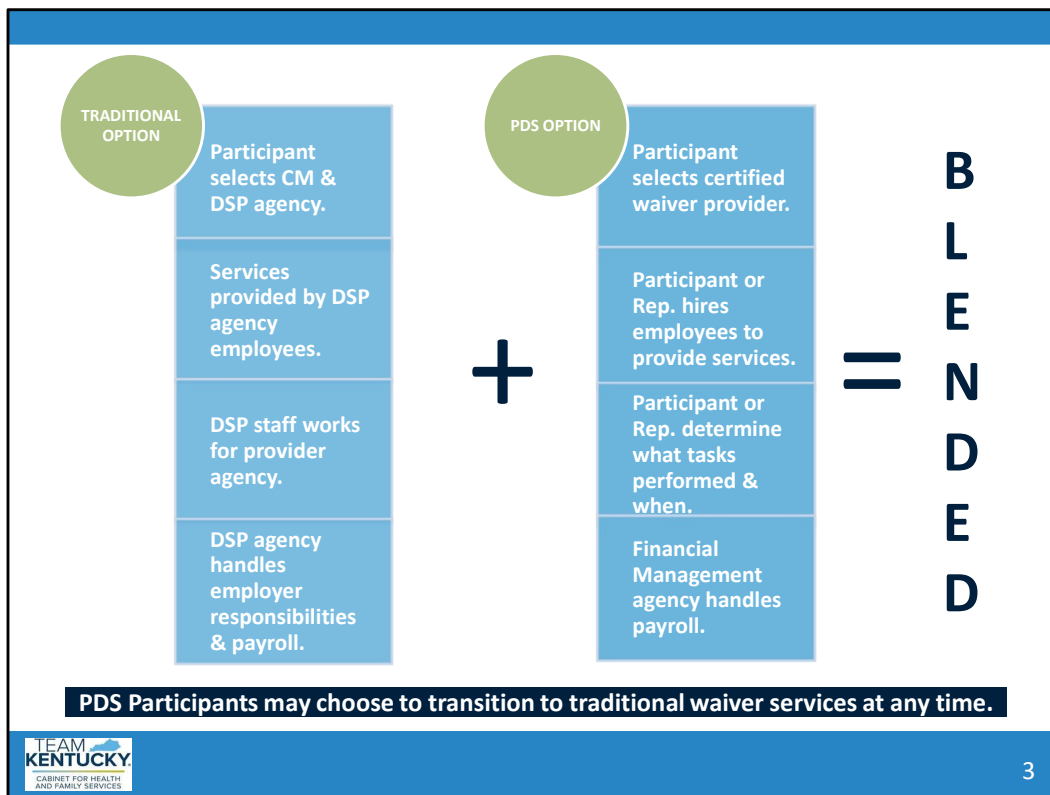
The delivery of Person-Centered PDS services.

[4th Bullet]

Documentation requirements associated with the delivery of these services.

[5th Bullet]

And PDS Employment Requirements.



In this slide we examine the difference between the traditional and PDS models of the HCB2 waiver and discuss the blended plan option.

Under the **traditional model**:

Upon request the nurse assessor provides the Participant with a list of case management providers that service their county. The nurse also informs the participant or their natural supports how to access this information online. The case manager is responsible for assisting the participant in selecting a direct services provider to provide all needed services.

Services are provided by the employees of the direct service provider selected. The employees of the direct service provider CANNOT be immediate family members or legally responsible individuals of the Participant.

The direct service provider staff work for the Medicaid enrolled direct service provider agency – a Home Health Care or Adult Day Health Care agency.

These agencies handle employer responsibilities and payroll.

Under the **PDS model**:

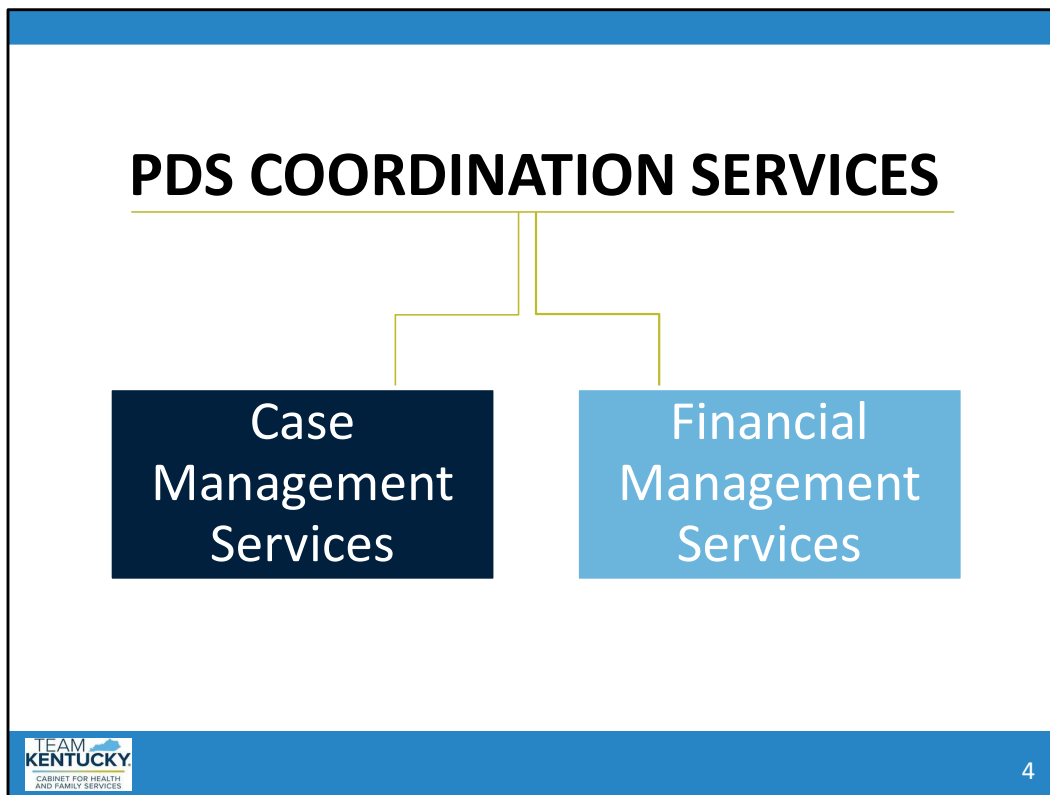
Participants select a certified waiver provider that serves the county in which they reside. That agency will provide both the case management and financial management functions of PDS Coordination.

The Participant or their PDS Representative is responsible for interviewing and hiring PDS employees.

The Participant or their PDS Representative is responsible for identifying needed services, scheduling employee tasks and resolving any employee issues, as well as reporting any concerns.

A certified waiver financial management provider handles payroll and tax matters for PDS employees.

Participants utilizing PDS can also have Blended plans with some traditional services included if needed and supported by their assessment.



PDS Coordination services [see 907 KAR 7:010, Section 5(1)(b)1.e.] includes both:

[1st Bullet] - Case Management services.

The PDS service advisor function is performed by case managers who provide technical assistance to Participants by helping them meet their employer responsibilities under the PDS model [see KRS 205.5605(7) & KRS 205.5606] and includes all of the typical Case Management functions you are familiar with.

[2nd Bullet] - Financial Management services (i.e., payroll and billing) are performed by certified financial management waiver providers, which are currently the Area Agencies on Aging & Independent Living or Community Mental Health Centers.

HCB2 PDS SERVICES

Environmental
or Minor Home
Adaptations

Goods &
Services

Attendant
Care*

Non-specialized
respite care
services

**Attendant Care was previously known as Home and Community Supports*
<https://www.chfs.ky.gov/agencies/dms/ProviderLetters/HCSTransitionGuidance.pdf>

In addition to the menu of traditional services a participant who elects to use PDS may receive one or all the following PDS services:

[1st Bullet] - Environmental or Minor Home Adaptations;

[2nd Bullet] - Goods & Services;

[3rd Bullet] - Home & Community Supports (now referred to as **Attendant Care for PDS**) [see **Provider Letter dated 03/29/22.**]

[4th Bullet] - Non-Specialized Respite Care Services

Now on to Case Manager qualifications.

PDS CASE MANAGER QUALIFICATIONS



- ❖ Same as Traditional HCB2 Case Managers
- ❖ Appendix K Changes

[COVID-19 and Appendix K FAQ for 1915\(c\) HCBS Waivers](#)

[1st Bullet]

The qualifications for PDS Case Managers are the same as those for traditional HCB2 Case Managers requiring the same education and work experience and the same background checks.

[2nd Bullet]

These qualifications were modified under Appendix K allowing individuals with a 2-year degree in a health or human services field and LPNs or relevant experience to qualify as case managers.

<https://www.chfs.ky.gov/agencies/dms/dca/Documents/appendixk.pdf>

[3rd Bullet]

DAIL recommends as a Best Practice that Case Managers also engage in continuing education.

PDS CASE MANAGER RESPONSIBILITIES

General Requirements Include:

- ✓ Monthly Participant Contacts
- ✓ Monitoring Health, Safety & Welfare (HSW)
- ✓ Assisting with PDS Employer Responsibilities
- ✓ Facilitating Access to Needed Resources
- ✓ Coordinating & Leading Person-Centered Service Plan Team Meetings

Some of the principal responsibilities of a Case Manager include:

- [1st Bullet]** - Conducting at least one monthly in-person contact with the Participant at their residence or at an Adult Day Health Care Center, if they have a blended plan.
- [2nd Bullet]** - Monitoring the Health, Safety & Welfare of the Participant. This is not just a monthly contact activity – it is a continuous responsibility.
- [3rd Bullet]** - Assisting Participant with meeting employer responsibilities including background checks, trainings, assessments, and educating the participant, their representative and PDS employees on using Electronic Visit Verification (EVV).
- [4th Bullet]** - Identifying needs and facilitating access to the resources required to maintain Participant's HSW and independence.
- [5th Bullet]** - Coordinating & leading Person-Centered Service Plan team

meetings ensuring active involvement of the Participant and/or Rep., and any traditional provider of blended plan services, as well as any State Guardian (if applicable).

Each of these areas of responsibility will be discussed in greater detail as the presentation proceeds.

HCB2 PDS FINANCIAL MANAGEMENT

- ✓ Financial Management Function by ADD or CMHC
- ✓ Memorandum of Understanding
- ✓ PDS Employment Packets
- ✓ Use of Employee Eligibility Form

[1st Bullet]

As previously mentioned, the Financial Management function for HCB2 PDS services is performed by an ADD or CMHC.

[2nd Bullet]

After locating an ADD or CMHC to provide Financial Management services to a Participant your agency will need to enter into a Memorandum of Understanding outlining the services to be provided and information sharing expectations.

[3rd Bullet]

A Case Manager will support the Participant or their designated PDS Representative in not only completing the required forms, such as MAP-2000, for initiating PDS services, but also for hiring PDS employees. It is the responsibility of the participant or the designated PDS Rep to complete the

hiring activities such as assuring screenings and background checks have been completed. They will also determine the rate they will pay their employee.

PDS agencies generally prepare employee packets containing all the forms required for employment, as well as any agency specific forms and provide those packets to Participants or Representatives. Specific forms to be included in the employee packets will be outlined in the next section.

[4th Bullet]

Once all of the forms have been completed and returned and the background and registry checks have been completed the Case Manager should complete an Employee Eligibility Form (EEF) listing the dates by which the employee's background & registry checks, risk assessments, trainings were completed, as well as the verified effective dates of driver's license and automobile liability information.

The EEF is used to share information that effects a PDS employee's ability to be paid. The EEF form provides a concise way to share information between the Case Management agency and the Financial Management Agency.

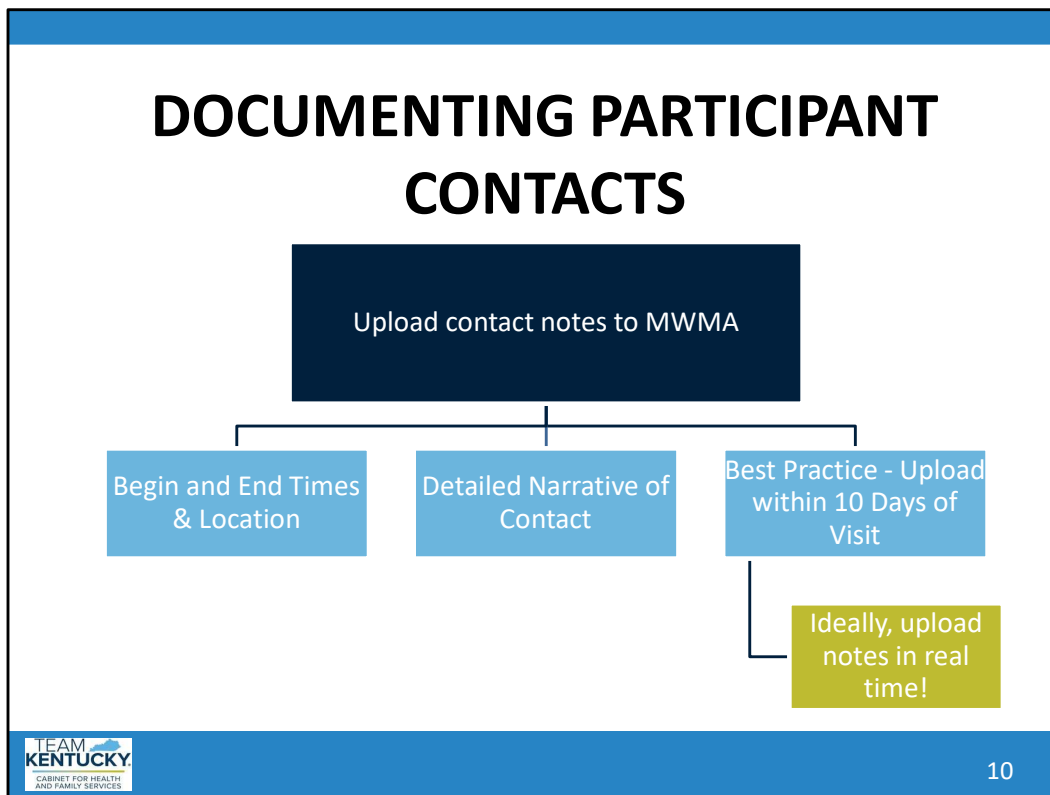
An updated EEF should be completed and sent to the FMA any time an expired training, assessment, license or insurance policy has been renewed.

DOCUMENTATION



SECTION II

Now we are going to review the documentation requirements for PDS.



While it is considered Best Practice to document the details of any contact with a Participant or Rep. or family member with a case note in MWMA, it is mandatory that the required monthly contacts be documented in order for the monthly case management fee to be billed.

[1st Bullet]

The begin and end times of each monthly contact are required by regulation, but MWMA allows these fields to be left uncompleted. These fields must be completed accurately to be compliant with the monthly contact requirement of the regulation.

Also, in order to verify that the monthly contact location was appropriate it should be correctly identified in MWMA and in the detailed narrative created about the visit.

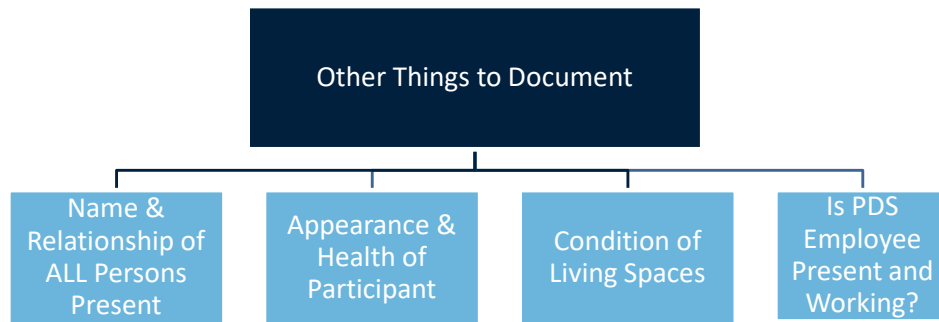
[2nd Bullet]

The narrative of the visit should be detailed and contain your observations of the Participant and environment, should identify any needs or concerns, and other details discussed in the next slide.

[3rd Bullet]

Finally, DAIL requests that monthly contact notes be uploaded or submitted in MWMA within **10 calendar days** of the monthly contact visit. This requirement is necessary for remote reviews of health, safety and welfare concerns related to incidents or complaints, as well as regulatory compliance oversight functions. Ideally, a Best Practice would be to upload notes to MWMA in real time.

DOCUMENTING PARTICIPANT CONTACTS



Other information to document from Participant contacts includes:

[1st Bullet]

The name & relationship of ALL persons present in the Participant's home during the visit.

[2nd Bullet]

The physical appearance and physical and mental and emotional health of the Participant.

[3rd Bullet]

The condition of the Participant's home or living spaces. Any odor, infestations, clutter, trip hazards, etc.?

[4th Bullet]

Are any PDS or traditional Attendant Care or other health-related providers present? Are the PDS and Attendant Care workers performing services?

MONITORING HEALTH, SAFETY & WELFARE

During Any Contact with Participant:

- Verify Current Health Status
- Verify Needs are Met
- Complete Incident Reports Timely

Incident Reporting Instructional Guide:

<https://www.chfs.ky.gov/agencies/dms/dca/Documents/irinstructionalguide.pdf>



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During any contact with or about a Participant, be sure to verify the Participant's current health status, specifically following up regarding any **known risks** (these are identified in the assessment and Risk Mitigation & Prevention Plan) that exist, as well as previous health issues or recent incidents.

[1st Bullet]

Ask about upcoming medical or other healthcare related appointments and the availability of assistance from **Natural Supports**, if any.

[2nd Bullet]

Verify by conversation and visual inspection that needs are being met and the services are being provided in accordance with the Participant's Person-Centered Service Plan.

If the Participant has a **Representative** present discuss needs, etc. with them. If not present, contact the Rep. by telephone and document conversation in an MWMA note. Always include the Participant in the


conversation if possible even when they have a Rep.

If any unmet needs are identified then document in a case note along with resolution.

[3rd Bullet]


Finally, if any incidents related to Health, Safety or Welfare are discovered during contacts with the Participant, provider agencies, employees, Reps. or family members then submit a report in MWMA according to the timelines established in the **DMS guidance issued on 06/04/21** and document in MWMA.

INCIDENT REPORTING



Why it is important?	<ul style="list-style-type: none"> Identifies HSW Issues & Documents Resolutions Provides Means for Mitigating Risk Helps Identify Trends
Participant Education	<ul style="list-style-type: none"> When and how to report
When incidents are reported in MWMA	<ul style="list-style-type: none"> Critical vs. Non-Critical Timeframes

Incident Reporting Instructional Guide:
<https://www.chfs.ky.gov/agencies/dms/dca/Documents/irinstructionalguide.pdf>


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Incident Reporting is required by the HCB2 regulation and is important because:

[1st Bullet] - Incident Reports are used to identify and resolve issues that threaten the health, safety and independence of Participants.

[2nd Bullet] - Incident reporting provides a means for mitigating preventable risks that have been identified in the assessment and documented on the Participant's *Risk Prevention & Mitigation Plan*, such as frequent falls or seizures.

[3rd Bullet] - The cumulative data obtained from the Incident Reporting process provides useful information for identifying trends across Kentucky for use in reducing risks and improving the quality of services.

[4th Bullet]

The Case Manager should educate each Participant regarding the reporting of incidents. The training should inform Participants what constitutes a reportable incident, when it should be reported and how.

[5th Bullet]

MWMA categorizes incidents as Critical or Non-Critical. **Critical Incidents** are serious in nature and pose an immediate risk to the health, safety or welfare of Participants. **Non-Critical incidents** are minor in nature and do not create a serious consequence or risk for Participants.

[6th Bullet]

All Incident Reports must be submitted in MWMA.

Critical Incident Reports should be submitted the day of discovery if that occurs during regular business hours (8:00 AM to 4:30 PM E.S.T.) If discovered outside regular business hours then the report must be submitted the next business day.

Non-Critical Incidents are required to be reported within 24 hours unless discovered on the weekend or on a holiday in which case it should be reported during the next business day.

Situations that pose imminent risk or danger should be reported immediately.

REPORTING ABUSE, NEGLECT, AND EXPLOITATION

- ❖ Abuse
- ❖ Neglect
- ❖ Exploitation
- ❖ Warning Signs
- ❖ Report to State or Local Protective Services Agency

DCBS CPS and APS online portal

<https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx>

KY Statewide Abuse Hotline Number:

877-597-2331

[APS statute.aspx \(ky.gov\)](#)

[CPS statute.aspx \(ky.gov\)](#)



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Critical Incidents involving abuse, neglect, and exploitation of a Participant also requires separate reporting to the Department for Community Based Services.

[1st Bullet]

"Abuse" is defined in statute (KRS 209.020) as the infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury;

Examples of Physical abuse include: assault, slapping, hitting, pushing, misuse of medication, restraint, and inappropriate physical sanctions.

Examples of Emotional abuse include: threats of harm or abandonment, humiliation, blaming, intimidation, coercion, harassment, isolation, unreasonable withdrawal of services or support networks.

[2nd Bullet]

"Neglect" is defined (KRS 209.020) as a situation in which an adult is unable to perform or obtain for himself or herself the goods or services that are necessary to maintain his or her health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult;

Examples of Neglect include: Deprivation of food, shelter, clothes or medical care, unsafe or unsanitary living conditions, untreated physical and/or mental health problems, and includes self-neglect or when a participant can no longer meet their own basic daily needs.

[3rd Bullet]

"Exploitation" is defined (KRS 209.020) as obtaining or using another person's resources, including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the person of those resources;

Examples of Exploitation include: Extensive withdrawal from monetary accounts, increased or changed spending habits, someone added to financial accounts, unpaid health care costs, identify theft and using the participants ATM/Credit card without permission

[4th Bullet]

It is important to know what to look for. Warning signs may include: unexplained cuts, bruises or broken bones, dehydration, malnourishment, poor hygiene, isolation, pressure sores or lack of proper medical care or treatment, missing money or medication, forged checks, unexplained or unpaid bills.

[5TH Bullet]

If you suspect a participant is being abused, neglected or exploited in any way, make a report to DCBS by calling 1-877-597-2331 or submit an electronic report using the online portal. After contacting DCBS and

obtaining an intake number for your report be sure include that information in the CIR loaded into MWMA.

FRAUD, WASTE & PROGRAM ABUSE

- ❖ Required Training
- ❖ Obligation to Report under State Law
- ❖ What Constitutes Fraud?
- ❖ How to Report

Call: **800-372-2970**

Email: chfs.fraud@ky.gov

Mail: Office of Inspector General
Division of Audits and Investigations
275 E. Main St., 5E-D
Frankfort, KY 40621



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In addition to reporting discovered incidents, Case Managers are also responsible for reporting any suspected occurrences of program fraud, waste or abuse. Such incidents are often also considered Critical Incidents of Exploitation, because defrauding waiver services denies Participants the benefits of those waiver services.

[1st Bullet]

Training regarding Fraud, Waste and Abuse of the Medicaid Program is required for PDS employees.

[2nd Bullet]

Kentucky state law makes it an obligation for anyone to report it. **KRS 205.8465** states:

“Any person who knows or has reasonable cause to believe that a violation of this chapter has been or is being committed by any person, corporation, or entity, shall report or cause to be reported to the state Medicaid Fraud

Control Unit, or the Medicaid Fraud and Abuse hotline, the following information, if known:

- (a) The name and address of the offender;
- (b) The offender's place of employment;
- (c) The nature and extent of the violation;
- (d) The identity of the complainant; and
- (e) Any other information that the receiving person reasonably believes might be helpful in investigation of the alleged fraud, abuse, or misappropriation."

[3rd Bullet]

What constitutes fraud? Billing for services not performed, which could be either checking off tasks not completed or clocking in on EVV then leaving.

When you have reason to believe that someone is committing fraud you need to take the following steps:

- 1.) Submit an Incident Report for exploitation in MWMA;
- 2.) Discuss with Participant or Rep. the need for a Corrective Action Plan;
- 3.) Issue the Corrective Action Plan and then monitor for compliance; &
- 4.) Call or e-mail the OIG Medicaid fraud Hotline.

[4th Bullet]

The telephone number is 800-372-2970 and the e-mail address is shown here.

HOW TO FILE A GRIEVANCE OR COMPLAINT

- ❖ To submit electronically, email a copy to: 1915cwaiverhelpdesk@ky.gov
- ❖ To submit by mail, send the completed form to:
Department for Medicaid Services
Division of Long-Term Services & Supports
275 E. Main St., 6W-B
Frankfort, Kentucky 40621
- ❖ Each agency should have a complaint process in their policies & procedures
- ❖ Case managers educate participants on complaint process

Kentucky Department for Medicaid Services
1915(c) Waiver Grievance Form

CHFS
Cabinet for Health and Family Services

Once completed, please email form to 1915cwaiverhelpdesk@ky.gov or mail it to:
Department for Medicaid Services
Division of Community Alternatives
275 E. Main St., 6W-B
Frankfort, Kentucky 40621

Date _____ Name of Person Filing Grievance _____

Email Address _____ Phone Number _____

Check One:
 I am a waiver participant.
 I am filing a grievance on behalf of a waiver participant.*

*If filing on behalf of a waiver participant, please state your relationship to the individual: _____

Waiver Participant Information

Participant's Name _____

Participant's Address _____

Participant's Date of Birth: _____ Participant's MAID Number _____

[1915cgrievanceform.pdf \(ky.gov\)](#)

Participants have the right to file grievances or complaints related to the waiver services they are receiving.

Grievances are filed when a Participant has an issue or a grievance with any aspect of their care.

Medicaid created a form specifically for use in such instances. The form is shown in this slide.

[1st Bullet]

The Case Manager should provide a copy of the grievance form to the Participant or their Rep. to complete and then have them e-mail the form or e-mail it for them to the waiver helpdesk at 1915cwaiverhelpdesk@ky.gov or mail paper copies to the Department for Medicaid Services, at the address shown here.

[2nd Bullet]

Each agency should have an internal process for resolving other types of complaints not appropriate for the grievance process.

Every agency should have a Grievance and Complaint Processes outlined in their Policies & Procedures.

[3rd Bullet]

Case Managers are responsible for educating Participants on their agency's policy for filing a grievance or complaint. Such policies should include how to file the grievance or complaint, who to Contact within your agency if they have a complaint, resolution timeframes, etc.

MWMA DOCUMENTATION



What to
upload

- Guardianship Orders
- Do Not Resuscitate (DNR) Orders
- PDS Provider Contracts
- DAIL Attendant Care Training Verification

In this section of the presentation we will review the records that should be uploaded into MWMA for your PDS Participants in the folder labeled PDS.

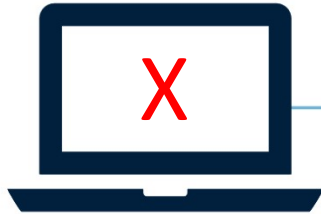
[1st Bullet] - **Guardianship Orders** from the courts which demonstrate who has decision making authority regarding the Participant's health and safety.

[2nd Bullet] - **Do Not Resuscitate Orders** should be uploaded in lieu of CPR certification for Participants who have a medical order written by a doctor that instructs health care providers not to perform cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating.

[3rd Bullet] - **PDS Provider Contracts**. These are contracts that outline the services to be performed as agreed upon by PDS employee and the Participant or their Rep. These will be discussed in greater detail later in this presentation.

[4th Bullet] - The **DAIL Attendant Care Training Verification** for the annual Attendant Care Training required by the HCB2 regulation.

MWMA DOCUMENTATION



**Do not
upload!**

- Employee Personally Identifiable Information (PII)
- Drug Test Results & TB Risk Assessments
- Criminal Background & Registry Results (AOC, NAR, CRC, & CMR or KARES)
- Driver's License
- Automobile Liability Insurance Information

Documentation that should not be uploaded into participant's MWMA case record includes anything with the employee's Personally Identifiable Information (PII), such as:

[1st Bullet] – Drug Test and TB test results.

[2nd Bullet] – Criminal background and registry check results.

[3rd Bullet] – Driver's license and automobile insurance information.

[4th Bullet] – Tax withholding records.

This information should be stored separately from the Participant's record but be easily accessible for audits and monitoring.

PDS SPECIFIC DOCUMENTS

Required for Each PDS Participant:

- Initiation / Termination of Consumer Directed Option (CDO) / Participant Directed Service (PDS) (MAP-2000)
- PDS Employer Responsibilities & Expectations (ERE) Form
- Kentucky Consumer Directed Options/Participant Directed Services Employee/Provider Contract

The following PDS-specific documents are required to be completed for each Participant or PDS employee and will each be discussed in more detail in the next few slides.

[1st Bullet] - The first form is called the *“Initiation / Termination of Consumer Directed Option (CDO) / Participant Directed Service (PDS)”* form and is more commonly referred to by its Medicaid form number - the MAP-2000

[2nd Bullet] - And the *“PDS Employer Responsibilities & Expectations”* (ERE) Form

[3rd Bullet] - The *“Kentucky Consumer Directed Options/Participant Directed Services Employee/Provider Contract”* &

MAP-2000

What's it for?



- ❖ Initiate & Terminate PDS Services
- ❖ Designate a Representative
- ❖ Document Voluntary Terminations & Reason for Involuntary Terminations

The MAP-2000 is a very important PDS form. It is required by the HCB2 regulation and incorporated by reference as a part of the regulation.

[1st Bullet]

The 2-page form is required to initiate and terminate PDS services. The 1st page captures the Participant's name and MAID #; the Case Manager's name and telephone # and the agency's provider #, as well as the date PDS was chosen by the Participant.

[2nd Bullet]

The 2nd page of the form is used to designate a **Representative** (Rep.) if one is chosen by or required for the Participant.

Representative designations are required for minors or individuals with adjudicated rights restrictions. Additionally, if a Participant has demonstrated an inability to manage their PDS responsibilities then a Rep. must be identified and designated on a MAP-2000.

A new MAP-2000 must be completed for any change in the designated Rep.

Please note that Case Managers or other agency employees may not be Reps. Also, a paid PDS employee of the Participant may not serve as their Rep.

[3rd Bullet]

The MAP-2000 form is also used to document the **voluntary termination** of PDS services by Participant. The Participant's existing, current MAP-2000 may be used for this purpose.

The 2nd page of the form is also used to document the reason for involuntary terminations.

The initial and any subsequent MAP-2000 must be uploaded to the Participant's file in MWMA once completed and MWMA maintenance performed at the same time, such as inputting a service end date when uploading for terminations or program closures.

PERSON-CENTERED SERVICES



SECTION III

In this section we explore Person-Centered Services under the PDS model.

PERSON-CENTERED SERVICE PLANS (PCSP)



As Case Manager you are responsible for coordinating with the Participant's Person-Centered Team to identify needs and construct an evidence-based Person-Centered Service Plan (PCSP) that addresses those needs within a Goals & Objectives framework and may include blended services if appropriate.

[1st Bullet]

You should begin the PCSP process by reviewing the Participant's annual assessment to become familiar with the Participant's strengths and areas of need. Identify any Natural Supports available to the Participant, as well as other services or resources being utilized to avoid duplication of services and program waste. The Case Manager should also identify other state-funded or community resources to address the Participant's unmet needs.

[2nd Bullet]

Contact the Participant within 7 days of receiving an initial referral and within 60 days before the expiration of current LOC to schedule a PCSP team meeting. The meetings should occur at a time and location

convenient for the participant. The planning process should take into account cultural considerations, personal preferences, the English proficiency of Participant or Rep, and should be discussed and constructed in plain, easily understood language. The availability of a blended plan should be discussed at this time if such would best suit Participant's needs. The Participant should always be involved in the planning process.

[3rd Bullet]

The Case Manager takes the lead for the PCSP meeting and coordinates with the Participant, their Rep. (if they have one), the state/legal guardian (if applicable) and any traditional, enrolled provider that may be providing services in a blended plan.

[4th Bullet]

Once the PCSP team meeting is scheduled and the details of the Participant's PCSP have been agreed upon and documented, complete the PCSP and submit in MWMA for approval, if approval is required. After approval submit copies as appropriate to the members of the Participant's PCSP Team responsible for implementing the Goals and Objectives of the plan. Upload the PCSP team signature sheet to MWMA just as you would for traditional Participants.

[5th Bullet]

During the initial PCSP Team meeting with the Participant you will want to ask them if they have identified any prospective PDS employees and provide the appropriate number of employment packets to the Participant or their Representative and provide assistance, as needed, with completing the required paperwork, background checks, EVV training, etc.

[6th Bullet]

Assist Participant with establishing an emergency back-up plan to avoid gaps in services when a scheduled PDS employee is unable to provide

services as planned. The emergency back-up person(s) can be natural supports or other paid caregivers. If the emergency caregiver is to be paid under PDS they must have submitted to the required background checks and trainings and be included on the POC. The back-up plan should be included in the comments section of the PCSP.

HCB2 PDS RULES TO REMEMBER

Waiver services should not replace natural supports.

Waiver services should be age appropriate.

Waiver services should be provided on a one-to-one basis.

Participants may transition back to traditional services.

There are several PDS rules to be mindful of when constructing the Participant's PCSP:

[1st Bullet]

Paid waiver services should not replace **Natural Supports**.

[2nd Bullet]

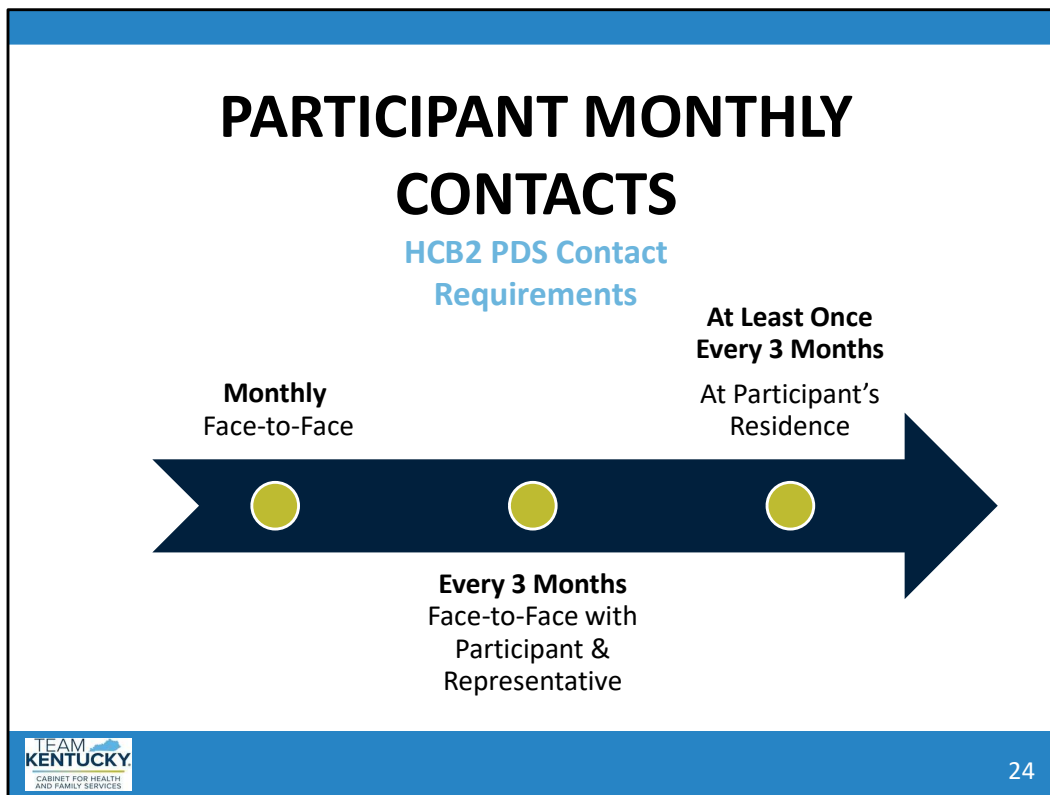
Waiver services should be **age appropriate** and based on assessed needs that surpass the needs of the Participant's age matched peers.

[3rd Bullet]

Waiver services should be provided on a **one-to-one basis** in a non-communal setting according to the Participant's Person-Centered Service Plan.

[4th Bullet]

Participants have the right to voluntarily terminate from PDS at any time and transition to traditional services.



[1st Bullet]

Case Managers are required to conduct monthly **Face-to-Face** visits with the Participants utilizing the PDS model of the HCB2 waiver.

[2nd Bullet]

The Case Manager must also meet Face-to-Face with the Participant's Representative (if they have one) every **3 months**.

[3rd Bullet]

The monthly Face-to-Face contacts may occur at the Participant's residence or ADHC with at least one of the Face-to-Face contacts occurring in the Participant's residence every **3 months**.

CORRECTIVE ACTION PLANS (CAP)

- ❖ What are they?
- ❖ Why are they important?
- ❖ What to include?
- ❖ When to complete them?

[1st Bullet]

Corrective Action Plans (CAPs) are essential tools for managing a Participant's compliance with the rules of the HCB2 PDS service model. The original CAP and any modifications or updates should be uploaded in MWMA.

[2nd Bullet]

A "Participant corrective action plan" is defined by the regulation as a written plan developed by the Case Manager in conjunction with the Participant or Representative to identify, eliminate, and prevent future violations of the HCB2 regulation.

[3rd Bullet]

CAPs should include:

- The specific administrative regulation that has been violated;
- Factual information regarding the violation;

- The possibility that the Participant may be terminated from PDS and transitioned to traditional services; &
- The timeframe (minimum of 30 and maximum of 90 days) within which the Participant will be brought into compliance.
- During the compliance period the Case Manager should monitor for compliance.

[4th Bullet]

CAPs are required to address HCB2 program violations that could impact the Health, Safety & Welfare of the Participant or result in Program Fraud, Waste or Abuse. Examples of situations requiring a CAP would be an employee's failure to properly use EVV for recording service times. Another would be a Participant requesting an Employee perform tasks that are unrelated to their PCSP. Another example is a Participant's failure to make themselves available for monthly home visits. CAPs should be issued and signed in person and the potential resolution discussed at that time.

INVOLUNTARY TERMINATIONS

When to Involuntarily Terminate from PDS:

- Imminent Danger to Participant's HSW
- Participant's Needs Exceed Available Services & Supports
- Failure to Comply with CAP
- Follow Agency's CAP Policy

The HCB2 regulation states, "The department shall immediately terminate a participant from receiving PDS if:"

[1st Bullet] - "Imminent danger to the participant's health, safety, or welfare exists; or"

[2nd Bullet] – "The participant's person-centered service plan indicates he or she requires more hours of service than the program can provide, which may jeopardize the participant's safety and welfare due to being left alone without a caregiver present."

Documentation included with the Involuntary termination should include referrals made or actions taken to mitigate the health safety welfare risks.

[3rd Bullet]

Additionally, a Participant may also be Involuntarily terminated if they refuse to comply with a CAP that has been issued to address program

violation and the Participant has failed or refused to implement a CAP, which may impact their Health, Safety or Welfare.

[4th Bullet]

Your agency should have a policy that outlines the regulation requirements and communicates your agency's appeal process. The discussion of this process with the Participant should be documented.

INVOLUNTARY TERMINATION REQUIREMENTS

- ❖ Notification of Possible Termination
 - Right to Appeal
- ❖ Corrective Action Plan
- ❖ Assist with Transition to Traditional Services
- ❖ Document in MWMA
- ❖ MAP-2000 – Termination of Services
- ❖ Send Request to DAIL - HCBinquiries@ky.gov

Case Managers should contact DAIL to discuss prior to issuing involuntary terminations. Once it has been determined that Involuntary Termination is appropriate the Case Manager will need to take several steps before sending the request to DAIL to be reviewed.

Note that this process is also used to terminate a PDS employee without affecting the Participant's ability to continue to utilize the PDS option.

[1st Bullet]

Prior to involuntarily terminating a Participant from the PDS model you will need to notify the Participant, Participant's Guardian & Rep. and the Department at least 30 days prior to the date of potential termination.

The notice should inform the Participant of their right to appeal the termination according to your agency's policies and procedures. The notice should be uploaded in MWMA.

[2nd Bullet]

Assist the participant in developing a participant Corrective Action Plan (CAP) allowing at least 30 days, but no more than 90 days to address the issue. CAPs should be uploaded in MWMA.

[3rd Bullet]

If the CAP process does not resolve the issue and the involuntary termination proceeds, then you will need to assist the Participant in transitioning to traditional HCB2 services or other services that will meet the needs of the participant.

You would begin the transition process by providing the Participant, the Participant's Guardian or Rep. with the HCB waiver provider listing for Kentucky. Once the Participant has selected a traditional provider take the steps necessary to initiate traditional services.

[4th Bullet]

In addition to having documented, on an ongoing basis, all related communications with Participant about the issue leading to the involuntary termination in case notes MWMA, you will need to summarize all relevant communications with Participant, any related incidents, and why the CAP was unsuccessful at resolving the issue in a summary case note for the involuntary termination. The more detail, the better.

[5th Bullet]

After determining that Involuntary Termination is appropriate and documenting in MWMA, complete the Termination of Services section of the Participant's MAP-2000 and upload in MWMA.

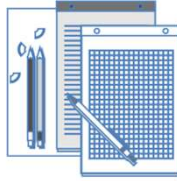
[6th Bullet]

Finally, once all the necessary actions have been taken and documented in

MWMA, send the request for Involuntary Termination documenting the reasons for the request in a cover letter to the DAIL e-mail inbox – HCBinquiries@ky.gov.

Once DAIL completes the review of the request it is sent to Medicaid for final approval.

PDS EMPLOYMENT



SECTION IV

In this final section we review PDS employment requirements, the forms involved and the billing of these services.

PDS EMPLOYER RESPONSIBILITIES & EXPECTATIONS (ERE)

- ❖ Participants or Designated Reps. are Employers of Record
- ❖ DAIL Form that Outlines the Responsibilities of PDS Employers (Participant or Rep.)
- ❖ Required Annually at LOC Recertification
- ❖ Required for Any Change in Rep.

<https://www.chfs.ky.gov/agencies/dail/Documents/PDSEmployerResponsibilitie.pdf>

The PDS employer requirements are outlined in detail in the “Participant Directed Services (PDS) Employer Responsibilities & Expectations” or ERE form. Under the PDS model, the Participant or their designated Rep. is the employer of record and the incumbent employer responsibilities are acknowledged through the signing of the ERE.

[1st Bullet]

The ERE is a 5-page form created by DAIL that describes in detail the responsibilities and expectations attendant to a Participant or their designated Representative serving as employer of record for the Participant’s PDS employees.

[2nd Bullet]

In addition to describing the hiring process and background checks and training requirements, the form contains important information regarding the withholding of various required taxes.

The form also instructs Participants and Reps. that PDS employees should only be contacting the Participant or Rep. about any employment related matter, i.e. pay, hours, etc. They are not to contact the Case Manager or the FMA.

[3rd Bullet]

The ERE is to be completed with initial paperwork to begin PDS and annually at LOC recertification.

[4th Bullet]

A new ERE is also required whenever there is a change in the Representative, such as when a different Rep. is designated or the Participant chooses to no longer use a Rep.

Once this form has been completed it should be uploaded into MWMA and labeled "ERE."

PDS EMPLOYEE REQUIREMENTS

- ✓ Selected by Participant
- ✓ Age (18 or Older)
- ✓ Citizen of the US or Possess Valid Work Permit
- ✓ Communicate Effectively
- ✓ Understand and Carry-Out Instructions
- ✓ Maintain Records
- ✓ Submit to Background Requirements
- ✓ No Disqualifying Background Check Findings
- ✓ Complete All Required Trainings and Assessments

The HCB2 regulation establishes certain requirements for individuals to be eligible to serve as PDS employees.

[1st Bullet]

The prospective PDS employee must be someone who has been selected by the Participant.

[2nd Bullet]

The selected employee must be 18 years of age or older.

[3rd Bullet]

The employee must be a citizen of the United States with a Social Security Number or possess a valid work permit.

[4th Bullet]

The employee must be able to communicate effectively with the Participant, their Rep., the Participant's Guardian, and family of the Participant.

[5th Bullet]

The employee must also be able to understand and carry out instructions.

[6th Bullet]

PDS employees must be able to maintain the records required by the Participant.

[7th Bullet]

PDS employees must submit to all required background checks, as well as out-of-state equivalent checks if the PDS employee applicant lived or worked outside the state of KY within 12 months prior to the date of application for PDS employment.

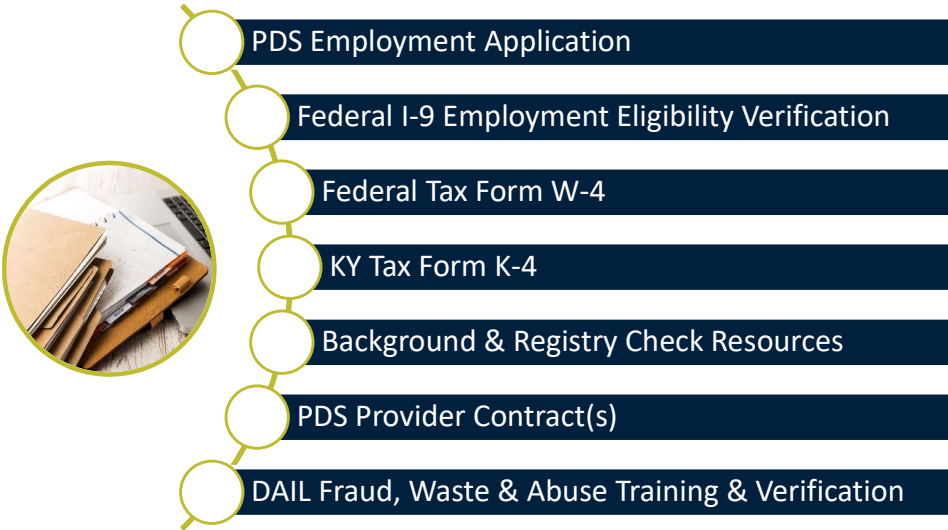
[8th Bullet]

The prospective PDS employee cannot have a disqualifying finding or conviction on any of their criminal background or abuse registry check results.

[9th Bullet]

Before providing services, PDS employees must complete all required trainings and TB risk assessment.

PDS EMPLOYEE PACKETS



- PDS Employment Application
- Federal I-9 Employment Eligibility Verification
- Federal Tax Form W-4
- KY Tax Form K-4
- Background & Registry Check Resources
- PDS Provider Contract(s)
- DAIL Fraud, Waste & Abuse Training & Verification

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The employee packet of the forms required to initiate the hiring process includes:

[1st Bullet] - PDS Employment Application

[2nd Bullet] - Federal I-9 Employment Eligibility Verification

[3rd Bullet] - Federal Tax Form W-4

[4th Bullet] - KY Tax Form K-4

[5th Bullet] - Background & Registry Check Resources

[6th Bullet] - PDS Provider Contract(s)

[7th Bullet] - DAIL Fraud, Waste & Abuse Training & Verification

[8th Bullet] - DAIL Attendant Care Training & Verification

The following slides discuss several of these PDS requirements in more detail.

PDS EMPLOYMENT APPLICATION

- ❖ Required for Each PDS Employee
- ❖ Provides Information about Employment or Residence Outside of KY
- ❖ Provides Other Current Employment Details
<https://www.chfs.ky.gov/agencies/dail/Documents/EmploymentApplication16.pdf>

[1st Bullet]

The “*Participant Directed Services Employment Application*” was created by DAIL and is required to capture information about prospective PDS employees, such as whether they lived or worked outside of Kentucky during the previous 12 months. It is required for each PDS Employee and should be maintained in the employee’s record by the Case Manager.

[2nd Bullet]

This is important to capture because the HCB2 regulation requires additional out-of-state background checks if the answer to that question is Yes.

[3rd Bullet]

The application is also useful for capturing other current employment information, including work schedule.

This form contains Personally Identifiable Information (PII) that does not belong to the Participant and must be maintained separately from the Participant's waiver record. Do **NOT** upload into MWMA.

PDS BACKGROUND CHECKS

- ❖ Same Requirements as Traditional HCB2
- ❖ Out-of-State (O-O-S) Background Checks
- ❖ May Use KARES vs. Separate KY & O-O-S Checks
- ❖ No Other Background Check Services May be Used

[1st Bullet]

The same background checks are required for PDS as for Traditional HCB2 providers. The background checks must be completed prior to the PDS employee providing services to the Participant.

Any costs associated with the background checks of PDS employee are the responsibility of the Participant or their Rep.

[2nd Bullet]

Out-of-State (O-O-S) background checks must be completed if the PDS Employee applicant has lived or worked outside of KY during the previous 12 months (see PDS employment application.)

[3rd Bullet]

Participants may use KARES rather than all the separate KY & O-O-S background checks. KARES affords the applicant the opportunity of a Rehabilitation Review by the Cabinet if something in their background check disqualifies them from serving as a PDS employee.

[4th Bullet]

No other substitutions are allowed for the background checks. For example, if not using KARES then Case Managers should require completed:

- Administrative Office of the Courts check
- Nurse Aide Abuse Registry check (defer to Medicaid guidance regarding how to obtain results)
- Child Abuse/Neglect Registry check
- Caregiver Misconduct Registry check

KSP criminal records checks are not compliant. Neither are the commercial pre-employment or credit background check services offered by various business entities.

Also, to qualify as an “equivalent out-of-state” background check the information must come from a record or registry maintained by a government entity or government sanctioned entity. Such entities are usually found on the internet with web addresses that end in .gov.

KENTUCKY CONSUMER DIRECTED OPTIONS PARTICIPANT DIRECTED SERVICES EMPLOYEE/PROVIDER CONTRACT

- ❖ Required for Each PDS Employee
- ❖ Services & Rates MUST Match PCSP
- ❖ Must be Signed & Dated by Employee
- ❖ Must be Signed & Dated by Employer (Participant or Rep.)

<https://www.chfs.ky.gov/agencies/dail/Documents/PDSContract.pdf>

The Kentucky Consumer Directed Options/Participant Directed Services Employee/Provider Contract is another form that is required for PDS services and incorporated by reference in the HCB2 regulation. It is a 2-page form.

The first page indicates the name of the PDS employee and PDS employer (Participant or their Rep.)

[1st Bullet]

This form must be completed before an employee can be paid.

[2nd Bullet]

The first page also contains spaces to record the number of hours and the type of service to be provided and the agreed upon service rate. For example, 20 hours of Attendant Care per week at the rate of \$15.00 per hour. The two HCB2 PDS services that the contract applies to are: Attendant Care for PDS and Non-Specialized Respite.

The services and rates listed on the PDS Provider Contract must match the services and rates listed in the Participant's PCSP.

[3rd Bullet]

The 2nd page of the PDS Provider Contract is used to capture the signatures of the PDS employee and PDS employer (Participant or Rep.) and the date they signed the contract.

Please note that if a Participant has a designated Rep. then the Rep. must be the person who signs as employer NOT the Participant.

New PDS Provider Contracts do not need to be completed at every LOC recertification unless there has been a change in: 1.) services, 2.) service hours, 3.) pay rate, or 4.) Rep.

PDS Provider Contracts should be uploaded into the Participant's MWMA case record.

PDS BILLING & SERVICE LIMITS

- ❖ Attendant Care (A.C.) for PDS is Billed as Code S5108 with HI Modifier
- ❖ Current A.C. for PDS Rate is up to \$7.26 per 15-Minute Unit
- ❖ Participant services for attendant care are based on need supported by K-HAT up to 45 hours a week

Now for a brief review for informational purposes of the PDS Financial Management function that is currently performed by an ADD or CMHC.

[1st Bullet]

Attendant Care for PDS claims are billed to Medicaid using Procedure Code S5108 with an HI modifier. (All PDS services are billed with an HI modifier.)

[2nd Bullet]

The current maximum rate for Attendant Care for PDS is \$7.26 per 15-minute unit (or \$29.04/hour).

[3rd Bullet]

Attendant Care for PDS services are based on the needs identified in the K-HAT.

[4th Bullet]

The HCB2 PDS workweek is Sunday through Saturday.

RESOURCES

- ❖ HCB2 PDS Forms Link
[Participant Directed Services - Cabinet for Health and Family Services \(ky.gov\)](#)

- ❖ Electronic Visit Verification
<https://www.chfs.ky.gov/agencies/dms/dca/Pages/evv.aspx>

- ❖ Toll-Free HCB2 PDS Hotline
877-315-0589

- ❖ DAIL HCB2 PDS Inbox
HCBinquiries@ky.gov




Some commonly utilized resources are listed here.

The first resource link contains most of the PDS forms you will need to get your Participants started.

The second link will be useful for educating PDS employees, Participant and Reps. on the proper use of EVV.

And, of course, if you have any questions you may contact us at the telephone number or e-mail address shown here.

Knowledge Check
<https://forms.office.com/g/zwjWdyWvjK>



Please send any follow-up questions regarding this presentation or about HCB2 PDS to the HCBinquiries@ky.gov inbox.

Thank you!

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To proceed with PDS certification, staff who take this training must complete the knowledge check and score 80% or better.

You can access the knowledge check at the web address shown here or by using the QR code shown.

If you have any follow-up questions regarding this presentation or about HCB2 PDS please send them to the HCBinquiries@ky.gov inbox.