

Pennyrile CDO/HCB Program Policies and Procedures Manual

POLICY # 1 INFORMATION PROVISION

The Pennyrile support broker will provide each consumer a handbook that describes orientation to the program upon request.

Procedure: The handbook will include the philosophy/guiding principles of CDO, participation requirements, how to manage the individual budget, role and responsibilities, billing and scheduling, how to recruit, hire, supervise and fire employees, training necessary to support the individual while providing direct care, how to deal with quality of care problems, and how to identify and deal with abuse, neglect and exploitation.

POLICY# 2 PERSON-CENTERED PRINCIPLES

The Pennyrile support broker will use the guiding CDO principles as it applies to Person Centered Planning.

Procedure: The supports for individuals with disabilities that is utilized in the CDO Program will:

- Ensure dignity and respect for each person as a valued individual.
- Be entitled to the rights, privileges, opportunities, and responsibilities of community membership.
- Be supported and encouraged to develop personal relationships, learning opportunities, work and income options, and worship opportunities as full participants in community life.
- Be based on individually determined goals, choices, and priorities.
- Be easily accessed and provided regardless of the intensity of individual need.
- Be afforded the opportunity to direct the planning, selection, implementation and evaluation of their services
- Require that funding be flexible and cost effective and make use of natural, generic and specialized resources.
- Be the primary decision makers in their own lives.
- Be evaluated based on outcomes for individuals.

The work we do and the way we work will:

- Ensure that all persons have dignity and value, and are worthy of respect.
- Provide safeguards to ensure personal security, safety, and protection of legal and human rights.
- Be coordinated on person-centered and family-centered principles, focusing on individual needs, strengths, and choices.
- Support that all people have strengths and abilities and are the primary decision-makers in their lives.
- Provide information and supports that promote informed decision-making.
- Be accessible and culturally responsible.

- Access informal and generic community resources whenever possible in the most integrated community setting appropriate to the person.

- Be based on best practice and utilize state-of-the-art skills and information.
- Be directed toward the achievement of interdependence, contribution, and meaningful participation in the community.
- Distribute resources in an equitable manner according to the individual need and comply with requirements governing public funds administered by the system.

Policy # 3 ELIGIBILITY

Eligibility for CDO is limited to individuals approved for Medicaid and who meets criteria for HCB waiver. There are two types of eligibility for participation in CDO: functional and financial. Before enrolling in CDO, the applicant shall be enrolled in a Medicaid Waiver Program and Medicaid eligibility shall be determined. All eligibility criteria and standards are applicable. In addition, individuals seeking enrollment into CDO must be able to direct their supports and services utilizing the services of a support broker and FMA or may appoint a representative to assume their consumer responsibilities.

Program Eligibility for Home and Community Based Waiver:

- Individuals of any age who are blind or disabled, or is currently Medicaid eligible;
- A written certification by a physician (MAP10) is required stating that if Medicaid Waiver services were not available, nursing facility services would be ordered and the individual would be admitted to a nursing facility in the immediate future;
- An individual who meets Nursing Facility Level of Care criteria giving consideration to the medical diagnosis, care needs, services and health personnel required to meet these needs and the feasibility of meeting the needs through alternative institutional or non-institutional services; and
- The individual chooses to be at home and get Waiver services.

POLICY # 4 NATURAL SUPPORT SYSTEMS

CDO shall not be used to replace the natural support system. The Pennyrile support broker, consumer/representative will consider the natural support system when completing the plan of care.

POLICY# 5 PAY RATES

Pay rates shall be the fixed upper payment limits for CDO services in conjunction with the corresponding units of service, and may not exceed Medicaid pay rates for traditional service delivery.

HCB Pay Rates & Criteria

Respite- no hourly limit and must be accessed at least once per 6 months, cannot exceed \$2,000 per 6 month period, may include overnight care, may include time for transportation.

Attendant Care- \$11.50/ hour Gross, may only be utilized if primary caregiver is employed, Medicaid has stated this may also be utilized if primary caregiver is attending post secondary school. May not have personal care, homemaker, or ADHC with this service, may access up to 45 hours/week if needs illustrate, may be used overnight if needs illustrate, may include time for transportation.

Personal Care- \$30.00/ hour Gross, may not be utilized to provide around the clock overnight care or any form of transportation (in-home service only).

Homemaking- \$26.00/ hour Gross, May not be utilized if the person regularly responsible for homemaking duties is not employed or attending post secondary school, and is functionally able to maintain those duties. Must be limited to 2 hours a week maximum.

Annual Limit: \$34,453.00

POLICY # 6 TRAINING FOR CONSUMER/REPRESENTATIVE AND EMPLOYEE(S)

The Pennyrile support broker will provide the require training to the consumer/representative and employees prior to the consumer starting services under the CDO program.

Procedures:

The Pennyrile support broker(s) will train the consumer; representative and employee on the following require topics:

- Understanding CDO, the role of consumers, support brokers and FMA;
- Person-centered planning;
- Abuse, neglect, exploitation and fraud;
- Recruiting, hiring, supervising and firing employees;
- Instructions on the appropriate way to complete timesheet;
- Other trainings as requested by the consumer.

At the request of the consumer, the Pennyrile support broker will assist the consumer in finding any additional training for their employees, which training is at the expense of the employer or employee, but cannot be taken from the consumer's budget.

The Consumer may require an employee to be trained on matters that relate to their individual health care needs, such as training regarding seizures, autism, etc. Such training may not be paid from the Consumer's Medicaid budget.

POLICY # 7 RESPONSIBILITIES OF THE AREA DEVELOPMENT DISTRICT

The Pennyrile ADD shall be responsible for planning, organizing, and administering a district-wide service delivery system which is in compliance with statutory intent and which meets all requirements of the 1915 C Waivers, the master agreement and is approved by DAIL.

POLICY # 8 GENERAL REQUIREMENTS

The Pennyrile ADD will follow the requirements as set forth in this policy as stated below:

1. Permit staff of the DAIL to monitor and evaluate all CDO services
2. Assure that each paid staff person has received initial and ongoing training to meet training standards, if applicable, and meets staff qualification standards established for each specific service by DAIL.
3. Maintain a written job description for each job category and for each paid staff person involved in direct service delivery;

4. Designate a supervisor to ensure that all staff providing CDO services are supervised.
5. Assist the Medicaid member and/or their designated representative in managing and distributing funds contained in the member's budget and completion of all required state, local, and federal tax and employment forms, such as the federal employment identification number (FEIN) for the designated service providers.
6. Facilitate the employment and payment of service providers, fiscal accounting functions and expenditure reports, withholding of federal, state, and local taxes from payment to service providers
7. Maintain a copy of the CDO Employee or Provider Agreement should be kept on file by the Financial Management Agency.
8. Support brokers may not be a provider of services (employee) or supports other than support broker services to any consumer enrolled in the CDO. Support brokers cannot serve as the consumer's representative.
9. Information developed by DMS and DAIL shall be used for the administration of CDO.
10. Monthly CDO Supervisor Conference Calls: The Pennyrile AAA and Support Broker(s) will participate in the DAIL CDO supervisor conference calls to discuss progress and address questions we may have regarding CDO on a monthly basis or more often if needed.

POLICY # 9 SUPPORT BROKER QUALIFICATIONS

The Pennyrile ADD will follow the qualifications as stated below for the employment of CDO Support Brokers:

An individual who has a bachelor's degree in Social work, Gerontology, Psychology, Sociology or a field relevant to geriatrics; or a bachelor's degree in nursing with a current Kentucky license; or a bachelor's degree in a field not relevant to geriatrics with two (2) years experience working with the elderly; or a Kentucky registered nurse with a current Kentucky license and two (2) years experience in working with the elderly; or a Licensed practical nurse with a current Kentucky license and three (3) years experience working with the elderly.

POLICY # 10 REQUIRED STAFFING PATTERN

The Pennyrile ADD will follow the staffing pattern for the CDO Program as required by the Department of Aging and Independent Living.

Procedure: The Pennyrile ADD shall employ a minimum of one (1) full-time equivalent Support Broker for every forty (40) CDO consumers. Time used to provide agency administration or supervision of other staff shall not be counted toward meeting the full-time equivalency requirement. The Pennyrile ADD will not initiate a waiting list for CDO and will not postpone enrollment in to CDO.

POLICY # 11 STAFF TRAINING

The Pennyrile ADD will follow the staff training requirements as required by the Department of Aging and Independent Living.

Procedure: The support broker shall submit to fourteen (14) hours of initial training performed by the State within six (6) months of hire; and sixteen (16) hours of in-service training relating to the populations served annually.

The support broker training includes the following topics: case management, understanding the support broker role and responsibilities, person-centered planning; budget development; and the training required under 910 KAR 1:180 and training to identify abuse, neglect, or exploitation, training consumers, providing technical assistance and an adequate level of support, responding to emergency situations and the use of emergency backup plans, monitoring responsibilities, assessing the need for a resolution, prevention and corrective action plan, and assessing risk for abuse, neglect and/or exploitation.

The Pennyrile ADD will have support broker training files available for review by the DAIL staff. The Pennyrile AAA shall develop training agendas and submit them to the Department at minimum 14 business days prior to the training. The Pennyrile shall require appropriate orientation and ongoing training for staff of the CDO. If determined necessary by the DAIL, the Pennyrile ADD will have our support broker(s) submit to an additional fourteen (14) hours of training; basing this determination on review of exception requests and DAIL monitoring visits.

POLICY # 12 SUPPORT BROKER ASSIGNMENT

The Pennyrile ADD will follow the required CDO requirements for Support Broker Assignment.

Procedures:

The Pennyrile support broker/ accounting clerk will initially determine and verify monthly the consumer's continued Medicaid and applicable waiver eligibility through Kentucky Health Choices for HCBW.

Support broker will provide any needed assistance to a consumer with any aspect of CDO or blended services including:

- a. Completing or revising a plan of care using person-centered planning principles;
- b. Recruiting, hiring or managing CDO providers;
- c. Completing and submitting required forms;
- d. Coordinating all services;
- e. Continually monitor a consumer's health, safety, and welfare;
- f. Provide at minimum a monthly home visit; and
- g. Ensure the completion of an assessment or reassessment as required.

Be available twenty-four (24) hours per day, seven (7) days per week; and comply with all applicable federal and state laws and requirements.

POLICY # 13 ABUSES, NEGLECT, FRAUD, AND EXPLOITATION

- The Pennyrile AAA will report all incidents of abuse, neglect or exploitation to the Department for Community Based Services (DCBS), DMS or designee, upon knowledge of the incident. Support Broker will also complete written report of the incident investigation and follow up will be included.

Procedure:

The support broker shall document an incident report form and who they reported the incident to in their case notes. State staff or the designee shall review and make a determination if further action is necessary to ensure the health, safety, and welfare of the consumer.

DAIL INCIDENT REPORT PROCEDURES:

DAIL must be verbally notified and provided with written documentation of any consumer incident reports within the timeframes outlined in the administrative regulation.

DAIL shall be verbally notified and provided with written documentation of any complaint investigations by Adult Protective Services (APS) or Child Protective Services (CPS) within one (1) business day.

Documentation about shall include at a minimum:

- Consumer's Medical Assistance Identification (MAID) number;
- Consumer's waiver program;
- Consumer's first and last name;
- Consumer's county of residence;
- Support brokerage agency;
- Date contacted by APS or CPS; and
- Detailed description of complaint.

Follow-ups shall be provided to DAIL within ten (10) days for a class II incident, and seven (7) days for a class III incident.

Incident reports must be maintained in a centralized file separate from consumer files.

POLICY #14 FINANCIAL ELIGIBILITY

All participants in CDO will meet the income requirements for Kentucky's waiver programs. The Department for Community Based Services (DCBS) Family Support Office determines financial eligibility for all populations annually.

POLICY # 15 SUPPORT BROKER WITH FAMILY MEMBER IN CDO

The Pennyrile support broker(s) may not provide support brokerage services to family members. When there is one support broker in the region and they have a family member who elects CDO for their delivery provision the support broker function will be provided by the support broker supervisor.

POLICY # 16 SUPPORT BROKERAGE SERVICES

Support Broker is required for all individuals participating in the consumer-directed services option or chooses to receive a blend of services under the traditional and consumer directed option.

Procedures: The Pennyrile support broker(s) will provide the following services that includes: providing information regarding alternatives to make informed choice; care planning which includes assisting with the

development and revision of the CDO plan of care and support spending plan utilizing person centered planning process and guiding principles; authorizing services and additional funding if necessary; monitoring CDO services and satisfaction with and quality of service provision; assisting with locating services and negotiating rates; offers practical skills training which includes hiring, training, scheduling, and terminating service providers; development of and monitoring of the participant's emergency back up plan which may include arranging for the provision of emergency services if necessary; establish participant's request for benefit total based on need, utilization and existing service limitations; conduct quarterly reviews of participant's spending; and completing all necessary paperwork. Additionally, activities such as providing technical assistance regarding managing the individual budget, spending and records management to participant's and service providers shall be included under this service. The Pennyrile support broker shall be available twenty-four (24) hours per day, seven (7) days per week. The Pennyrile support broker(s) will make a monthly face-to-face case management visit with the consumer and assure that service delivery is in accordance with the consumer's plan of care and support spending plan. The Support Broker shall perform all the above and all case management activities for individual receiving a blended package of services under the traditional and CDO model. The Pennyrile support broker(s) will be responsible for interfacing with the providers under the traditional service delivery model to ensure a smooth transition if an individual elects and is eligible to move to the consumer directed service option or if the individual is receiving services under both service delivery models. The Pennyrile support broker(s) will work closely with the financial management provider to ensure payment for services provision within the scope of the plan of care and prior authorization limits. Also, the Pennyrile support broker will work closely with the agency conducting the reassessment on consumers they are providing support brokerage for. The Pennyrile support brokerage is independent of other service provision.

POLICY# 17 OPTIONAL FORMS

The Pennyrile support broker(s) will maintain documentation of all forms used in the implementation of CDO as required by DAIL.

Procedure: Optional forms include exception request forms which are an optional part of CDO/HCBW and must be justifiable based off consumer needs. These forms included the DAIL-100 & 15 Minute Weekly Schedule.

POLICY # 18 RECORDS

Pennyrile AAAIL will maintain all participant files for a period of six (6) years from the end of the program or until all audit questions, appeal hearings, investigations or court cases are resolved, whichever is longer. The records will be available to DAIL and DMS staff, and other state entities as appropriate.

Procedure: Pennyrile CDO clients file will include the following forms and documentation as required by regulations (soon will convert over to all forms internally within the MWMA Software System):

(1) MAP-351, Records of evaluations and reevaluations will be maintained by the Pennyrile Support Brokerage Agency in member's record for consumer directed services. The Pennyrile support broker(s) shall utilize the MAP-351 when completing the plan of care to ensure the most appropriate services are provided;

(2)MAP-350, Copies of Freedom of Choice Document (choice of either institutional or waiver services) will be maintained in the member's record with the agency performing the level of care assessment/reassessment and the Pennyrile Support Brokerage Agency for consumer directed, and in the consumer's record with the case management agency and directed service providers.

- (3) MAP-2000, Initiation/Termination of CDO will be maintained in the member's record. A copy of the MAP-2000 shall be immediately faxed to the traditional provider at the time of the Pennyrile support broker services and CDO services begin;
- (4) MAP-109, Plan of Care and Support Spending Plan. The Pennyrile Support Brokerage Agency shall utilize the MAP-109 when completing the plan of care and support spending plan. The MAP-109 shall be used in conjunction with the MAP-351;
- (5) MAP-10, statement of need for long-term care services will be maintained in the member's record. The MAP-10 is also included in the packet submitted to the QIO to obtain prior authorization. A MAP-10 will be forwarded, in a self-addressed stamped return envelope, to the referring provider at minimum 4 weeks prior to the end of the current certification period. Included with the MAP-10 will be a memorandum from the support broker outlining what is being requested from the provider and the date that the MAP-10 is needed returned;
- (6) Prior authorization (PA) letter will be obtained from the QIO prior to beginning CDO services and maintained in the member's record. A prior authorization will not be requested from the QIO until an approved Medicaid budget has been received.
- (7) MAP-552, Notice of Available Income for Long Term Care or Waiver
Note: MAP-552's are issued through the Member's local Department for Community Based Services (DCBS) office. This form is not completed by the provider, but the member must have a current form on file.
- (8) Rights, Responsibilities & Risk Statements Form, Informs the consumer or representative their rights as consumer directing the service. Form also includes the responsibilities of the consumer or representative by participating in CDO/HCBW. Finally it informs the consumer or representative the risks each have in regards to being terminated from CDO/HCBW.
- (9) Level of Care Certification will be obtained from the QIO and maintained in the member's record.
- (10) Timesheets and all optional forms will be maintained in the member's record for consumer directed services.
- (11) The Pennyrile support broker(s) will document in the case record each contact made with a member or on behalf of the member, including the required monthly home visit.
- (12) Member's files will be kept in a locked centralized location.
- (13) The Pennyrile support broker(s) will record/document information obtained through their monthly face-to-face contact with the consumer. This information will be relevant to the member's current situation, needs, or services provided. This documentation will include any issues or concern, including but not limited to the consumer's health, safety and welfare.
- (14) Case notes will be structured as a chronological running record containing monthly contacts and other relevant contacts and maintained within the new MWMA system.

(15) Allowable/ Non-Allowable form & Important CDO Employee Timesheet Reminders form will be given to consumer, CDO employee, and representative (if applicable) at the time of the home visit/ CDO employee training (will be noted in client's case note).

(16) Representative Responsibilities and Expectations, informs individuals of their responsibilities/ requirements as representative, employees, and overviews of annual budget rules, employer taxes/ wages, as well as expectations

(17) Financial Management Services Forms, workers compensation, 2678, SS-4, unemployment insurance, 8821, I-9, W-4, and K-4.

(18) Employee Relationship Form- form to identify the relationship as well as the living situation of the paid employee in regards to taxes & deductions.

(19) ADRC Intake- form created at time of initial inquiry about the CDO/HCB Program which includes potential client's demographic information as well as other details.

(20) DMS Budget as well as CDO Budget, initial budget approved by DMS, and budget broken down after taxes (CDO budget).

(21) Employee Related Information, includes but not limited to, AOC results, employee application, KY Nurse Abuse, employee withholding form, training form, and Employee/ Provider Contracts.

(22) The minimum requirements for effective case notes are:

- a. All case notes must be typed in shared drive (internal hard drive) as well as typed in the new MWMA system.
- b. Date and length of time spent with consumer will be indicated;
- c. Notes will be signed and credentialed;
- d. Errors will be corrected appropriately, by drawing a line through an error, initialing next to error, and date the error. **WHITE OUT OR WRITE-OVERS WHEN MAKING CORRECTIONS WILL NOT BE UTILIZED;**
- e. Notes will be clearly written and only black or blue ink or type will be used;
- f. The needs of services for the member will be utilized;
- g. Progress towards goals and objectives listed on Plan of Care will be indicated;
- h. Consumer's remaining budget balance and balance of approved PA units will be documented & a copy provided to consumer or representative at each monthly home visit.

POLICY # 19 INFORMAL SUPPORTS

The Pennyrile support broker(s) will be responsible for assisting individuals to access other natural supports or other supports available through other funding streams if their needs exceed the budget limit.

POLICY # 20 SUPPORT BROKER REPORTING REQUIREMENTS

The Pennyrile AAA will submit to DAIL monthly reports as required.

Procedure: The following reports will be submitted to DAIL before the 15th of each month on the required forms and the Pennyrile AAA will utilize the MoveIt's FTP software or be emailed directly to the DAIL.PDS@KY.GOV address.

- **Monthly CDO Member Enrollment Report:** The report shall include at minimum, the Member's full legal name; member's MAID number; member's age, member's waiver program (HCB); member's county of residence; support broker name; date the member enrolled in CDO; date services initiated; note if services were not initiated; and date of termination (if applicable).
- **Monthly Support Broker caseloads Report:** The report only ask for the total number of HCB cases.
- **Corrective Action Plan Report (CAPS):** The report shall include at minimum, the Member's full legal name; member's MAID number, members waiver program (HCB); member's county of residence; reason of necessity for CAP; member compliant with CAP- yes or no; note of member's progress with the CAP; and date member shall be in compliance of CAP.

Procedure: The following report will be submitted to DAIL before the 15th of the following three months of reporting months, and the Pennyrile AAA will utilize the MoveIt's FTP software or email to DAIL.PDS@KY.GOV address to submit the reports.

YEARLY REPORTS

Procedure: The following report will be submitted to DAIL before the 15th of January for the previous reporting year, and the Pennyrile AAA will utilize the MoveIt's FTP software to submit the report.

- **CDO Pre/ Follow -Up Yearly Satisfaction Survey Reports:** The report shall include consumer's waiver program, consumers county of residence, Support Brokerage agency, and responses to question on the Adaptation of Quality Life Changes, Initial and Follow-Up survey too.

POLICY # 21 FINANCIAL ACCOUNTING

The Pennyrile AAA Support Broker(s) will maintain data for the Medicaid member's in CDO.

Procedure: The Pennyrile support broker(s) will collect data that includes identifying information for all members (full legal name; member's MAID number; current physical and mailing address, member's and representative's telephone contact number); consumer enrollment date; date CDO services began; termination date; whether termination was voluntary or involuntary; explanation of why member was terminated; approved budget; member's budget expenditures; date of prior authorization; identified waiver program; category of services approved and units prior-authorized; and member's monthly patient liability amount.

The support broker, upon receipt of notification from the Pennyrile's FMS that the consumer has failed to pay patient liability, will initiate termination from CDO as detailed and in compliance with DAIL's Standard Operating Procedure requirements (seek involuntary termination via DAIL).

POLICY #22 FINANCIAL ELIGIBILITY FOR HOME AND COMMUNITY BASED SERVICES

The support broker will determine and verify monthly the consumer's continued Medicaid and applicable waiver eligibility through Kentucky Health-Net.

Procedure: The support broker will log on to the Kentucky Health-Net eligibility screen at www.kymmis.com/user/ and print the screen to verify eligibility. Each client record will include documentation of Medicaid waiver eligibility determination.

Should an individual lose Medicaid during while enrolled in the CDO/HCB Program, Pennyrile AAAIL & Pennyrile Area Development District may stop providing services / paying employees until Medicaid is reinstated.

POLICY # 23 INTAKES AND ENROLLMENT

The Pennyrile support broker(s) will inform the individuals seeking enrollment into CDO that they must be able to direct their supports and services utilizing the services of a support broker and FMA or may appoint a representative to assume their consumer responsibilities.

Procedure: The support broker will provide written information about CDO to consumers and their families or caregivers. The Pennyrile Support Brokerage Agency will develop and distribute informational publications, video, brochures, and other information that is developed.

POLICY # 24 CDO ASSESSMENT/INITIAL VISIT

Policy: The Pennyrile support broker will provide consumers with a detailed overview of the assessment, the plan of care, monthly budget amount, employer related responsibilities, and their roles and responsibilities as CDO consumers.

Procedures:

Licensed Provider Conducting Assessment - Transfer to CDO/HCB

Once a CDO referral is received from a licensed provider and the provided has completed the assessment, the Pennyrile support broker(s) will secure the following documents from the licensed provider; a copy of the MAP-350, MAP-351 and the MAP-109 (if available), MAP-24C (if available), and MAP-552 (if available). The follow the same procedures as outline below with the exception of completing the information provided by the licensed provider.

Support Broker Conducting Assessment:

Once CDO is chosen and a referral is received from a licensed provider or any individual and provided that an assessment has not already been completed by a traditional provider, the Pennyrile support broker conduct face-to-face interview with the consumer and appropriate family or representative and complete an assessment within seven (7) calendar days of receiving the referral and follow through with the plan of care (MAP-109).

The initial home visit will provide an opportunity for consumers and interested family members to participate in a face-to-face, in-depth explanation of the CDO and to ask questions. During the visit, support brokers will inform consumers of the budget amount available to them. Support brokers will make sure consumers have a thorough understanding of their responsibilities related to spending public funds and to being an employer.

The Pennyrile support broker(s) will follow procedures outlined in 907 KAR 1:145; 1:160; 1:022; and 3:090 to complete the assessment. The Pennyrile support broker(s) ensures all appropriate and required forms are completed, including the MAP-350, MAP-351, MAP-10, HIPAA/Confidentiality forms, Timesheet, Tax forms, and other optional forms.

Consumers will complete a plan of care with the assistance of the support broker and any other individuals of their choice based on the MAP-351. Support brokers will assist the

consumer/representative in completing MAP-109 and MAP-2000, and explain the Employee/Provider contract, time sheets, the role of the fiscal management agency and the required federal, state and local tax and employment forms. The Pennyrile support broker(s) will provide training to the consumer/representative on person centered planning and abuse, neglect, fraud and exploitation. The Pennyrile support broker will answer any questions the consumer might have.

The Pennyrile support broker and the assigned DAIL staff person (assessment team) will review the assessment and ensure all appropriate and required information is provided and documented.

The Pennyrile support broker will ensure the assessment packet is complete and submitted to the QIO in the established timeframe. The Pennyrile support broker will submit the completed MAP-351, MAP-350, MAP-109, MAP-10 and the MAP-2000 to the QIO.

The support broker also includes a copy of the approved Medicaid CDO budget. Upon receipt of a PA from the QIO, CDO services begin and traditional services end. The support broker submits the MAP-2000 to the traditional provider to verify the start date for CDO services and the end date for any former traditional services.

If approved, Pennyrile AAA requires monthly face to face visits with client & representative (if applicable).

POLICY # 25 CDO EMPLOYEE

Once the CDO consumer identifies an employee(s) the Pennyrile support broker(s) will complete all required documents and training.

Procedures:

All consumers shall be trained to assume responsibility for case management and budget management responsibilities prior to beginning CDO services. Training may be customized to assist consumers in the areas of most need and minimize training in areas in which the consumer already possesses adequate skills. A Consumer Handbook shall be provided to all consumers.

The Pennyrile support broker will ensure a criminal background check and Kentucky Nurses Registry check on all employees have been completed. Effective April 2012, the consumer/ representative will be responsible for paying the cost to conduct the criminal background checks. Criminal background check will not be processed until the cost of the criminal background check is paid by the consumer/representative.

All employees will be explained the Employee/Provider contract, time sheets, the role of the fiscal management agency and the required federal, state and local tax and employment form. Support brokers will provide training to the employee(s) on person centered planning and abuse, neglect, fraud and exploitation.

The Pennyrile support broker will document in the consumer record all contacts made to schedule CDO training, dates, and topics of CDO training provided to the consumer. If a consumer intends to have a representative assist with budget management responsibilities or employer responsibilities such as hiring and supervising workers, the representative shall attend the CDO training. The consumer record shall indicate all individuals who received consumer training.

(Waiver): Should the results of the background check have questionable charges, but after the charges are discussed with the client and/ or representative and they still wish to hire this individual than a waiver will have to be developed & signed. The purpose of the waiver is to protect PADD & Pennyrile AAAIL that the client and or representative has been informed of the background check results and still wish to hire this individual. PADD nor Pennyrile AAAIL can be held liable for anything that may occur as a result of the client or representative hiring this individual.

POLICY# 26 QUALIFICATIONS FOR AN EMPLOYEE

The Pennyrile support broker(s) will ensure that the selected CDO employees meet the requirements as stated in the regulations.

Procedures:

A CDO provider or employee(s) shall be selected by the consumer and must:

- Submit a completed Kentucky Consumer Directed Option Employee or Provider Contract to the support broker;
- Be eighteen (18) years of age or older;
- Be a citizen of the United States with a valid Social Security number or possess a valid work permit if not a US citizen;
- Be able to communicate effectively with the consumer, consumer representative or family;
- Be able to understand and carry out instructions;
- Be able to keep records as required by the consumer;
- Submit to a criminal background check;
- Submit to a check of the Kentucky Nurse Aid Abuse Registry maintained in accordance with 906 KAR 1:100 and not be found on the registry;
- Not have pled guilty or been convicted of committing a felony, a sex crime or violent crime as defined in KRS 17.165 (1) through (3).

POLICY# 27 HIRING A FAMILY MEMBER

The Pennyrile support broker(s) will ensure that the family member(s) selected as CDO employees meet the requirements as stated in the regulations.

Procedures:

A consumer may hire a family member to provide the services approved under the Plan of Care if:

- The family member may live in the same household as the consumer and the family member may have power of attorney for the consumer.
- The family member cannot serve as the representative under CDO if they are being paid to provide a service.
- The Pennyrile support broker in addition to case management, monitoring, and reporting activities required for all waiver services, will conduct the following additional requirements apply when consumers hire family members: review expenditures, and the health, safety, and welfare status of the consumer; make face-to-face visits with the consumer and at least monthly, the FMA will review the number of hours billed for family provided care and the total amounts billed for all goods and services during the month.

Policy# 28 NATURAL SUPPORT SYSTEMS

The Pennyrile support broker(s) will ensure that if the family member is providing a natural support he/she will not be paid under CDO.

Procedures:

1. The Pennyrile support broker will use the MAP-351 to assess the appropriateness of each service;
2. The Pennyrile support broker will discuss with the consumer the frequency of delivery of each appropriate service;
3. The Pennyrile support broker will ask the consumer whom the consumer chooses to provide the service;
4. If the consumer chooses a family member, the support broker will ask the consumer if the family member is willing and able to provide the service without pay, as a natural support;
5. If the family member is willing and able to provide a service without pay, it is documented as a natural support.
6. If the family member is unwilling or unable to provide the service without pay, the consumer may pay the family member for the service.

POLICY # 29 CRIMINAL BACKGROUND CHECKS

The Pennyrile support broker(s) will be responsible to obtain copies of the Kentucky Nurse Aid Abuse Registry (support broker to complete), and criminal background checks from the Administrative Office of the Courts (AOC) for potential employees. Effective April 2012, the consumer/ representative will be responsible for paying the cost to conduct the criminal background checks (AOC). Criminal background check will not be processed until the cost of the criminal background check is paid by the consumer/ representative, per AOC.

The Pennyrile support broker will inform the consumer or appointed representative that an individual may not be hired as a CDO provider if they do not meet the requirements and followed the required regulations.

Procedures:

An individual cannot be hired if they do not meet the following:

- Who has not submitted to a criminal background check and check through the Kentucky Nurse Aid Abuse Registry;
- Whose name is on the Kentucky Nurse Aid Abuse Registry maintained in accordance with 906 KAR 1:100;
- Who has pled guilty or been convicted of committing a sex crime or violent crime as defined in KRS 1.165 (1) through (3);
- Who is under eighteen years of age;
- Who is not a citizen of the United States with a valid Social Security number or who **does not** possess a valid work permit if not a U.S. citizen;
- Who has not completed the full CDO employee training on the reporting of abuse, neglect or exploitation in accordance with KRS 209.030 or KRS 620.030 and on the needs of the consumer; and consumer directed training
- Who is not able to keep records as required by the consumer;
- Who is not able to understand and carry out instructions;
- Who has not submitted a completed Kentucky CDO Employee or Provider contract to the support broker; and
- Who the consumer does not select.
- There is no appeal right for a decision excluding employment based on a criminal conviction by the court of competent jurisdiction, upon exhaustion or failure to timely pursue the judicial appeal process (907 KAR 1:671, Section 9 (3)).

Policy # 30 TRANSPORTATION RELATED SERVICES FOR CDO

Transportation can only be documented if the consumer has one of the following services: attendant care, homemaker, or respite, per DAIL. Transportation related issues may include taking the consumer to the bank, grocery, picking up medications, or doctor's appointments (AC only).

Per DAIL, the consumer does not have to be present in order for the CDO employee to document transportation, for example picking up personal items at the grocery store.

If a CDO employee is taking a consumer to the doctor, it is policy that the CDO employee may continue to document time up until the time the consumer goes back with the medical staff. At that point, the CDO employee must clock out, and is not allowed to document that time. Once the consumer leaves the medical providers care/ supervision, and is back with the CDO employee, than at that time only can the CDO employee begin documenting time again.

Procedure: The support broker and consumer develop the plan of care and budget based on the services needed and the resources needed for service provision.

POLICY # 31 PLAN OF CARE (MAP-109)

The Pennyrile support broker(s) ensures that the plan of care represents what the consumer would have received had he/she chosen the traditional model. The development of the consumer's plan of care will be based on the person centered principles. The process will be individualized, interactive, and ongoing to plan, develop, review and evaluate the services in accordance with the preferences and desired outcomes of the individual. When a consumer requests a change in provider, the support broker updates the MAP-109 and submits the MAP-109 to the QIO. The QIO will then make the appropriate changes and issue the revised prior authorization.

Procedures: Transition from Traditional Provider to CDO

The Pennyrile support broker(s), at the first scheduled enrollment appointment/meeting with the consumer/representative shall utilize the MAP-351 in completing the consumer's Plan of Care (MAP-109). The Pennyrile support broker shall ensure only those services that are appropriate to the consumer's needs and identified in the consumer's assessment and on the plan of care are requested. If the consumer is requesting blended services, the Pennyrile support broker will also coordinate with the traditional case manager for completing the MAP-109 in regard to the traditional/medical services.

Once the Plan of Care has been completed and all other required documentation has been obtained the Pennyrile support broker will fax the completed MAP-2000, completed MAP-350, completed MAP-351, completed MAP-109 (including the Support Spending Plan), completed MAP-10, and approved Medicaid CDO budget to the Carewise (800-807-7840).

The Pennyrile support broker will fax the completed MAP-2000 to the Traditional Provider to document the termination of traditional case management once approved has been received from QIO (PA) for CDO services.

Once the PA has been received from QIO, the consumer must access the required service as outlined in the plan of care within sixty (60) days from the date the plan of care is initiated for new and existing waiver consumers.

If a consumer fails to access the required service as outlined in the plan of care for a period greater than sixty (60) consecutive days the consumer shall be terminated from CDO/HCBW. However, if the consumer only has CDO service respite, than the consumer can go up to 6 months without utilizing respite service before being terminated, per DAIL rules/ regulations.

Procedure: PLAN OF CARE (MAP-109) - Support Broker Creating MAP-109

If Support Broker is creating the initial plan of care (MAP-109) than Support Broker will utilize the MAP-351 which Support Broker completed at initial assessment to complete client's MAP-109 based off the consumers needs in order to maintain the consumer's health, safety, and welfare.

Effective July 16, 2012 per DAIL instructions the MAP109 page #3 should reflect the gross wage rate of employees rather than the hourly wage on the Support Spending Plan in order to show a more exact amount s to what the agencies would bill toward Medicaid and to avoid overbilling for a service. Also DAIL has instructed Support Broker's to discontinue use of the Administrative Cost Column because that column was intended for Medicaid personnel use only According to DAIL, these changes will allow agencies to remain consistent within CDO.

POLICY# 32 EMERGENCY BACK UP PLAN

The Pennyrile support broker(s) ensures that the plan of care will include an emergency backup plan identifying arrangements that have been made for the provision of services and/or supplies in the absence of critical planned services and supports.

Procedure:

The Pennyrile support broker(s) will provide technical assistance in developing the plan of care. The consumer may include other individuals in the planning process. The Pennyrile support broker(s) ensures that the consumer's care needs and the emergency backup plan is adequate and completed for each requested and approved service. In addition, support brokers will assess the overall plan of care and budget to discourage potential fraud.

POLICY# 33 INDIVIDUALIZED BUDGET

The Pennyrile support broker(s) ensures that the requirement will be followed and that the Quality Improvement Organization (QIO) on the plan of care will base the consumer's budget amount on the historical cost and value of the waiver services prior authorized.

Procedure:

After receiving the consumer's referral packet (MAP-351 and MAP-350) the Pennyrile support broker will email their assigned DAIL Budget Liaison the consumer's full legal name, Medicaid identification number, and a list of the consumer's CDO services to request a consumer directed option budget based on the consumer's historical cost and current authorized services, for new consumer's the budget will be based on the average cost by Waiver. The Pennyrile support broker will indicate if an exception budget has been authorized and date of the exception budget.

Budgets are sent to Support Broker via email from DMS, which will allow the Support Broker to retrieve and print off the budget.

The Pennyrile support broker may request a budget exception through DAIL if the client meets the Level I or Level II of the Budget Exceptional Circumstances.

POLICY# 34 EXCEPTIONAL CIRCUMSTANCES

The Pennyrile support broker(s) will refer the consumer back to the traditional service delivery system if the consumer's needs exceed the CDO budget. However, if the Pennyrile support broker recognizes that there may be extenuating and catastrophic circumstances affecting individual needs, the Pennyrile support broker will request an exception to DAIL/DMS.

Procedures:

- The Pennyrile support broker will submit a proposed plan of care and support spending plan, the original plan of care and support spending plan, the MAP-10, the current MAP-351, and an exception request memorandum identifying in detail the exception and why an exception should be considered. The Pennyrile support broker shall outline what changed in the consumer's situation that determined it necessary to request an exception.
- The memorandum shall include the full legal name of the consumer, consumer's age, level of ability, diagnosis, living situation, and needs of the consumer.
- The packet shall be addressed to the Commissioners of DAIL and DMS.
- The Pennyrile support broker(s) will not send the packets by emailed or phone calls. The Pennyrile support broker will send all exception request packets by faxing to (502) 564-7572 and to the attention of the CDO Team Leader. The Pennyrile support broker(s) will provide via an e-mail attachment the completed exception request memorandum, which will be initialed by the Pennyrile support broker and included in the faxed packet. The Pennyrile support broker will follow the instructions outlined in the exception request memorandum template provided by DAIL.
- The support broker will have ten (10) calendar days to submit the requested information to the CDO reviewer or the exception request will be denied for failure to provide information.
- Once the additional information for the completed exception request memorandum and packet is sent by the Pennyrile support broker and received and determined appropriate for review by DAIL, a review will commence and recommendation provided to the DAIL Commissioner within three (3) business days of a completed exception request packet (barring no computer problems or other unforeseen circumstances). The DAIL Commissioner (or designee) will review the recommendation and make a decision to approve or deny recommendation; then DAIL will provide the exception request and recommendation to DMS. DMS will review the request and DAIL recommendation and make final consideration and approval, denial or modification.
- Each request for an exception will be reviewed on a case-by-case basis.
- Additionally, exceptions should only be requested at the time the current budget is up for renewal or for new consumers.
- The amount of the exception shall not exceed the average nursing facility and/or institutional cost as determined by DMS.
- It is strongly advised by DAIL for any and all exceptions to include the employer taxes when applicable
- Exceptions are retrieved using the MoveIt's FTP software

POLICY# 35 TIMESHEETS

The Pennyrile support broker(s) will utilize the required time sheets per DAIL requirements and the timesheets will be submitted to the support broker every two weeks based on the arranged pay schedule per the Pennyrile's Fiscal Management Department.

Effective March 1st, 2012 CDO timesheets may be typed in all fields and on service documentation. The Timesheet must remain in the original format as provided by DAIL in the CDO manual and training. Signatures & dates must remain hand written in blue ink and original, per DAIL.

Procedures:

The Pennyrile support broker(s) will provide the consumer with the appropriate timesheets that need to be used by their employees to document the hours worked by their employees.

Pennyrile support brokers will provide consumer, CDO employee, and representative (if applicable) two internally developed forms - "Allowable/ Non-Allowable," as well as the "Important CDO Employee Timesheet Reminders." These forms address the can's & cant's of each service, as well as proper documentation & timekeeping procedures for CDO employee timesheets

The consumer and employee will be provided with the schedule to submit the timesheets to the support broker on the required specific dates.

The consumer and the employee will be required to sign the timesheets to verify that everything is correct.

The Pennyrile support broker will review timesheets to ensure they follow the Plan of Care and the PA. Support broker will also make sure that after each day services is provided that the CDO employee state that consumers health, safety, and welfare needs have been met for that day by the CDO employee providing that service. Support brokers encourage CDO employees to note if there are any concerns with the consumer on that specific date of service provided on the timesheets

Timesheets will be reviewed and signed by support broker and forward to the fiscal manager for distribution of payroll.

Consumers will work out disputes regarding timesheets with their employees.

The Pennyrile support broker(s) ensures that the consumer will follow the written policy and take the appropriate action outlined in Policy # 41, Resolution, Prevention and Corrective Action Plan.

Consumers, appointed representatives (if applicable), and CDO employees must not use whiteout on any section of the timesheet, mark over errors, write in erasable ink, use any other ink color than blue, or scribble over mistakes. The proper way to correct an error is mark one line through error, initial it, date in which the error was corrected, and put the correction. All timesheets must be original and written in blue ink. Support Broker will not accept timesheets which have been scanned into the computer and emailed, or timesheets which were faxed due to the fact that timesheets are considered legal documents (per DAIL). When documenting time in/ time out, CDO employees must document A.M. or P.M. after every single time services were provided to the consumer on page #1 of the timesheet.

Failure to complete CDO employee timesheets with “All” of the above mentioned procedures will result in the timesheet being sent back to consumer or appointed representative for correction. Timesheets will be processed once the correct/completed CDO employee timesheet is submitted, and the next available date based on the CDO employee timesheet due date chart.

POLICY # 36 SUPPORT BROKER MONITORING

The Pennyrile support will broker conduct desk reviews to evaluate compliance with CDO standards.

Procedures:

- The Pennyrile support broker will monitor for: appropriate delivery of services, ensure appropriate utilization of prior authorized budget and units, and health, safety, and welfare of the individual.
- The Pennyrile support broker will document: progress or lack of progress in directing services and member progress or lack of progress towards goals during the required monthly visit or more frequently as needed.

POLICY # 37 HEALTHS, SAFETY AND WELFARE

The Pennyrile support broker will monitor to determine if the consumer is making healthy, safe, welfare decisions. Should the Support Broker’s health, safety, and welfare be compromised, including being threatened or intimidated by a consumer, representative, or any individual associated with consumer, than Support Broker does hold the right to involuntarily terminate consumer from CDO/HBCW services immediately.

Procedures:

The Pennyrile support broker(s) will receive, review and determine the appropriate resolution of all CDO related complaints or issues.

The Pennyrile support broker will forward all consumer complaints about the quality of the Pennyrile support broker services to DAIL staff.

The Pennyrile support broker(s) will share strategies they have identified to improve the quality of support broker services to consumers, representatives and DAIL staff.

The Pennyrile support broker monitoring will include an identification of creative or innovative ways the Pennyrile support broker has used to meet standards and responsibilities. This information may be shared with providers and the CDO Advisory Board.

POLICY # 38 MEDICAID FAIR HEARING

The Pennyrile support broker will provide an opportunity for a fair hearing, as described in 42 Code of Federal Regulation (CFR), Part 431, subpart E and KRS 13B. Pennyrile support broker(s) will provide consumers with the Notice of Right to an Administrative Hearing.

POLICY # 39 CONSUMER PROTECTIONS

The Pennyrile support broker(s) will train, coach, and provide technical assistance to consumers as needed. The training and technical assistance will help consumers use the budget to effectively meet their care needs and avoid overspending. The FMA will assist consumers with paying their employees and will assure compliance with state and federal labor and tax laws as the employer agent. The FMA will provide a fiscal conduit service by receiving funds for consumer budgets from the state and making them available to consumers.

The Pennyrile support broker(s) will provide the Pre- Satisfaction Survey to the consumer at the initial enrollment into CDO, and a Follow-Up Survey at each time of reassessment.

POLICY # 40 CONFIDENTIALITY

The Pennyrile support broker(s) ensures that the confidentiality of all participant records and transactions in accordance with federal and state laws and regulations is assured. All transactions will comply with the privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA).

POLICY # 41 RESOLUTIONS, PREVENTION AND CORRECTIVE ACTION PLAN

The Pennyrile support broker will develop a resolution, prevention and corrective action plan or make a recommendation of termination from CDO if the consumer's over spending or mismanaging of funds requires that. If the consumer has mismanaged the monthly budget and health and safety is at risk because of insufficient remaining monthly budget funds, the Pennyrile support broker will immediately terminated the consumer from CDO and transitioned back to traditional waiver program. The Pennyrile support broker(s) will offer consumers help in rectifying a situation in which the budget is over spent or mismanaged. If the situation cannot be rectified or persists, the Pennyrile support broker will recommend that the consumer be terminated from CDO.

Involuntary terminations will be sent to DAIL with supporting documentation.

POLICY # 42 PROCEDURES ADDRESSING OVERSPENDING

The Pennyrile support broker is responsible for reviewing the monthly budget report and the utilized units to ensure and help the consumer to stay within managing the monthly budget and units.

Procedures:

If the budget and units exceeds the prior authorized monthly amount, the Pennyrile support broker and consumer will determine whether this is the result of a change in the individual's needs or mismanagement of the budget. In the event the individual's needs have changed and additional services are required, the Pennyrile support broker will refer the consumer for a new assessment, if appropriate. The Pennyrile support broker shall complete one of the following:

- Update the plan of care and submit a request for exceptional circumstances to the DAIL Commissioner as described in Policy # 34
- Develop a resolution, prevention and corrective action plan if overspending is the result of mismanaging the monthly budget; or

- Recommend termination of the consumer from the CDO and transfer to the traditional waiver provider.

If the consumer's budget mismanagement has jeopardized his or her health and safety because of insufficient remaining monthly budget funds, the consumer must be immediately terminated from CDO and transferred to the traditional waiver provider.

If a resolution, prevention and corrective action plan does not resolve overspending problems, the consumer will be terminated from CDO and transitioned to a traditional waiver provider

POLICY # 43 TERMINATIONS OR REDUCTION OF SERVICES

The Pennyrile support broker utilize a specific process to be assure a smooth and timely transition for consumers from CDO to a traditional provider.

Procedure:

The Pennyrile support broker will monitor the Plan of Care, services, and support spending plan. Should the monitoring reflect that the consumer's needs are not being met, and/or health and safety are being jeopardized or funds in the consumer's budget are not being utilized according to the Plan of Care, the Pennyrile support broker will work with the consumer or the designated representative to resolve the issues.

Consumers, representatives, support brokers or the state program office may initiate termination at any time. Reasons for termination include, but are not limited to:

- Consumer moved out of state;
- Temporary or permanent long-term care facility admission for longer than 60 days;
- Hospitalization or for more than 60 days;
- Loss of Medicaid eligibility;
- Loss of waiver eligibility;
- No longer requires waiver services;
- Representative not available;
- Death of consumer;
- Consumer or Representative request;
- Mismanagement of budget;
- Consumer health or safety at risk;
- Consumer can no longer be served safely in the community.
- Support Broker's health, safety, and welfare have been compromised.
- Failure to pay monthly patient liability fees

If the issues are unresolved after implementing a resolution prevention plan or if the consumer is unwilling to assign a designated representative in a reasonable amount of time, the Pennyrile support broker will use a MAP-2000 for termination of CDO, signed by the consumer/representative and the Support Broker. The Consumer is then referred back to the traditional services, which the Support Broker will assist in locating a provider for the consumer and no gap in the service provision occurs.

Involuntary terminations will be sent to DAIL along with supporting documentation for approval.

The Pennyrile support broker shall inform the client of the right to file a complaint.

The Pennyrile support broker will coordinate with the traditional waiver provider to ensure a smooth transition from CDO/ HCBW to the appropriate Medicaid waiver program. Services will continue until the traditional waiver provider can provide needed services.

In the event that termination is required or requested, the Pennyrile support broker will complete a MAP-2000 and MAP24 to terminate the consumer and will fax the forms to the QIO and traditional provider (if applicable).

DCBS now request that Support Broker fax a copy of the MAP-24 when terminating consumers from CDO/HCBW services.

POLICY # 44 PURCHASES OF GOODS AND MINOR HOME ADAPTATIONS FOR A RECIPIENT THAT HAS SELECTED CDO SERVICES.

The Pennyrile support broker(s) will follow the required guidelines for purchase of goods and minor home adaptations for CDO services

Procedures:

The Pennyrile support broker will have the required documentation:

- Goods and Minor Home Adaptations will be prior authorized.
- Goods and Minor Home Adaptations will have a physician ordered.
- Goods and Minor Home Adaptations will be on the Plan of Care/
Support Spending Plan (MAP 109).
- Goods and Minor Home Adaptations will be reflected on the recipient's budget.
- Goods such as incontinent supplies will be requested for a 12 month period if applicable.
- A written estimate will be secured for Minor Home Adaptations
- Goods will not include or require a written estimate.
- Minor Home Adaptations for HCBW will not to exceed a maximum of \$500 per calendar year (January 1- December 31).

Procedures for reimbursement for Goods and Minor Home Adaptations:

The Pennyrile support broker will meet with recipient and determines what goods or Minor Home Adaptations are needed.

The Pennyrile support broker will check the DME website to make sure item is not covered under the traditional DME Medicaid Program. (<http://www.chfs.ky.gov/dms/dme.htm>)

For HCBW, the Pennyrile support broker will review the current and any past MAP 109 (page 3) for previous authorizations in that year for minor home adaptations, to assure that current request is under overall limit.

The Pennyrile support broker will complete a MAP 109; check box at upper left hand corner indicating Modification.

The Pennyrile support broker will submit a Goods and Minor Home Adaptations Budget request to DAIL.

Goods and Minor Home Adaptations being requested will be on bottom of page 3 of the MAP 109 under Consumer Directed Services.

The Pennyrile support broker will document on the bottom of page 4 of the MAP 109 under Clinical Summary the justification for goods and Minor Home Adaptations.

Once Budget is approved, the Pennyrile support broker will meet with the recipient to complete the MAP 95. Written estimate not required for goods. One estimate required for minor home adaptation.

If recipient needs exceed dollar amount of the Budget and the recipient meets the qualifications for a budget exception, the Pennyrile support broker will submit a Budget Exception to DAIL along with justification for why the recipient needs the exception and the DAIL-100.

The Pennyrile support broker will mail the MAP 95, MAP 109 (Plan of Care) and the Physician's order to the Community Alternatives Branch Department for Medicaid Services 275 East Main St. 6W-B, Frankfort, Kentucky40621.

If approved, then a PA will be issued. The Pennyrile support broker will keep a copy of the Prior Authorization for billing purposes. If denied the Pennyrile support broker will be sent a letter.

The Pennyrile support broker will bill EDS, along with the correct PA number.

The Pennyrile support broker will keep a copy of the receipt for the item in the recipient's case file.

Codes to be used for Goods and Minor Home Adaptations

- For HCBW providers with provider numbers starting with 43 use procedure code T1999 for minor home modifications and T1999 for Goods & Services (supplies).
- The PA will have a dollar amount on it and the claim will be paid based on billed charges up to the PA amount.
- Units approved will also be included on the PA
- The Pennyrile support broker will include the number of cases the recipient will need on the MAP 95. Taxes, shipping and handling will be included in the total cost. Incontinent supplies (a unit will equal a case) may be prior authorized up to 12 months.
- For nutritional supplements such as ensure a unit will be equal to a package, which contains 6 cans. For example, a case would be 4 units.

Examples of covered items are:

Incontinent supplies
Nutritional supplements

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Grab bars
Raised toilet seats

Examples of items that will be reimbursed as goods

Incontinent supplies
Nutritional supplements

Examples of items reimbursed as Minor Home Adaptations

Wheelchair ramps
Grab Bars
Raised toilet seats

Examples of items that can NOT be covered are:

Services covered by the Medicaid State Plan, Medicare, other third parties (including education, home-based schooling and vocational services) or those available through another source.

Services, goods, or supports provided to or benefiting persons other than the individual participant.

- Room and board
- Personal items and services not related to the disability
- Experimental goods/ services
- Vacation expenses
- Vehicle modifications and repairs
- Health club memberships
- Community membership dues
- Recreational activities
- Creative arts
- Cell phones
- Specialized toys
- Play therapy
- Hippo-therapy
- Massage therapy
- Exercise equipment
- Educational opportunities not covered by other public health programs

POLICY # 45 MICHELLE P. WAIVER ELIGIBILITY

- Individual must meet ICF/MR-DD criteria as defined in 907 KAR 1:835E OR meet Nursing Facility Level of Care as defined in 907 KAR 1:022.
- Meet Medicaid financial eligibility

Definition of Mental Retardation:

An Individual who has significantly sub average intellectual functioning, an IQ of 70 or below: concurrent deficits or impairments in present adaptive functioning in at least 2 of the following areas: Communications, self care, home living, social or interpersonal skills, use of community resources, self directions, functional academic skills, work leisure or health and safety and has an onset prior to 18 years of age.

Definition of Developmental Disability:

- A Severe Chronic Disability that is attributable to:
- Cerebral Palsy or epilepsy, or
- Any other condition, excluding mental illness, closely related to mental adaptive behavior similar to that of an individual with mental retardations;
- Is manifested prior to the individuals 22 birthday;
- Is likely to continue indefinitely; and results in substantial functional limitations in 3 or more of the following areas of major life activity;
 - Self care
 - Understanding and use of language
 - Learning
 - Mobility
 - Self Direction
 - Capacity for Independent Living

Michelle P Waiver Services **SHALL NOT** be Provided to:

- An Individual who does not require a planned program of active treatment to attain or maintain an optimal level of functioning
- An individual who is an inpatient in a hospital
- An individual who is an inpatient in a nursing facility or an ICF/MR/DD
- Is a resident of a licensed personal care home
- Is receiving services from another Medicaid Waiver Program.
- Retardation resulting in impairment of general intellectual functioning.

POLICY #46 MONEY FOLLOWS THE PERSON/ KENTUCKY TRANSITIONS (MFP/KY Transitions)

The purpose of the grant is to facilitate transition of and to provide sustainable community based services to individuals who choose to move from Medicaid funded long term care settings (ICFs/MR and nursing facilities) into the community.

All Medicaid eligible individuals who are receiving Medicaid services in an ICF/MR or a Nursing Facility and who have been in the institutional setting (or a combination of hospitalization and institutionalization) for a minimum of six (6) consecutive months are eligible to transition.

Those who transition must meet the criteria for services through one of three (3) transition waivers. Those waivers will provide transition and community based services to individuals who fall into one of the following groups: Individuals who are elderly and/or physically disabled; individuals who have mental retardation and a developmental disability; or individuals who have an acquired brain injury.

The role of the Pennyrile support broker will be for case management only. Completing the assessment, developing the plan of care, and budget is the responsibility of the Kentucky Transitions staff for the initial 365 days of service.

Any questions in regards to MFP/Kentucky Transitions program will be addressed to the MFP/KY Transitions case coordinator or the MFP/KY Transitions management team.

The CDO support broker will be responsible to complete the following objectives:

1. Case Management/Home Visit each month.
2. Map 2000 enrollment form for CDO.
3. Map 350.
4. Map 24.
5. Client satisfaction survey for CDO services.
6. Application and background checks on all potential CDO employees (Reviewed for approval).
7. All required initial training for CDO employees.
8. Quality Assurance agreement.
9. Rights, Responsibilities & Risk Statements Form
10. Provide two internally developed forms -“Allowable/ Non-Allowable,” as well as the “Important CDO Employee Timesheet Reminders.” These forms address the can’s & cant’s of each service, as well as proper documentation & timekeeping procedures for CDO employee timesheets.
11. Assist MFP staff if needed, with developing a MAP-95 for all requested Goods & Services request. Three estimates of any items requested is a requirement for the Kentucky Transitions Money Follows the Person (MFP). MAP-95’s must be submitted to MFP management via the MFP case coordinator for approval.

Transition into CDO/HCB Fully:

After day 365 of services, all service responsibility becomes the responsibility of the CDO support broker through Pennyrile ADD. 21 days prior the level of care expiration for Kentucky Transitions, a new assessment will be completed by the CDO support broker to continue services through the HCBW thereafter.

Support Broker must have all required forms received that CDO/HCBW requires in accordance to the DAIL SOP, and Pennyrile AAA Policy & Procedures manuals before CDO/HCBW services are authorized to begin.

Pennyrile AAA will allow for CDO/HCB services to begin without a MAP-552 in place for MFP/KY Transition clients only to help services begin in a timely manner after the transition. However, if issues occur with billing/payment or other unexpected issues occur as a result of not having the MAP-552 received, than Pennyrile AAA has the right to switch back to the original decision & require a MAP-552 to be received prior to CDO/HCB services being authorized to begin.

Once the consumer transitions out of the MFP/KY Transitions program and into the CDO/HCB fully, consumer must follow all CDO/HCB rules/regulations listed in the DAIL SOP as well as the Pennyrile AAA Policy & Procedure manuals.