PDS SOP Phase 1 Training: Questions & Answers

PDS SOP Training Date: August 5, 2026

EVV & Timesheet Documentation

Q: What happens when a PDS representative is not available to sign off on a visit and the participant is not physically able to sign?

A: The state-sponsored system does not require the representative to sign off. If an agency has chosen a third-party EVV system that requires this, meeting that requirement is the responsibility of that agency and its designated staff.

Q: What should be done if an EVV record shows an employee clocked in for a 12–16 hour shift, but we know services aren't actually being provided the whole time?

A: The Case Manager should communicate with the participant/representative to address the discrepancy. If it continues, options include a corrective action plan, termination from PDS, and/or reporting Fraud/Waste/Abuse.

Note: When providing respite services, it is allowable for an employee to be continuously providing supervision during sleeping hours.

Q: Is there a timeline limit on using EVV out-of-state or out of the country?

A: If a participant is traveling out of state or out of country, the team is responsible for confirming services will be provided in accordance with the individual's person-centered service plan and meet the regulatory requirements for the service provided during the travel. The team is also responsible for ensuring appropriate access to EVV (if applicable) and adherence to EVV requirements. Any errors received due to the location of the EVV entry shall be reviewed and approved by the PDS Representative and case management agency. If travel is for an extended period, the team should confirm there will not be any impacts to the individual's Medicaid eligibility or Social Security benefits. The participant needs to comply with case management visit requirements, which are to be in-person at least every other month. Additional approval from the Operating Agency is not required for out-of-state or out-of-country travel.

Q: On the 6.26 slide (2nd slide, bullet 1), which reads "8 hours after incident", should "or discovery" be added, and should the next-business-day rule be clarified for weekends?

A: Please refer to the Incident Reporting Instructional Guide for clarification.

Q: Are seizures that are part of a participant's baseline reportable as a critical incident?

A: Seizures that are part of a participant's baseline are not reported as a critical incident, unless there is an injury that requires medical attention or intervention. Physician protocol should be followed and documented as necessary.

Q: Employees aren't addressing the specific goals and objectives listed on a participant's Plan of Care. The EVV vendor's system reflects loaded goals rather than the participant's actual needs, and goals/objectives don't feed over from MWMA. Could participants sign off on entries without waiting for the note to be written, and can this be corrected?

A: Thank you for the feedback. The Cabinet will collaborate with the EVV vendor to see if enhancements can be made. No. Participants cannot sign off on entries before the note is written and the service is complete.

In-Person Visits & Visit Location Requirements

Q: Are in-person visits with the representative required quarterly or every three months? What's the difference between an in-person and a virtual visit, and between visiting the participant's residence, a service site, or a community location?

A: In-person visits with the representative must occur at a minimum of every three months. Visits must take place in the participant's residence every three months; other in-person visits may occur at a covered service site, which could include the participant's residence, in the community or at another location where services are being provided

Q: What should a representative's presence at a visit look like – Case Manager with the participant only, Case Manager with the representative without the participant, or Case Manager with both the participant and representative together?

A: The three-month visit should include the Case Manager, the representative and the participant. If a private conversation with the representative is needed, it can be held outside of the regular visit.

Q: Are all representative visits now required to be face-to-face, with no telehealth visits allowed?

A: Refer to SOP 6.28.

Q: For HCB participants who receive Attendant Care only, is it permitted for them to receive attendant care tasks (personal care, meals, laundry, supervision) at an employee's or representative's home, for example, a sibling's or grandparent's home, instead of their own home?

A: This is permitted if it's what the participant wants and it aligns with their goals, not solely for the convenience of the employee or representative. For a minor whose parent/guardian arranges this while the parent is at work, the same standard applies.

Q: For MPW participants who receive services out in the community, is it permissible to complete a required visit with the participant out in the field?

A: Yes, but an in-person visit in the participant's home is still required every three months.

Q: What is the definition of a Covered Service Site?

A: A Covered Service Site is any site where services are being delivered, including services provided in the community. This may include a place of residence, ADHC, ADT, or a community location.

Case Management Qualifications, Notes & Documentation

Q: How do Case Management qualifications compare across waivers, and how do the waiver applications align with regulations and the PDS training slides?

A: Case Management qualifications are being standardized across regulations and waiver applications. Please refer to SOP 6.08.

Q: Case managers who work across multiple waivers face differing requirements for number of visits, session notes vs. monthly notes vs. quarterly summaries. Can a monthly summary that includes visit information be submitted instead of a separate visit note?

A: For SCL and MPW, a monthly summary is required and satisfies the A49 Provider Letter requirements. For HCB, both a monthly summary and a separate visit note are required. For ABI and ABI-LTC, monthly face-to-face visits and a quarterly summary are required (not a monthly summary). Case Management qualifications are being standardized across regulations and waiver applications.

Q: Must case notes be entered into MWMA within 10 calendar days of the face-to-face visit? The 10-day timeframe is an HCB waiver recommendation, but SCL/MPW and ABI regulations and applications only reference a monthly summary note. Is a separate face-to-face case note required for HCB in addition to the monthly summary, or just a plain case note documenting the visit?

A: The 10-day timeframe is the HCB waiver's recommendation. For SCL and Michelle P., Monthly Summary notes must be uploaded into MWMA by the end of the following month.

Q: Can clearer guidance be provided on the number of, and timing for, submitting case management notes?

A: See above regarding visit notes, monthly summaries, and quarterly summaries by waiver.

Q: Can a Registered Nurse serve as a Case Manager?

A: Yes, refer to SOP 6.08, page 4.

Drug Screening

Q: Does the 6-panel drug screen requirement apply to traditional agencies only, or also to PDS? If it applies to PDS, who covers the cost, can a participant choose not to require their employees to take one?

A: The PDS FAQ and training slides will be updated to reflect this. Current requirements vary by waiver:

Waiver	Negative Drug Screen Required	Additional Comments
ABI/ABI-LTC	Traditional and PDS	Negative Drug Screen Phasing in beginning May 2026
HCB	Traditional only	6-panel
MPW	Traditional only	Negative Drug Screen
SCL	Traditional and PDS	Negative Drug Screen

Q: Who pays for the drug screen?

A: This can be decided collaboratively by the employee, representative, family/support system, and team, based on what works best for their circumstances.

Q: Who pays for the ABI drug screen specifically?

A: This can be decided collaboratively by the employee, representative, family/support system, and team, based on what works best for their circumstances.

Q: The waiver FAQ #12 currently states drug screenings apply only to agency staff, not PDS employees - will this be corrected?

A: Yes, the FAQ will be updated.

Employee & Representative Requirements

Q: Should proof of liability insurance be required when an employee is transporting participants?

A: Yes, this is a requirement under SOP 6.21 and is included on the EEF form.

Q: SOP 6.21, page 4, Item 11 states a PDS employee cannot provide more than 40 hours of PDS in a calendar week (Sunday–Saturday) for HCB, MP, and SCL waivers. Does this 40-hour limit apply per employee across all participants, or per employee per participant?

A: For MP and SCL, this limit only applies to the Legally Responsible Individual (LRI). For HCB, the 40-hour limit is inclusive of all participants served, regardless of waiver.

Q: Is clarification needed on Sex Offender Registry check requirements?

A: Separate Sex Offender Registry checks are not currently required for traditional or PDS service providers.

Q: Are participants required to obtain a DNR statement if they choose not to have their employees complete CPR/First Aid training?

A: No.

Q: Do representatives now need criminal background checks?

A: Refer to SOP 6.30, page 1.

Q: SOP 6.04, page 3 states a participant who hasn't used services in 60 days is at risk of termination, but this doesn't apply to HCB or MPW participants - is that correct?

A: That is not correct. Services must be utilized at least once every 60 days, or the participant is at risk of termination.

Incident Reporting

Q: SOP 6.26, page 2 - can a representative, employee, or family member submit incident reports directly, since they don't have MWMA access? Or does this refer to APS/CPS reporting?

A: Individuals without access to MWMA should ensure incidents are reported to their case manager as soon as possible, so appropriate incident reporting can occur. Case managers should ensure PDS teams are aware of this requirement.

MAP-10 & MAP 2000 Forms

Q: Should MAP 2000 for HCB reflect 18 as the age of majority instead of 21? (MAP 2000 currently lists 21, while the HCB waiver application lists 18.)

A: Yes, the form will be updated to reflect the accurate age.

Q: Does the change to who may sign the MAP-10 apply only to individuals coming off the waiting list, or also to the annual MAP-10 required for individuals already receiving services? Can an IDP continue to sign the annual MAP-10 for MP participants each year?

A: The new MAP-10 signature requirement applies to all individuals for whom a MAP-10 would be submitted. Individuals who were on the waitlist prior to April 2026 have been asked to submit a separate Provider Attestation Form, with approved provider signature, in order to remain on the waitlist. Individuals currently submitting new applications will be required to submit a MAP-10 with a provider signature that meets the requirements within House Bill 2. IDP's can no longer sign a MAP-10. The MAP-10 is not required annually; that change took effect in 2025.

Q: The MPW no longer requires the MAP-10. Should agencies resume requesting it?

A: It's correct that the MAP-10 is no longer needed for the MPW annually; however, in order to be placed on a waitlist, the MAP-10 is ***now required at the time of application*** and must be signed by an approved provider as detailed in House Bill 2

Q: Does the HB2 requirement for sign-off by providers with enhanced credentials on MAP-10s apply only at initial application, or also annually?

A: It applies at application. It is not required annually.

Waitlist & Program Closure

Q: How should agencies handle and document a situation where an individual on the PDS waitlist is offered an opening but declines it in order to keep Medicaid active?

A: If attempts to reach the individual have been made and documented in MWMA, program closure can be completed.

Financial Management Agency (FMA)

Q: FMAs each request and log information differently (e.g., some list the child's EIN, others the parent's). Can FMAs be required to follow a consistent process, and could each FMA provide a packet of their specific requirements to avoid delays and frequent send-backs?

A: The FMA is required to follow federal guidance; refer to your specific FMA for clarification on their process and required documentation.

Q: Should the FMAs be unbundled from the Case Management agency?

A: These are already unbundled.

Q: Who is responsible for completing and sending required reports - the FMA or the Case Management agency?

A: See the attached Roles and Responsibilities document for clarification.

General Questions

Q: A training slide stated a representative "MUST" be present. If a participant has a legal guardian, can the participant still legally sign a contract themselves?

A: The slide has been updated to change the word "must." Having a legal guardian does not necessarily mean that the participant is unable to sign a contract independently. The participant's ability to legally sign documents themselves depends on the type and scope of the guardianship and any applicable legal requirements.

Q: How should Case Managers respond to pushback from a participant, family, or guardian who wants more units than the assessment supports (e.g., requesting 160 units of CLS for a participant who is in school all day)? Providers reportedly threaten to help the participant switch case managers if the CM won't approve the maximum units requested.

A: Person-centered planning should be based on the assessment and include services outside the waiver, natural supports, and state plan services. It is not appropriate for services to be provided during regular school hours. Federal and state regulations require that services be necessary and not provided primarily for convenience or without assessment documentation to support them. If a participant disagrees with the assessment, they may file a grievance.

Q: What is the EEF form, and where can a copy be found?

A: Refer to DAIL website: PDSEligibleEmployeeForm.pdf

Q: Should EMP tax papers be uploaded to MWMA?

A: No. These items should be retained by the FMA.

Q: What is the PDS Employer Responsibility Tool, and where can a copy be obtained?

A: Refer to SOP 6.14, page 4 and DAIL website: Employer Responsibilities.PDF