CABINET FOR HEALTH AND FAMILY SERVICES	Subject: Participant Directed Services SOP Title: General Requirements of the Case Management Agency PDS-SOP-6.08
Issue Type: _x_New ___ Revised	Source(s) of Authority: N/A Forms: N/A
Supersedes: N/A	Effective: 06/2026
Approval Date: 02/20/2026	Revision Date: N/A

PURPOSE

The Participant Directed Services (PDS) standard operating procedures (SOP) general requirements of the case manager section outlines the requirements of the case manager in the PDS option. The goal of this section is to detail requirements of case management agencies (CMA) to hire case managers, perform case management functions, and to meet the additional requirements related to the PDS option.

POLICY

1. The CMA shall be responsible for planning, organizing and administering PDS case management services that comply with statutory and regulatory intent and meet all requirements of the 1915(c) waiver programs.
2. The CMA must have policy and procedure in place to establish PDS quality management practices including, but not limited to, adherence to case manager qualifications, hiring practices, staff training, and overall responsibility necessary for the effective implementation and ongoing provision of PDS case manager services.
    a. If CMA policies and procedures are not in place for PDS, then the agency will be held accountable.
3. The CMA ensures all PDS specific forms and paperwork are completed and uploaded in Medicaid Waiver Management Application (MWMA) according to the chart below:

PDS Form Name	Label in MWMA As	Frequency	Waivers	Upload in MWMA
MAP 2000 - Initiation/Termination of Services	MAP-2000 YYYY-MM-DD	Initial & any changes	All	✓
PDS Employer Responsibilities and Expectations (ERE)	ERE YYYY-MM-DD	Annually & any representative changes	All	✓
Person Centered Service Plan Team Meeting Sign-In Sheet	PCSP Sign-In YYYY-MM-DD	Annually & any changes	All	✓
PDS Employee/Provider Contract	Contract YYYY-MM-DD (Employee Initials)	Initial & any modifications	All	✓
Eligible Employee Form (EEF)*	N/A	Initial	All	
PDS Emergency Back-Up Plan	PDS Back-Up YYYY-MM-DD	Annually & any changes	All	✓
Corrective Action Plan (CAP)	CAP YYYY-MM-DD	As applicable	All	✓

PDS Form Name	Label in MWMA As	Frequency	Waivers	Upload in MWMA
PDS Employee Training Form	Training YYYY-MM-DD (Employee Initials)	Initial	All	✓
LRI Review Request Attestation	LRI Attestation (Employee initials)	As applicable	All	✓
Employee Attendant Care Training Certificate	ACT YYYY-MM-DD (Employee Initials)	Initial and Annually	HCB	✓
College of Direct Supports Transcript	CDS Training YYYY-MM-DD (Employee Initials)	Initial	MP/SCL	✓
Do Not Resuscitate Order	DNR YYYY-MM-DD	As applicable & any changes	HCB	✓
PDS Employment CPR/First Aid Acknowledgement	CPR-FA YYYY-MM-DD	As applicable, initial & any changes	All	✓
PDS Employee credentials and training documentation for Community Access, Community Guide, and Supported Employment*	N/A	Initial as applicable	MP/SCL	-
CPR/First Aid certifications*	N/A	As applicable, initial & maintain current	All	-
Drug Test Results*	N/A	Initial	HCB	-
TB Risk Assessment*	N/A	Annually	All	-
Criminal Background Checks*	N/A	Initial	All	-
Copy of driver's license and proof of insurance (if transporting participant)*	N/A	As applicable, initial & maintain current	All	-
PDS Shared Living Contract	SL Contract YYYY-MM-DD	As applicable, initial & any changes	SCL	-
PDS Shared Living Voucher*	N/A	As applicable, monthly	SCL	-
Tax withholding records*	N/A	Initial	All	-

*Information should be stored separately from participant's record and easily accessible for audits

4. The CMA shall submit reports to the appropriate operating agency, including:

a. Monthly Corrective Action Plan (CAP) report is due to the operating agency by the 15th of the following month.
    i. The CAP report summarizes reasons PDS participants were placed on a CAP, if participants are in compliance with the CAP, and when participants are expected to come off the CAP.
    ii. The CAP monthly report should be submitted even if no additions or changes have been made in the reported month.
b. Monthly Participant Status report is due to the operating agency by the 15th of the following month.
c. Quarterly Payment Suspension report is due to the operating agency by the 10th day following the end of the Federal fiscal year quarter.

5. The CMA shall retain all PDS participant records in accordance with the Kentucky Administrative Regulations (KAR), including financial reports, service records and incident reports regarding PDS for at least six (6) years from the date that a covered service is provided.
6. The CMA shall have a grievance and complaint process outlined in policy and procedures.
    a. The CMA shall have an internal process for resolving complaints that are not appropriate for the Department of Medicaid Services 1915(c) waiver complaint form.
7. The CMA shall enter into a memorandum of understanding (MOU) with PDS participants' Financial Management Agency (FMA) to guarantee necessary PDS forms and paperwork are shared and PDS are coordinated.
8. The CMA is the first level of contact with participants.
    a. The CMA is required to be available twenty-four (24) hours per day, seven (7) days a week.
    b. The CMA must provide the PDS participant and PDS representative with contact information so the PDS participant and PDS representative can contact the CMA when needed.
9. The CMA verifies PDS case managers have the qualifications as set forth in the following Kentucky Administrative Regulations (KAR) according to the appropriate waiver program:
    a. Acquired Brain Injury (ABI) Waiver Services: 907 KAR 3:090
    b. Acquired Brain Injury Long-Term Care Waiver (ABI-LTC) Waiver Services and Reimbursement: 907 KAR 3:210
    c. Home and Community Based (HCB) Waiver Services: Title 907 Chapter 7 Regulation 010 • Kentucky Administrative Regulations • Legislative Research Commission
    d. Michelle P Waiver (MP)Services and Reimbursement: 907 KAR 1:835
10. Supports for Community Living (SCL) Services for an Individual with an Intellectual or Developmental Disability: https://apps.legislature.ky.gov/law/kar/titles/907/012/010/The CMA will assure the case manager is capable of providing PDS training, technical assistance, and supports to the PDS participant and PDS representative and verifies the necessary paperwork and forms are in place to authorize and deliver PDS.

The CMA verifies case managers hired after November 11, 2023 meet one of the following qualifications, according to the appropriate waiver (refer to table on the next page):

PDS Case Manager Qualification Criteria	ABI	ABI-LTC	HCB	Michelle P	SCL
Bachelor's degree (or higher) in Social Work/Human Services or related field	✓	✓	✓	✓	✓
Bachelor's degree in any field not closely related and one year human services related experience	✓	✓	✓	✓	✓
Associate Degree in behavioral science, social science or a closely related field AND two years human service experience	✓	✓	✓	✓	✓
Three years of human service-related experience	✓	✓	✓	✓	✓
Registered nurse licensed in KY with two years experience as a professional nurse in the field of aging or disabilities	-	-	✓	-	-
Registered nurse licensed in KY with a master's degree in a health or human services field from an accredited college or university	-	-	✓	-	-
Registered nurse	✓	✓	-	✓	✓
Licensed practical nurse	✓	✓	-	✓	✓
Licensed clinical social worker	-	-	-	✓	✓
Licensed family and marriage therapist	-	-	-	✓	✓
Licensed professional clinical counselor	-	-	-	✓	✓
Licensed psychologist	-	-	-	✓	✓
Licensed psychological associate	-	-	-	-	✓
Licensed psychological practitioner	-	-	-	✓	✓
Certified psychologist with autonomous functioning with at least two years experience working with IDD	-	-	-	-	✓

11. The CMA shall ensure the case manager:
    a. Receives mandatory training identified on by waiver program and the Cabinet website:
        i. Initially receive and participate in a minimum of fourteen (14) hours of PDS training, within the first six (6) months of hire.
        ii. Annually receive and participate in a minimum of sixteen (16) hours annual in-service training that relates to PDS and/or populations served;

1. In-service training may include training provided by the Cabinet, the CMA, or another entity. Training provided by another entity must be approved by DAIL to meet the in-service training requirements.

b. Participates in all by waiver program and DMS or operating agency designee mandated PDS trainings;
c. Submits to a criminal background check and not have been convicted of committing a felony, sex crime, and/or violent crime as defined in KRS 17.165 (1) through (3) prior to being offered employment or acting in an employee role;
d. Adheres to Medicaid provider requirements as established by the Cabinet;
e. Is certified in CPR and First Aid; and
f. Adheres to Medicaid provider requirements as established by the Cabinet.

12. The CMA is responsible for administering the initial and annual case manager training which is available on the DAIL website.
13. Verification of case manager criminal background check, PDS training(s), and staff hire dates must be retained in personnel files located at the CMA.