CABINET FOR HEALTH AND FAMILY SERVICES	Subject: Participant Directed Services SOP Title: Participant Directed Services Selection Requirements PDS-SOP-6.14
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PURPOSE

The Participant Directed Services (PDS) standard operating procedures (SOP) selection requirements section describes the requirements a case manager must follow once a participant selects the PDS service delivery or blended service option. The goal of this section is to outline all the required paperwork, training, and education necessary for a case manager to complete with the participant and PDS representative, when applicable.

POLICY

1. A participant who is participating in one of the waivers that allows the PDS service delivery may choose to receive all or a portion of their service(s) through PDS at any time provided:
    a. The service is allowed through PDS; and
    b. The participant is already with or has been accepted by a Case Management Agency (CMA) certified to provide PDS and has a qualified case manager available.
2. Anytime a PDS participant enrolls in a different waiver, they must go through the entire PDS selection process

Selection of the PDS Service delivery or blended services

1. Once the participant selects the CMA, the CMA will assign the participant a case manager.
    a. During the initial contact with the participant, the CMA will discuss waiver service delivery, including the option for the participant to self-direct waiver services through PDS blended service option or the PDS option.
    b. If a participant indicates an interest in self-directing waiver services, the waiver provider agency will assign a case manager who is trained as a case manager.
        i. A case manager must be trained in PDS to serve as a case manager for a PDS participant.
        ii. For more information on the case manager training requirements refer to PDS-SOP 6.15.
        NOTE:
            - Not all Case Management Agencies (CMA) are certified to deliver PDS. Prior to CMA being certified by the operating agency, the agency must have a memorandum of understanding (MOU) with an agency offering Financial Management Services.
            - A participant may also look at initiating traditional service delivery while waiting for a PDS opening at the CMA or contact another CMA.
    c. The participant has the option to select PDS services at any time as long as all PDS program criteria are met.
    d. When a participant selects the PDS service delivery, the case manager must immediately facilitate access to PDS and complete all the necessary PDS paperwork, along with all of the necessary paperwork for the applicable waiver.

Participant Directed Services Person-Centered Service Planning Meeting

1. Anytime a participant selects the PDS service delivery, the case manager must complete a face-to-face visit to create or modify the Person-Centered Services Plan (PCSP). This is referred to as the PCSP meeting.

2. Prior to the face-to-face visit, the case manager will discuss the person-centered planning process (refer to PDS-SOP 6.29) with the participant, any legally responsible individual (LRI) for the participant, authorized Medicaid representative, and any applicable power of attorney (POA) and identify who the participant wants to be present at the PCSP meeting aside from those required to be a part of the person-centered planning process.
    a. The case manager must comply with the requirements for establishing the participant's person-centered planning team as they are identified in the waiver regulations.
    b. The case manager must determine whether the participant wants or needs a PDS representative. Refer to PDS-SOP 6.30 for the PDS representative requirements.
        i. If the participant wants or needs a PDS representative, the case manager will schedule the PCSP face-to-face visit such that the PDS representative can attend.
3. During the PCSP face-to-face visit, the case manager shall comply with all of the person-centered planning requirements (refer to PDS-SOP 6.29).
    a. The MAP-116: Service Plan Authorization form is required.
        i. It is recommended the case manager use the Person-Centered Team Sign-in Sheet as well to capture attendees at the meeting.
        ii. The MAP-116 and the Person-Centered Team Sign-in Sheet must be uploaded in the Medicaid Waiver Management Application (MWMA).
4. In addition to completing each waiver's required paperwork, the case manager will complete the following requirements for the PDS service delivery or blended service option:
    a. Educate the participant and PDS representative, when applicable, about PDS (refer to PDS-SOP 6.15);
    b. Educate the participant and PDS representative, when applicable, on the reporting requirements for the following:
        i. Incident reporting (refer to PDS-SOP 6.26);
        ii. Abuse, Neglect and Exploitation (refer to PDS-SOP 6.31)
        iii. Medicaid fraud, waste, and abuse (refer to PDS-SOP 6.32).
    c. Thoroughly review the Employer Responsibilities and Expectations (ERE) form;
        i. If a PDS representative has been selected, the case manager is required to review the ERE with the designated PDS representative;
    d. Thoroughly review the PDS employer requirements and paperwork with the participant;
    e. Facilitate a self-assessment of the participant's support needs related to PDS employer authority and arrange for and provide technical assistance and support to the participant or PDS representative.
        i. The case manager may use the PDS Employer Responsibilities Review Tool to assist the participant and PDS representative, when applicable, in understanding their responsibilities as the employer and determining the level of support that is needed.
    f. Discuss whether the participant or PDS representative has identified any PDS employees and provide employment packets to distribute to the PDS employees (refer to PDS-SOP 6.21);
    g. Assist, as needed, in completing the PDS employee paperwork;

h. Review the participant's functional assessment, the participant's nonwaiver supports, and the participant's natural supports, and identify the appropriate services both traditional and PDS that the participant needs;
    i. Services should be based on the functional assessment;
    ii. Services should be based on the participant's identified goals, objectives and desired outcomes;
    iii. Services should be based on extraordinary care needs in relation to age matched peers and related to the participant's diagnoses qualifying the participant for waiver services;
    iv. Services should not replace the participant's natural supports. In the case of minors, this includes age typical care to which a legally responsible individual is required to provide to the participant by law; and
    v. If services are needed to be increased by level of care year may provide letter of medical necessity.
i. Develop a PDS Emergency Back-Up Plan that outlines who will provide services, paid or unpaid when a PDS employee is unable to provide services as planned;
    i. If the back-up plan is not included in the PCSP comment section, the PDS Emergency Back-Up Plan must be uploaded in MWMA.
j. Complete all PDS forms, along with waiver intake forms, identified on the forms chart below; and
k. Provide copies of the PCSP, as appropriate, to the PCSP team.

Additional Considerations when a Participant selects the PDS Service delivery

1. A participant who is currently receiving traditional waiver services and wants to receive some or all of their services allowed through the PDS service delivery option shall contact their case manager and notify them of the request.
2. A participant has the right to request transfer to another case management agency at any time. The current case manager must immediately facilitate transfer.
    a. The case manager will coordinate with the CMA to which the participant is transferring to facilitate a smooth transition in services as quickly as is feasible and with minimum disruption to waiver services as possible.
    b. Billing for case management services should be coordinated between the two agencies where the agency receiving the transfer has priority because this agency will be doing most of the work in onboarding the participant. This is particularly the case when the participant is transitioning to PDS from traditional services.

PDS Forms to review and complete with the participant when the participant selects the PDS service delivery or blended services

PDS Form	ABI	ABI-LTC	HCB	MP	SCL
MAP 2000: Initiation/Termination of PDS	✓	✓	✓	✓	✓
PDS Employer Responsibility and Expectations (ERE Form)	✓	✓	✓	✓	✓
IRS 2678 or SS4-identify the participant, or PDS representative, as the employer	✓	✓	✓	✓	✓
PDS Employee Packet	✓	✓	✓	✓	✓
PDS Eligible Employee Form-must have one employee on record in (MWMA) to initiate PDS			✓		✓
PDS Employee Responsibility Review Tool (*Optional*)	*Optional*	*Optional*	*Optional*	*Optional*	*Optional*
PDS Employer Training Verification	✓	✓	✓	✓	✓
Fraud, Waste, and Abuse Fact Sheet	✓	✓	✓	✓	✓
Person Centered Plan of Care (in MWMA)	✓	✓	✓	✓	✓
Emergency Back-Up Plan (in MWMA)	✓	✓	✓	✓	✓
Person-Centered Service Plan Team Sign-In Sheet (Recommended for all waivers)	*Optional*	*Optional*	*Optional*	*Optional*	*Optional*

PDS Form	ABI	ABI-LTC	HCB	MP	SCL
Person-Centered Service Plan Team Sign-In Sheet (Recommended for all waivers)	*Optional*	*Optional*	*Optional*	*Optional*	*Optional*
PDS Employment CPR/First Aid Acknowledgement (if applicable)	✓	✓	✓	✓	✓
MAP-116: Service Plan-Participant Authorization	✓	✓	✓	✓	✓