Medicaid
Home and Community Based Waiver
Guide For
Participant Directed Services

Department for Aging and Independent Living
275 East Main Street, 3E-E
Frankfort, KY 40621
1-877-315-0589
http://chfs.ky.gov/dail/default.htm

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Home and Community Based Services Waiver

Person Directed Services (PDS) Option

Introduction

Welcome to the Medicaid Home and Community Based Services Waiver. This Guide will help you understand how the Home and Community Based Waiver works. There are a lot of new words and people you will meet on your journey. We hope this guide will help you get to know who these people are and how you can help in making sure you get the help you need when you need it.

Medicaid is funded by the federal and state governments to help people have health insurance who cannot afford it or do not have health insurance offered at their workplace. A person must meet certain medical and financial conditions in order to qualify. Each state is given a choice as to how they want to design their Medicaid program.

Kentucky has chosen to create options for people with disabilities to get the help they need to stay in their homes. These options are called waivers. Waivers are allowed to provide different services depending on the person's disability. This level of need can be different from the standards needed to qualify for regular Medicaid. A waiver is able to offer services that are not included in regular Medicaid. Kentucky has six (6) waivers total. You have chosen the Home and Community Based Waiver to help you with your needs.

The Home and Community Based Waiver has a set of rules to make sure the person meets the income limits and has medical needs that are the same as what the person would need for admission to a nursing home. The waiver gives the person the ability to stay in their home and get the help they need from a number of places. The first one is Traditional Home and Community Based Waiver Services. The person will get the help they need from a home health agency, an adult day care center, or any combination of them. These businesses are called providers.

Over the years, the people of Kentucky asked for a different way to choose caregivers for Medicaid waivers. This self-directed option was first known in Kentucky as Consumer Directed Option, or CDO. As the waiver rules were changed, the option that allows you to be able to hire your own caregivers is now known as Participant Directed Services, or PDS.

Traditional Agency Care vs. PDS Program

The following chart shows the differences between traditional agency care and PDS. Please note that all services are based on having an approved Person Centered Service Plan (PCSP).

	Traditional Waiver	PDS Waiver
Service Management	Your nurse assessor will give you a list of case management agencies. You must select one and contact them to begin your Person Centered Service Plan. You will select service providers who will attend the Person Centered Service Plan team meeting with you. Your services will be provided by the employees of these agencies	You will select a Service Advisor Agency who will provide both case management and financial management from a list provided to you by your Assessor. You will contact this agency and let them know you want them to provide services for you. Once services, including hours you need help are decided, you or your representative will become the employer and you will interview and hire your own employees and arrange the schedule of times and dates services will be delivered. You must also make sure the employees complete the required trainings, background and health screenings before they begin to work for you.
	Your Service Advisor contacts the home health care or other agency if you need to report a problem with services or an employee.	You or your representative are responsible for resolving any issues with your employee yourself, as well as report any significant issues, such as an employee who can no longer provide care, to your Service Advisor.
Service Delivery	Attendant care staff works for Medicaid provider agencies.	You or your representative will hire your employees through an interview process, even if hiring a family member or friend.
	The Home Health Care Agency, or Adult Day Health Care Center has its own policies for recruiting, hiring, training, supervising, disciplining, and firing its attendant care employees. The agency also handles all payroll responsibilities	You or your representative is responsible for recruiting, hiring, training, supervising, disciplining, and firing employees. The PDS Coordinating Agency handles payroll and tax matters for your employees.
	After your Service Advisor has sent	You or your representative is

	your approved Person Centered Service Plan to the Home Health Care or other agency, the agency will work with you to develop a service schedule and list of specific tasks to be completed during each visit.	responsible for communicating your needs and identifying specific tasks the employee will complete during each visit. Information will be given to you about the rights, risks and responsibilities of being a PDS employer.

PDS is not for everyone, because not everyone is willing or able to manage all of the rules or have a trusted representative to manage all the tasks for them. The goal of the PDS waiver is to offer you the ability to manage services that meet your needs, using person-centered planning guidelines, in order to stay in your home in the community.

You must meet both the medical and income limits of the waiver. You may be required to provide payment for some services if your income is over the Medicaid limit. This payment is termed Patient Liability. The Department for Community Based Services will make the financial evaluation and report to you what part of the cost of your care you will need to pay. This will be paid to the Service Advisor Agency each month. If this fee is not paid, you may lose the option for PDS and be returned to Traditional Waiver services.

The goal of the PDS option is to offer you the opportunity to make decisions and direct the individuals who will provide services that meet your needs. You must use the following person-centered principles as you develop your Person Centered Service Plan (PCSP).

PDS Principles for Planning:

- Reflect the belief that the individual, when given the opportunity to choose the service(s) he/she will receive and direct some or all of them, will exercise his/her choice in ways that maximize their quality of life.
- Includes person-centered planning principles to ensure the participant is making personal choices for the spending of the Medicaid waiver allocation based on his/her needs and goals.
- Provide a flexible, individualized plan based on unit approval from Medicaid to make decisions regarding services that will assist him/her to meet their community support needs and enhance his/her ability to live in the community by:
    - Allowing the participant to use his/her individually designed Person Centered Service Plan to choose and directly hire employees to provide the services; and
    - Allowing the participant to use his/her individualized plan to purchase goods, supplies, or other items to meet community support needs.
- Allow the participant to designate a representative to help him/her with making decisions and managing his/her services.
- Provides a system of supports to assist the participant in developing and managing his/her Person Centered Service Plan; fulfill the responsibilities of an employer, which include

managing units authorized for workers he/she hires; and obtain and pay for other services and goods.

- Obtains feedback from participants, representatives, and family members (when appropriate), as well as information from support service providers to continuously improve the program.

Person-Centered Planning Principles:

Person-Centered planning principles are the cornerstone of quality service, and shall be used to guide interactions and supports for PDS participants.

Person-Centered planning supports for individuals with disabilities 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 formal community resources whenever possible in a way that includes the participant 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.

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What is different about PDS?

There are rights, risks, and responsibilities for PDS that are different from those of Traditional Waiver. You need to understand these before you begin the PDS option.

Rights for PDS

You have the right to:

- Be treated with dignity and respect at all times
- Privacy and confidentiality from others who care for you
- Make informed choices based on the information you are given
    - Have those choices respected
    - Respect the right of others to disagree with your choices
- Choose someone to represent you and make choices on your behalf
- Choose a Service Advisor agency that will provide case management and financial services.
- Feel safe, secure in all parts of your life, and be free from exploitation and abuse while not being overprotected.
- Enjoy the full opportunities your life can give you
    - Not be limited by others
    - Make full use of the services you need
    - Be free from judgements and disapproval
- Live as independently as you choose and are capable of living
- Have your ethnic background, language, culture, and faith respected
- Be treated equally
- Live in an environment that is free from bullying, harassment, and discrimination
- Refuse services
- Set your own rules
- Change care providers
- Make your own decisions
- Be told about changes in the program in a timely manner
- Be able to change from the PDS option back to Traditional services at any time
- Ask questions until you understand
- Manage your caregivers by:
    - Deciding who to hire

    - Deciding what skills or special knowledge your caregiver needs
    - Training each caregiver to meet your needs
    - Replacing caregivers who do not meet your needs
- Request a new assessment if your condition changes
- Ask for a report of the cost of your care
- Complain about your care or treatment without fear of punishment

Risks for PDS

As with any employer/employee relationship, there are also risks for both the employee and the employer. Risks are the possibility that something bad may happen. Risk taking is the willingness to take a chance that something not planned for may happen. The Emergency Backup Plan is one part of planning for the possibility of you being left without another way to get the care you need when your employee is not able to be there or does not work out for you. You may also risk being found responsible for an employee's injury on the job. You may be able to reduce your liability risk by the following:

- Make sure your home is safe and quickly correct any possible unsafe conditions in your home.
- Explore liability insurance as an employee may be accused of causing injury to another person while working for you and you may both be liable.
- Consider providing Workmen's Compensation coverage for all of your employees. This is an option and not required nor paid for by Medicaid.
- Make sure all required criminal and other background checks and training for your employees are completed before they begin to work.
- Complete a New Employee Contract that allows you to end the employee's job for any reason. This can include a statement that the employee will be given notice before they are fired.
- Attend all employer and PDS training and ask your Service Advisor for help if something is not clear.
- Use your head and not your heart when decisions are difficult.

You have the RISK of being terminated from Participant Directed Option if:

- You fail to pay your monthly patient liability.
- You do not use your Participant Directed Option services within sixty (60) consecutive days.
- You do not make careful decisions.
- You use your Participant Directed Option services in a way that places your health, safety, and welfare in danger.
- You are not following your Person Centered Service Plan.
- You over-spend or mismanage your approved Participant Directed Option services.
- You send incorrect timesheets or timesheets that have more work time for your employees than is allowed.

Responsibilities for PDS

Managing PDS is different from the Traditional Waiver. You will have a number of people from different agencies to help you. You may choose to have a representative to help with your decisions and managing your employees. The Person Centered Service Plan will be your opportunity to decide on the plan for your care. You may invite anyone to attend the team meeting. The major difference in the planning process for PDS is that you will not have service providers present. Your Service Advisor will help you set up the Person Centered Service Plan meeting.

Participant Responsibilities

Your major responsibilities will be to follow the Person -Centered Service Plan and to choose the:

- **Who** –You will be able to choose who you would like to use for the services. The person needing the services or another person who represents your interests becomes the employer and the person doing the job is the employee.
- **Where** –You will get your services in your own home, your community, or an Adult Day Health Center. You may want an employee to take you into your community to meet friends or to shop or go other places that you would like to go in your neighborhood or town.
- **When** –You will schedule when and how many hours an employee may work within the limits of your Person-Centered Care Plan.
- **What** –You decide the job duties for the employee and tell the employee when and where you want the services.
- **How** –You will train the employee and decide how and when you need help and who will provide it for you. This can include total physical assistance, partial physical assistance, someone to give reminders while you complete a task, or to stand by in case you have difficulty with balance or fall frequently

Representative Responsibilities

If you are not able to make decisions or want someone else to make them for you, you may choose an unpaid person to help you with the decision-making and management of your needs. This person will sign all documents, review and sign timesheets, and must be present at home visits. They will involve you in the decision-making and if that is not possible they will make decisions based on what is best for you. They must have no history of abuse, neglect, or exploitation of others or alcohol or drug abuse. They must pass the same criminal background checks as employees. You and your family must agree on the choice of the person to be your Representative. The Service Advisor may request that you have a Representative if the job becomes too difficult for you.

The role of the representative is more involved in PDS than in Traditional HCB Waiver. Not all participants will be able to manage the duties of the "Employer of Record". That is why you have the ability to choose a **representative** to act for you. If you choose a representative, this person is to take control of **all** the responsibilities of the employer as outlined above in order to help you use the PDS option successfully. Anyone who is chosen to act as a representative:

- **Cannot** be paid to provide a service to the participant who chooses them;
- **Must** be at least 18 years of age; and
- **Must** submit to background checks and pass the same criteria as outlined for a PDS employee.

Please note: If a participant is under the age of 18, or has been placed under guardianship status with another person, then the legal guardian must act as representative or appoint someone else as representative.

The representative is also your voice, so they must make sure all decisions include you in the process. In PDS, if a representative is chosen, all other members of your support team, including guardians, parents, spouses, and power of attorney appointees, must not take on any duties that a representative is supposed to do. For example, only the representative may sign the timesheets

The Representative must:

- Not own or work for any agency that is providing services to you.
- Be at least 18 years of age.
- Be chosen by you.
- Know your likes and dislikes and be dedicated to your best interests.
- Learn about the program and other services you may need.
- Be willing to take on the responsibility for managing your employees for you.
- Complete the required training and record checks.

Nurse Assessor Responsibilities

A nurse assessor from Medicaid will see you first. They will ask many questions about your health and care needs. This information is used to decide if you meet the requirements for the HCB waiver. If you meet the requirements of the HCB waiver, you will need to choose a Service Advisor agency to follow you through your care.

The nurse assessor will also provide you with a list of Service Advisor agencies in your county. You will be reassessed every year or sooner if your condition changes.

> The people who will do the assessment and help you find caregivers will call you a "participant."

Service Advisor Responsibilities

You will need someone to help understand how to manage your care. After the assessment is completed, you will need to choose a case management agency. When choosing an agency you may want to talk to friends or relatives who have used them before. Once you choose an agency, they will assign you to one of their Service Advisors. Your Service Advisor will organize and invite anyone you wish to be a part of the Person-Centered Planning Meeting to the table for discussion. This is the group with you, as the most important member, will help you develop your Person Centered Service Plan.

Service Advisors know all the rules, policies, and actions needed to use the waiver. Your Service Advisor will be in contact with you each month. They will either call you by telephone or arrange a face-to-face meeting in your home to make sure you are safe and getting the services outlined on your Person Centered Service Plan (PCSP). They will check on your health and ask about your service providers. Service Advisors will keep a record of the visits and will ask if you are satisfied with your care providers.

Service Advisor's Role:

- They are the overseers of your care. They will help you find people to help provide the services you need and make sure they are doing what they have been asked to do.
- They are your problem solvers. If changes need to be made in your Person Centered Service Plan, the Service Advisor will help find solutions.
- They will approve that services are still necessary. They will update your Person Centered Service Plan (PCSP) at least once a year or when your condition changes.
- They may end your services if they think you are in danger or your disability can no longer be cared for at home.
- They will end PDS services if they find that there is fraud or you are not following the rules of the waiver.
- They will be available 24 hours a day and seven days a week
- They may work with you to change your Person Centered Service Plan if something is not working

> Your Service Advisor will be your best friend, problem solver, personal advocate, and will help keep you safe.

Employee Responsibilities

PDS participants must find employees to provide their care. You will need to decide what you want your employees to do for you. It may be helpful to write down what you need the employee to do for you and when. This will help you as you interview your possible employees and help them understand what they are required to do while on the job.

Any number of sources may be used to find employees, including television, radio, word of mouth, or other friends or family. The Service Advisor may assist you if you and/or your team are having trouble finding possible workers. Your Service Advisor will have the forms and contact information for service agencies that could provide employees for you.

Who can be an employee?

- They must be at least 18 years of age or older.
- They must be a citizen of the United States with a valid Social Security number or have a valid work permit if not a United States citizen. The potential employee must fill out an application.
- They may be a friend, family member, employee of a provider agency, or other person hired by you.
- **The use of close family members, guardians, and legally responsible individuals as employees is limited. –**An employer **<u>may in certain situations,</u>** hire mothers, fathers, brothers, sisters, grandparents, aunts or uncles, representatives or guardians as employees if certain issues are involved. The potential employee who is a family member must have the following:
    - Special abilities to meet the needs of the participant that no other employee has.
    - Special training, education, job experience, or volunteer experience that no other employee has.
    - The care of the participant is different from that considered as natural supports.
    - The employee assures that the participant will be able to go out in the community.
    - The nearest other employee or agency is more than 30 miles away from the participant's home.
    - Or another employee cannot be found who can provide the care needed or be able to work the schedule that is needed by the employer.

Must be done before employee can work:

1. Criminal Record Check through the Administrative Office of the Courts or out of state equivalent
2. Central Registry Check or out of state equivalent
3. Nurse Aid Abuse registry check
4. TB screening
5. Caregiver Misconduct Registry

If you want to have one of these family members as an employee, a form called the PDS Request Form for Immediate Family Members, must be completed. It must be completed by the potential employee. This form asks them how they meet the requirements outlined above by answering questions about what special service they will provide and what special needs they are trained to do for the you. This form should be seen as an application for employment. Each question should be answered with as much specific detail as possible. A copy of this form can be found at the end of this manual under **Appendix A.**

The Service Advisor may talk with the Department for Aging and Independent Living (DAIL) if individuals need help completing the form. DAIL will use the information on the form to decide if the situation meets the special needs outlined above. DAIL will make a decision and let you know within fourteen (14) calendar days of delivery of the form. DAIL may ask for extra information from the Service Advisor in order to make a decision. You will receive a letter through the postal mail whether or not the potential employee is approved. An email will also be sent to the Service Advisor. DAIL must approve an applicant **before the employee can begin to work.** If a job applicant is not approved, the employer is told in the letter how the person who wants to be hired can follow up with DAIL. This form cannot be copied and sent from a former or current employer. It must be a newly completed form for each employer.

How do I hire an employee?

- The potential employee must complete an application.
- You and your support team and representative, if you have one, must interview the potential employee.
- You and your support team choose your employees.

An employee application is located in Appendix B.

What should I look for when hiring an employee?

- They **must** be able to communicate with you, your family, and your representative.
- They **must** be able to understand and follow your directions.
- They **must** be able to keep records and timesheets.
- They **must** pass the required background checks.
- They **must** complete the required employee training.
- They **must** be approved by Medicaid or other Medicaid approved agency.

Before your employee can start to work, they must complete the following:

1. A Provider Contract must be completed before the employee can work. This contract shows the hourly wage an employee will make before employee taxes are deducted. This contract shall also outline the service(s) the employee will provide to you.

A copy of the Provider Contract is located in Appendix C.

2. A Criminal Record Check from the Administrative Office of the Courts (AOC), or an out of-state equivalent if the potential employee has lived in any other state. Out of state record checks must have the same information as a Kentucky criminal records check.

   Contact: http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx
   Phone: 800-928-6381
   Phone: 502-573-1682

3. A Central Registry Check from the Kentucky Department of Community Based Services, or if the candidate has lived in any other state a check must be made in that state. The results must show no arrests or charges of abuse, neglect or fraud or exploitation.

   Note: The Central Registry Check may be completed up to thirty (30) days after employment begins.

   Contact: 502-564-3834 or your Service Advisor may be able to help with the form. The form is also available at the following:

   https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fchfs.ky.gov%2FNR%2Frdonlyres%2F10CBD70D-AF2B-441B-991A-782B758B9683%2F0%2FCENTRALREGISTRYCHECK2008.doc

4. A Nurse Aide Abuse Registry Check, from the Kentucky Board of Nursing (KBN), or an out-of-state equivalent if the candidate has lived in any other state. Nurse Aide Abuse Registry Checks may be completed through the KBN on their website http://kbn.ky.gov/knar/Pages/default.aspx or by mail. If you use the website, the results must show that the potential employee is **not** found on the register.

   Note: **Results from the websites must also show that any name used by the person in the past has also been checked. This may be a current or past married name, maiden name, or other name used in the past including nick names. Names sent to this website may show several results for different people with the same name; there will be an icon to "validate selected" names in order to complete the background check. Should a name show as being on the register with "substantiation", you must contact the KBN for further instructions. Your Service Advisor may help with this task.**

   Contact: http://kbn.ky.gov/knar/Pages/default.aspx
   1-888-530-1919

5. Another option for getting the criminal background checks is the KARES web based program. This is a national finger print program that can be helpful if you are hiring individuals from both in state or who have worked in other states. The cost is $20 for each person. KARES may be reached by email at KARES.Helpdesk@ky.gov or by phone at (502) 564-2159.

6. You must also have a report from the Department for Community Based Services Caregiver Misconduct Registry at https://prdweb.chfs.ky.gov/KACMR/Home.aspx

7. Tuberculosis (TB) screening; any positive screening must be redone every year by a doctor.

Within six (6) months after services start:

1. Attendant Care training is required for all employees. Your Service Advisor can direct you to the training information.
2. Your employees must take a class on Certified Pulmonary Resuscitation (CPR). This training may be provided by any accredited agency and must be kept current while the employee works for you unless there is a Do Not Resuscitate (DNR) order in place.
3. You may ask an employee to complete other training to learn about your special needs.

For existing employees during the transition to the new HCB Waiver, each employee shall have up to one (1) year to complete the Attendant Care training and CPR/FA trainings.

Once an employee completes these trainings within the time allowed, the Service Advisor will provide you with an Eligible Employee Form, provided in Appendix D

Personal Services Agencies (PSA) Responsibility

You may use a Personal Services Agency (PSA) to provide services instead of an individual employee. A PSA is a business that hires employees to provide services for a number of people in many programs not just Medicaid waivers. The main purpose of a PSA is to provide trained staff for a person who needs an employee to provide the services they need. A PSA must be certified through the Office of Inspector General (OIG). Each employee of the PSA **may** have the following background checks to comply with the OIG certification rules:

1. Criminal Record Check from the Administrative Office of the Courts
2. Check from the Nurse Aide and Home Health Aide Directory
3. Negative TB skin test upon employment and yearly after that
4. Drug Screen

The PSA employees must also have had training in the following:

1. How to report abuse, neglect and exploitation.
2. How to help the participant take their medication by reminding them but not giving the medications to the participant.
3. How to talk to participants.
4. How to keep the participant's records.

PDS Employees:

- Are not paid for sick or vacation time
- Will not be paid if the participant is in the hospital, on vacation, or is placed in a nursing home for a short time
- Will have both state and federal taxes are taken out of their pay.
- Employees may not work more than 40 hours per week.

Employer Responsibilities

The first major change is that you will be the employer and will be identified as the **Employer of Record**. You will hire, train, and fire your own caregivers who will be your employees. Your Service

Advisor will help you with the paperwork you need to file to become an employer. This process is necessary in order for the PDS Coordinating Agency to set up the payroll for the workers. Once the employer financial system is in process or complete, you as the participant or your Representative must start doing the tasks included in the role of an **Employer of Record**.

Employer Tasks Include:

- **Job Description –** You should create a list of the tasks you need, when you need help with the tasks and who will help. You should include your expectations of your employee such as being on time, not using their cell phone while at work, what they wear to work, not having visitors while at work, and any other thing that is important for your worker to follow.

- **Recruiting –** As the participant, you must find your own employees. This is done in many ways. You may try checking advertising on television, radio, newspaper, and/or internet websites. You may also want to post flyers or talk to friends or organizations such as churches, or local colleges in your community.

- **Interviewing** –Like any other business, each employee should go through a process to see if the employee is able to do the job. The first part of this process is an interview. In the interview, you need to find out **when** the employee is able to work, **what** experience the person may have helping others, any education or training the person may have received, and other skills like having a driver's license and car insurance that may be necessary in order to do the job. It is important that you not ask questions about issues that are not related to job performance, such as religion, age, sexual orientation, as these can lead to legal charges of discrimination.

- **Hiring –**Potential employees are required to complete criminal and abuse background checks, health screenings, and trainings noted above before they can begin to provide services for you. You are responsible as the Employer of Record to pay the fees for the background checks and health screenings.

- **Protector of Medicaid Funds-** It is your job to make sure your employees do what they said they did and that the timesheets are correct.

- **Disciplinary Action/Firing –** In order to be fair to an employee, you should make sure you have a plan about how to handle problems with your employee not doing the job in the way you want it done. You should provide a written or typed copy of what will involve a verbal warning, a written warning, time off without pay (suspension), or firing. This provides clear information to the employee about what was agreed upon when they began working, as well as helps you if the employee files an unemployment claim.

- **Scheduling/Approving Time –**You or your representative will decide when an employee works and what wage is acceptable within the limits allowed by the rules. The employees must turn in a completed time sheet every week to the employer that includes what they did and when for each

day they worked. You or your representative **must** make sure the timesheet is correct and the employee has completed the services as written in the Person Centered Service Plan. If there is a disagreement with the hours worked or the work the employee says they finished, you or your Representative should speak with the employee **immediately** to see if this can be fixed. If an agreement cannot be reached, the participant may need to contact the Service Advisor or the Department of Labor to resolve the differences. The timesheet will be discussed further in a later part of this guide.

Tasks as an Employer of Record:

- You **must** complete a hiring agreement with each employee.
- You **must** follow all employment laws and rules including the IRS and labor laws.
- You **must** complete all forms.
- You **must** review and sign all timesheets and send them in to the Service Advisor Agency on time.
- You **must** keep track of your expenses and use your services wisely
- You **must** let your Service Advisor know if you are admitted to a hospital, nursing facility, rehabilitation facility, or intermediate care facility
- You **must** insure a safe working environment
- You **must** develop an Emergency Backup Plan should your employees be ill or no longer able to work for you.

Financial Responsibilities of the PDS Coordinating Agency

The PDS Coordinating Agency is a Medicaid provider who handles the payment of your employees and their taxes. They make sure the employer and employee follow all the laws that businesses must follow. The PDS Coordinating Agency is responsible for helping the participant or their representative with all of the forms that will make them the **Employer of Record**. The PDS Coordinating Agency tells the Department of Labor for the state and federal government that the participant is to be an Employer of Record. This allows the PDS Coordinating Agency to act on their behalf to pay the employees and manage their taxes.

The PDS Coordinating Agency will process payroll to the employee at least twice per month. Employees send in their time sheets and receive the pay for that time according to the Financial Management Agency policy. The PDS Coordinating Agency may choose to send paychecks by mail to the employee's address or by direct deposit to the employee's bank.

They will check your employee's timesheets, pay all taxes that are necessary, pay your employees and other providers according to the Fair Labor Standards Act, as well as any other local, state, and federal employment-related laws. The PDS Coordinating Agency must also provide Service Advisors with employer and employee packets, which contain all the forms you will need for the tasks within PDS. The PDS Coordinating Agency must provide Service Advisors with accurate employer tax rates in order to request the right amount of money to pay

for the service needs. *As an example*, a participant may want a $10.00 per hour rate for an employee for Community Support services. Next, the Service Advisor would confirm with the PDS Coordinating Agency that this rate meets the limits of the HCB Waiver. The PDS Coordinating Agency will then add the employer tax rate to the hourly wage, making it $11.52.

Note: Employer tax rates vary by employer according to such things as different local tax rates, so not every tax rate will be the same across the state.

The PDS Coordinating Agency will check with the participant to make sure what is on the timesheet is what the participant needs from the Person Centered Services Plan. For example, if a participant has a respite fund of $4,000 a year and by November has not used but $1,000, the PDS Coordinating Agency will notify you as the employer that you have only a few weeks to use those respite funds. The PDS Coordinating Agency will also pay the bills for goods such as dressings or other supplies directly to the store. The PDS Coordinating Agency keeps track of all the money you have used and will send a report called a plan expenditure report to the Service Advisor. The PDS Coordinating Agency will send all information and concerns about you as the participant, your employees, and all paid or unpaid bills to the Service Advisor.

PDS Coordinating Agencies shall **not** be a provider of services or supports other than making sure the employees are paid and your finances with Medicaid are in order. PDS Coordinating Agencies cannot serve as your representative. PDS Coordinating Agencies must also follow all Medicaid provider rules.

Patient Liability

In order to qualify for the HCB PDS Waiver option you must meet both the medical and income limits of the waiver. You may be required to pay for a part of the cost of your services if your income is over the Medicaid limit. This payment is called Patient Liability. The Department for Community Based Services will look at your income and decide what part of the expense of your care you will be responsible for paying. This will be paid to the PDS Coordinating Agency. **Not paying** your Patient Liability may result in loss of the option for PDS.

****

PDS Services

- **Home and Community Supports** may include cleaning, cooking, household chores such as laundry, bathing, grooming, dressing, eating, toileting, transferring from bed to chair or other transferring needs, or assisting you to take your own medications. Your plan may also include helping you walk from place to place in your home, transportation to such places as a grocery, drug store, a doctor's or other appointments.

This service is limited to $11.52 per hour which includes taxes

- **Non-specialized Respite** is designed to allow your unpaid main caregiver to be able to go to their own medical or dental appointments, go shopping, and take a break or rest. You may have the respite provider do the same things as the attendant, or you may ask the employee to be available to help when needed in order to keep you safe.

  This service is limited to $11.00 per hour including all taxes, and limited to $4,000 per level of care year

- **Goods and Services** allow you to buy one-time things you need for your care, or to buy things you routinely need on a more regular basis. Any products under this service must relate back to your needs and cannot be experimental in nature.

  This service is limited to $3,500 per level of care year.

- **Environmental or Home Adaptations** is a service to help a participant get around in the home. A participant may require a change in a bathroom, such as rails on the sides of the toilet, a higher toilet seat to make transfers to chairs or walker easier, shower/bath changes, hallways and/or doorways widened, a wheelchair ramp for entrance/exit to a home, or floor changes to make them smooth to help prevent falls.

  This service is limited to $2,500 per level of care year.

****

Next Steps:

Person Centered Service Plan (PCSP) Meeting

After your assessment has been completed and you are approved for PDS, the Service Advisor you chose will schedule the Person-Centered Service Plan Team (PCSP) meeting at a time and place of your choosing. This must be completed within thirty (30) calendar days of your approval for the HCB Waiver. You, your Service Advisor, your representative, if you have one, and your support team will attend. Your plan will be written for you according to the needs that the nurse assessor found at your assessment. You and the team will decide what hours you need for what service and who will provide the service. Your PCSP will include not only Medicaid services but also any other services you may be getting from any other source. It will also include the natural supports that are being provided by your support team.

Pay rates will also be decided at this meeting. These pay rates will include the taxes for your county, state, and federal required taxes. This is termed the **gross billing rate.** The hourly pay rate **cannot** be greater than the upper payment limits allowed for PDS services.

Other Requirements for PDS

Emergency Back-up Plan

The Emergency Back-Up Plan is also a required part of your Person Centered Service Plan. It tells who will be used to stand in for your employee(s) if they are sick or unable to work for you anymore and your main unpaid caregiver (natural support) is not able to help you either. It also should include directions on what you would like to be done when certain expected emergencies come up. For example, what should someone do if you should have a seizure, a fall, or have a behavior that might hurt you or someone else?

The person who is responsible in the emergency must be identified on the Person-Centered Service Plan and must be physically able to provide the services you need. This person can be paid or unpaid. Non-paid emergency back-up individuals are not required to meet any of the requirements for being an employee but they should know enough about your needs to be able to make sure your health is not in danger, that you are safe, and that you are not afraid. Paid employees who only serve in a back-up role must have all the background checks and training of any employee as above. Their time must be recorded on the timesheet as emergency care.

This safety plan is an important piece of the Person-Centered Service Plan. An emergency event may allow overtime for an employee. Should neither the paid employee nor the non-paid support person be available to help the employee on a shift, overtime may be granted.

Please note that Medicaid will only pay the regular rate in the Person Centered Service Plan. Any requested overtime pay must be paid for by the employer directly to the employee.

Incident Reporting Requirements

Accidents happen at home or other places. In PDS, anything out of the ordinary may be called an incident. Some are minor and others are more serious. All incidents listed below must be reported to the Service Advisor:

- Suspected abuse, neglect, or someone taking advantage of you
- Thinking of hurting yourself or someone else
- Your family cannot find you.
- You are given the wrong medicine or the wrong amount of a medicine.
- The police have to be called to your home.
- Anything else that might cause you to be in danger or injured.
- Death

These critical incidents will be sent by the Service Advisors to be reviewed by the state and the state will act as the law requires them to do. If they find that a vulnerable child or adult

has been abused, neglected, or exploited, the Service Advisor will report it immediately to the Department for Community Based Services (DCBS) Protection and Permanency Office. This office will investigate the incident and report to the Service Advisor. If you are in danger, the DCBS office will take immediate action.

Timesheets

Once an employee has passed the background checks, they can start work. Filling in the timesheet correctly is important so the employee can be paid. It is also important that the employee fill in the information about what they did that day so there is an accurate record that they have followed the Person--Centered Service Plan. Timesheets should be turned in according to the date and place set by the PDS Coordinating Agency. Your Service Advisor will train you on how to fill out the timesheet correctly.

Timesheets must be completed by the employee. There is a sample of the timesheet following this information on how to complete the form. The numbers on this page match the numbers on the sample timesheet and show where the information needs to be placed. Information for filling out the timesheet is as follows:

1. **Participant** – Your name as the one who is receiving the services

2. **Employee** - The name of the person who is doing the work

3. **Pay Period** – The dates for the pay period set by the PDS COORDINATING AGENCY. The Service Advisor will provide pay period dates.

4. **Employee Address/Zip** – The mailing address of the employee

5. **Date Service Provided** – Enter the day the employee worked in the format month/ day/year as MM/DD/YY (03/12/16).

6. **Service Provided** –Describe the help that is being given.

7. **Time IN/OUT** – Enter the time when the employee started and ended each day, make sure it is written as AM or PM. Then add the amount of time worked at the end of the column for that day.

8. **Gross Total Amount** – (This may or may not be necessary. Your Service Advisor will tell you if it is required) Enter the task(s) and the total hours worked for that pay period in the boxes along with the pay rate. Add the totals.

9. **Employee signature** – The employee **must** sign and date the timesheet, making sure all the information is correct.

10. **Participant/Representative signature** – The participant or representative **must** sign and date the timesheet saying that all the information is correct before sending the timesheet to the Service Advisor.

11. **Service Advisor Signature-**The Service Advisor must sign and date the timesheet after it is turned in and is believed to be complete and correct based on your Person--Centered Service Plan. The signed timesheet is then sent to the PDS Coordinating Agency according to their instructions.

12. **PDS Coordinating Agency signature**- The timesheet will be sent to the Financial Management Agency who will send payroll checks either to the employee or direct deposit at their bank.

Note: *The Service Advisor may provide timesheets with the numbers 1, 2, 3, 4, and 6 prefilled.

See Appendix E for the Timesheet form and Service Documentation forms.

Corrective Actions Plans

A participant or their representative is primarily responsible for making sure that the rules and policies of PDS are being followed. This includes that you stay both medically and financially eligible for the HCB waiver, that your employees are doing what they are supposed to do and are writing it down correctly. Should your health, safety, and welfare be in danger, a Corrective Action Plan (CAP) may be necessary. A CAP is a formal report by the Service Advisor to identify any issues that come up, show a possible solution for the issue, and say what will happen if the issue is not corrected.

Your full team, along with your Service Advisor, may be called to attend a meeting to talk about this issue and make a plan to correct it. When writing a CAP, the following information is needed:

Identify the Issue: The Service Advisor should write who is involved in the issue, when the issue happened, where it occurred, and what happened. This part of the report should also include any conversations/letters, notes, or email that was sent before the CAP is completed.

Stating the Regulation/Policy: The Service Advisor will provide the regulation terms and/or policy language that are related to this particular issue.

Agreed Upon Resolution: The Service Advisor will meet with the team and all people who are a part of the issue, to agree on a way to reduce or stop the issue. The issue should be corrected completely between thirty (30) to ninety (90) days after the agreement is complete.

Potential Consequences: The report will include what will happen if the issue happens again.

Prevention: There will also be a sentence that talks about how this issue could be prevented in the future.

Signatures: The participant and or their representative, Service Advisor, and any other people who are a part of the issue will sign the plan to show that they know what needs to be done. **If any of these people fail to follow the steps in the CAP, it may cause PDS to be cancelled for you as the participant.**

A copy of this form is provided in Appendix F.

Termination

You may lose the option of having your own employees for PDS if it is decided that your health, safety, and welfare are in danger and the plan outlined in the CAP has not been followed. You will not be terminated until a traditional provider (Home Health Agency, Adult Day Care Agency or Area Agency on Aging and Independent Living) is ready to provide the service(s) that your PDS employee was doing for you. A provider must be found for an approved service before any PDS service is canceled. If you lose the PDS option, your Service Advisor can help you find services through traditional waiver providers such as Adult Day Health Care or Home Health Agencies.

****

How long will it take for my services to begin?

When you and your employees are ready to send in the forms and other paperwork, you need to be sure they are complete and accurate. All of these papers will be checked for dates, signatures, and complete information. If they are not complete, they will be sent back to you to correct and return. **All of these papers must be signed by you and your employees**. Neither your Service Advisor nor the PDS Coordinating Agency may make changes to these forms for you. These are legal forms and must be correct. This back and forth by mail will delay the beginning date of your services. HCB Waivers are approved on a first come/first served basis. At this time, there are available slots for new participants but there may come a time when you could be placed on a waiting list.

If you are already getting Medicaid, you can request an assessment for HCB Waiver at your local Department for Community Based Services or online at https://benefind.ky.gov/ or you may call 1-877-925-0037 to locate the Aging and Disability resource center in your area.

The assessment will be done within 7 days of the nurse assessor being notified unless there is a reason to delay it such as you being ill or in the hospital. Your assessment will be reviewed and approved for the services the nurse assessor shows that you need. You will receive a letter telling

you that you have been accepted for the waiver. The nurse assessor will give you a list of Service Advisor agencies in your county. Once you have chosen an agency you will contact them to begin planning for your Person Centered Service Plan team meeting which will be led by you and include any others that you choose to attend with you.

If you are new to Medicaid, the process may take a longer time as you will need to apply for Medicaid and meet the financial and medical requirements for services.

Frequently Asked Questions

FAQs for Consumers/Employers

1. My Employee works 20 hours every week on Mondays, Tuesdays, Wednesdays, and Thursdays, but she has been shorted on her paycheck the last two pay periods. What can I do about this?

   Answer: When you meet with your Service Advisor to review your services and timesheets, make sure to use a calendar when adding your monthly hours for PDS. You might think the total in this case would be simply 20x4 (20 hours/week x 4 weeks/month) or 80 monthly hours. However, you should count the number of Mondays, Tuesdays, Wednesdays, and Thursdays for each month worked. For example, November 2016 has four (4) Mondays, five (5) Tuesdays, five (5) Wednesdays, and four (4) Thursdays. Your Employee would actually work only Tuesday, Wednesday and Thursday the first week which would be 15 hours. The next week she would work Monday-Thursday for the total 20 hours. Her two-week total would be thirty-five hours not 40. The last two weeks' pay would be the full forty (40) hours same as there are eight (8) working days that two weeks. This is why her pay appears to be "short." You need to look at the hours for the month and not the days. It is worth the extra time to use the calendar!

2. I was in the hospital last month for two weeks, but my employee still worked-she ran errands, took care of my dog, and picked up my mail and brought it to me in the hospital. She will be paid for that time, right?

   Answer: No, employees may not be paid while their employers are in the hospital. PDS services may only be given while you are in your own home. If you go into the hospital, a nursing facility, assisted living facility, or other institution, attendant care hours cannot be billed. If an employee bills for time you are in the hospital, it is a doubling up of services and considered fraud.

3. I have an employee who works for me 35 hours a week. She has requested a week off for vacation. Will the state pay another friend of mine if she cares for me that week? Or, can I use an agency as a backup for that one week?

   Answer: If you will need a paid attendant for backup, that person **must be signed up as a second employee** with the PDS Coordinating Agency. He or she must apply and complete all the same procedures and meet all the same requirements of your other employees. If you have a substitute worker on your emergency backup plan that is not paid, then that person can fill in during your employee's vacation.

However, if you wish to use agency-based care (home health or adult day health care) for backup, arrangements must be made with the agency *in advance*. Please note that the agency must be identified in the Person Centered Service Plan, and those work hours must be turned in to the PDS Coordinating Agency on a timesheet so they will be paid. **The agency *cannot serve as a backup* if it is not a part of the Person Centered Service Plan.**

4. Our family plans to have PDS Care for our dad, and I will be his Employer of Record. I already have an FEIN # (Federal Employer Identification Number) from having my own business in the past. Won't that speed things up a bit?

   Answer: No, the FEIN# must be in the name of the Participant.

5. Is there a list of potential employees I can use to find an employee?

   Answer: No, you must find your own employees. You may want to talk to friends or family if they have used someone successfully. You can ask your Service Advisor if he/she has resources to help assist, also.

Hotline: 1-877-315-0589

Addendums

Appendix A

Cabinet for Health and Family Services
Department for Aging and Independent Living

PDS Request Form for Immediate Family Member, Guardian,

or Legally Responsible Individual as a Paid Service Provider

Participant Information:

Name Last:		First:		MI:		Medicaid ID:	

Provider Information:

Name Last:		First:		MI:		Relationship:	

Current Case Manager:

Last Name:		**First Name:**	
Email:		**Phone Number:**	
Agency:		**Agency Provider #:**	

Relation (Please check the appropriate box below)**:**

"Guardian" is defined by KRS 387.010(3) for a participant under the age of eighteen (18) and by KRS 387.812(3) for a participant who has reached the age of eighteen (18).	
"Legally responsible individual" means an individual who has a duty under state law to care for another person and includes: (a) A Parent (biological, adoptive, or foster) of a minor child who provides care to the child; (b) The guardian of a minor child who provides care to the child; or (c) A spouse of a participant.	
"Immediate Family Member" is defined by KRS 205.8451(3).	

1. Please tell us what you will be helping the participant with, and how you will be helping with those needs:

2. Please tell us what assistance you will be providing that is not part of being a paid employee:
3. Besides the time you have known the participant, what relevant job experience, volunteerism, training, education, and/or certification that has aided you in caring for the participant:

[Type text]

4. Please tell us the days and times when you would be scheduled to work:

5. Has the participant looked for other agencies and employees outside the family? If so, why did these agencies and employees not work out?

6. Please tell us what other programs and services the participant is currently receiving:

Signature of the Requesting Immediate Family Member, Guardian, or Legally responsible Individual	**Printed Name**	**Date**

Signature of the Participant/Guardian	**Printed Name**	**Date**

Signature of the Service Advisor	**Printed Name**	**Date**

Appendix B

PARTICIPANT DIRECTED SERVICES EMPLOYMENT APPLICATION

Participant/Employer Name: _____

[Type text]

Applicant Instructions

1. *Please print answers to all questions;*
2. *A resume will not be accepted in lieu of this application;*
3. *Proof of eligibility to work in the United States must be submitted prior to employment;*
4. *Registry and/or background checks must be completed prior to employment; and*
5. *Any false statements and/or omissions may result in a rejection of this application and/or removal from employment after hire.*

Personal Information

Last Name First Name Middle Name

Date of Birth SSN # Telephone #

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

If you have not lived in Kentucky within the past year, please provide a previous address:

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

If required to transport, can you provide proof

of valid Liability Vehicle insurance? ☐Yes ☐No

Can you lift more than 50lbs while standing? ☐Yes ☐No

Are you legally eligible for employment in the United States? ☐Yes ☐No

Have you ever been arrested or convicted of a criminal offense? ☐Yes ☐No

_____

If yes, please describe. *Please note that an affirmative answer will not automatically disqualify you from being considered as a candidate for employment.*

What is your relationship to the participant/employer? _____

Certification/Education

Are you currently certified in CPR/ First Aid? ☐Yes ☐No

If yes, please provide case management agency with documentation.

Please list any other certifications relevant to the position: _____

_____

Please list highest level of education completed: _____

Work Experience

Do you have experience as a caregiver? ☐Yes ☐No

_____

If yes, please describe.

Are you currently employed? ☐Yes ☐No

_____

Company Name Supervisor Name Telephone #

[Type text]

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

Start Date Schedule (Days & Hours Working)

Please list any job history relative to the position, beginning with the most recent.

1)
Company Name Supervisor Name Telephone #

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

Start Date (Month/Year) End Date (Month/Year) Reason(s) for Leaving

2)
Company Name Supervisor Name Telephone #

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

Start Date (Month/Year) End Date (Month/Year) Reason(s) for Leaving

3)
Company Name Supervisor Name Telephone #

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

Start Date (Month/Year) End Date (Month/Year) Reason(s) for Leaving

References

1) _____

Full Name | Occupation | Telephone #

_____

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

2) _____

Full Name | Occupation | Telephone #

_____

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

3) _____

Full Name | Occupation | Telephone #

_____

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

Emergency Contacts

1) _____

Full Name | Relationship | Telephone #

_____

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

2)_____
Full Name Relationship Telephone #

_____

Street Address (Including Apt. # or P.O. Box #) City State Zip Code

I certify that the information provided within this employment application is true and correct to the best of my knowledge.

_____ _____

Signature **Date**

APPENDIX C

Kentucky Participant Directed Services

Employee/Provider Contract

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Aging and Independent Living

I (*employee name*) _____, have agreed to work under the employment of

(*employer name)* _____.

Services under this contract will consist of the following:

SERVICE PROVIDED	**RATE PER HOUR**

Services Available Through Participant Directed Services:

(**SCL**) Community Access
(**SCL**) Community Guide
(**SCL**) Personal Assistance
(**ABI**) Companion Care
(**MPW**) Attendant Care
(**MPW**) Homemaking
(**HCB**) Non-Specialized Respite
(**ABI, ABI-LT, MPW,** and **SCL**) Respite
(**ABI, ABI-LT, MPW,** and **SCL**) Supported Employment
(**ABI, ABI-LT, MPW,** and **SCL**) Day Training
(**ABI-LT** and **MPW)** Community Living Supports (CLS)
(**ABI** and **MPW**) Personal Care
(**HCB**) Home & Community Supports

As an employee:

I agree to provide the above listed services as required by my employer at the rate stated above per hour.

I understand civil or criminal penalties could be pursued and potential termination from employment in PDS can occur if allegations of fraud against the Department for Medicaid Services are substantiated.

I understand that I shall not be approved as a Participant Directed Services (PDS) provider if results from my background check reveal that I have pled guilty to or been convicted of committing an offense as outlined in (SCL) 907 KAR 12:010, Section 3 (3), or (ABI) 907 KAR 3:090, Section 10, or (ABI-LT) 907 KAR 3:210, Section 10, or (MP) 907 KAR 1:835, Section 7.

I understand that I shall not be approved as a PDS provider if I am registered on the Kentucky Nurse Aide Abuse registry, or if I have been substantiated for abuse through the Central Registry Check.

I understand that I shall not be approved as a PDS provider for a participant under the ABI, ABI-LT, or MP waiver if I am registered on the Caregiver Misconduct Registry.
I understand that under KRS 205.5607 (Kentucky Independence Plus Through Consumer Directed Services Program) Workers Compensation (KRS Chapter 342) shall not apply to my employment as a Participant Directed Services provider. This means that neither the state, nor any state agency, nor political subdivision, nor any fiscal intermediary, nor representative, nor service advisor can be held liable for any injuries or losses I may incur while providing services.

I understand that I shall not be approved as a PDS provider for a participant under the SCL waiver if results from my drug screening reveal a positive drug test as outlined in 907 KAR 12:010.

I understand that if I do not complete all training that is required with the specified timelines, I will no longer be eligible as a PDS provider for the participant.

I understand that I must maintain employee/employer confidentiality.

I understand this is an at-will contract and either party may terminate this agreement at any time.

I understand that I must notify my employer of the contraction of any infectious disease(s) and I shall abstain from work until the infectious disease can no longer be transmitted as documented by a medical professional.

I agree to follow all relevant state and federal statutes and regulations.

I have received and fully understand the list of employment guidelines and will follow them to the best of my ability. I further understand that any or all items of this contract may be subject to renewal or change upon agreement by my employer and myself.

As an employer:

I understand that I may be responsible for costs associated for employment requirements, including employee training.

I understand that I may be responsible for wages for my employee should my employee or I not provide employee qualifications by the respective deadlines.

I understand that I can only require my employee to assist with duties that are relevant to my needs and outcomes that are specified on the Person Centered Service Plan for Medicaid payment.

I understand that I may be responsible for payment for any hours I may require my employee to work beyond any prior authorization limits or waiver regulation guidelines.

_____ _____

Employee/Provider Date Employer/Participant Date

Appendix D

Home and Community Based Waiver (HCB)
Participant Directed Services (PDS)
Eligible Employee Form

Participant Name: _____Participant MAID: _____

PDS Employee Name: _____ Employee SSN: _____

Employee Address: _____

Employee Telephone/Email: _____ PDS Employee Date of Birth: _____

SA Name: _____Email: _____

_____ Signed PDS Participant/Provider Contract

Pre-hire Checks (Must be completed prior to employment) - agency responsible for obtaining and maintaining documentation of completion

Background Checks and Screenings	**Date Approved/Completed**	**Renewal/Due Date**
AOC check Date		N/A
Nurse Aide Abuse Registry Check		N/A
KY Caregiver Misconduct Registry		N/A
Pre-hire If Applicable forms	**Date Approved/Completed**	**Renewal/Due Date**
Valid Driver's License (If transporting a participant only)		
PDS Request for Immediate Family Member or Guardian		N/A
Vehicle Insurance (If transporting a participant only)		
Training	**Date Approved/Completed**	**Renewal/Due Date**
DAIL Attendant Care training		

I have reviewed and determined the PDS employee has met and completed the requirements as stated in 907 KAR 7:010.

_____ _____
Service Advisor Signature Date

30 day Checks and Screening (Must be completed within 30 days of starting employment) - agency responsible for obtaining and maintaining documentation of completion

30 Day requirements	**Date Approved/Completed**	**Renewal/Due Date**
Central Registry check		N/A
TB Screening		

I have reviewed and determined the PDS employee has met and completed the requirements as stated in 907 KAR 7:010.

_____ _____
Service Advisor Signature Date

Training Requirements (Must be completed within six (6) months after employment for new hires

Training Title	**Date Approved/Completed**	**Renewal/Due Date**

[Type text]

First Aid and CPR (not required if DNR is on file)		
Other (if applicable):		

I have reviewed and determined the PDS employee has met and completed the requirements as stated in 907 KAR 7:010.

_____ _____

Service Advisor Signature Date

Revised 09/16

Appendix E

Timesheet

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID #: _____ Pay Period: _____ to _____

Employee Name/ID #: _____ Employee Address/Zip: _____

Date Service Provided MM/DD/YY	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
Total Hours															

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. By signing, the participant/ representative/ employer and employee certifies that all information is true and correct.

Employee Signature **Date**

Participant/Representative/Employer Signature **Date**

R. 2016
DAIL

Reviewed by: Service Advisor signature **Date**

Reviewed by: Financial Manager signature **Date**

Service Documentation Page 1

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name/ID #: _____ Employee Name & ID #: _____

For each date of service please outline: 1) A full description of the services provided that covers the entire shift; 2) What choices of activities made; and 3) Issues or concerns regarding the well being of the participant;

Date Service Provided MM/DD/YY	

Service Documentation Page 2

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name/ID #: _____ Employee Name & ID #: _____

For each date of service please outline: 1) A full description of the services provided that covers the entire shift; 2) What choices of activities made; and 3) Issues or concerns regarding the well being of the participant;

Date Service Provided MM/DD/YY	

Service Documentation Page 3

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name/ID #: _____ Employee Name & ID #: _____

For each date of service please outline: 1) A full description of the services provided that covers the entire shift; 2) What choices of activities made; and 3) Issues or concerns regarding the well being of the participant;

Date Service Provided MM/DD/YY	

Appendix F
Corrective Action Plan

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Aging and Independent Living

Home and Community Based Services
Corrective Action Plan

Participant: | Guardian: | Case Manager/ Service Advisor:

Is participant in Participant Directed Services? Yes No

State Issue:

Regulation/ Policy Violation:

Agreed Upon Resolution:

Potential Consequences:

Prevention:

If issue stated in Corrective Action Plan is not resolved within _____ days from the date of signature, possible termination from Participant Directed Services may be pursued. Failure to reach an agreed upon resolution may result in request for termination from Participant Directed Services.

Participant Signature: _____ Date: _____

[Type text]

Guardian Signature: _____ Date: _____

Representative Signature: _____ Date: _____

Case Manager/ Service Advisor Signature: _____ Date: _____

Appendix G

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Aging and Independent Living

Participant Directed Services (PDS)

Employer Responsibilities and Expectations

As a participant or an appointed representative, you are in charge of services; you are to carry out employer related duties to ensure the program is being utilized properly. This form may serve as a guide for how you direct the program.

Responsibilities

Service Plan: The acting employer ensures the needs, goals, and duties follow Person Centered Principles. This means each duty and goal has been carefully considered and the participant's wishes and desires, and best interests are first and foremost. Should a need arise that has not been addressed in the service plan, you are responsible for identifying this with the case manager/service advisor to consider if changes are necessary. This enables you to have a basis for job expectations and job duties for employees you oversee.

Employees: There are several aspects regarding employees for which you need to be aware. Many of them are listed in this section.

Recruiting: You will be responsible for finding employees. You may find employees by many means, utilizing any internet sources, advertising on radio, newspaper, TV, flyers, word of mouth, or through organizations; it is your choice how you pursue employees.

Interviewing: It is highly advised each employee go through a screening process. Should you choose to interview candidates, it is recommended you determine the availability of the candidate, the experience the candidate may have with any vulnerable population, any education or training the candidate may have received, and skills that may be relevant to the job. It is highly advised you avoid questions pertaining to characteristics that are unrelated to job performance, such as religion, age, sexual orientation, as these can lead to discrimination claims.

Hiring: Candidates are required to complete an application, background checks, screenings, and trainings to be qualified. You are responsible as an Employer of Record for the fees associated with these qualifications.

Job Expectations: It is highly advised each employee be provided with a written or typed copy of job expectations and duties. These may include but not limited to: promptness, personal conduct while in the home/out in the community, how duties should be conducted for/ assisted with the participant, and others you feel are appropriate to the situation.

Disciplinary Action: In order to provide fairness to an employee, you should ensure you have a procedure in place for various events or causes of inadequate employment performance. It is highly advised you provide a written or typed copy of what warrants a verbal warning, a written warning, suspension, or termination of employment, or other means of disciplinary action. This provides clear instruction to the employee of your expectations, as well as supports you should unemployment claims be filed against you.

Authorizing Time: Your employees are responsible for submitting timesheets, including service documentation, for each day services are provided. You are responsible for authorizing that services were performed to your satisfaction, as well as meeting the terms of the service plan. Should you disagree with the hours performed or the statements of the duties provided, you should speak with your employee immediately to determine if revisions can be agreed upon. Should an agreement not be reached, you may need to consult with the Department of Labor to resolve the situation.

Employee Requirements: Before employees can begin under PDS, the following requirements must be completed:

Criminal Record Check: The Administrative Office of the Courts (AOC) is the only required criminal background check for employees. The fee is twenty ($20) dollars. An employee is prohibited from employment through PDS if results reveal a conviction specified in the waiver's respective regulation. You as an employer may decide to move forward with a potential employee if other convictions are revealed in those results.

Nurse Abuse Registry: An employee must have results of a check from the Nurse Abuse Registry; this may be completed online through the Kentucky Board of Nursing. Your case manager/service advisor may complete this check using any known names of the employee. If results reveal the employee is identified as being on the registry, the employee is prohibited from employment through PDS.

Kentucky Adult Caregiver Misconduct Registry: An employee must have results from the Kentucky Adult Caregiver Misconduct Registry. The check can be done online and not show any results. If any results are shown, then that employee is not eligible to work.

Central Registry Check: This is a requirement for employees with participants on all waivers. Results will be sent to the case manager/service advisor agency. The fee is ten ($10) dollars. This check must be completed before starting employment for MPW (or within thirty (30) days of starting employment for ABI-A, ABI-LTC, HCB or SCL waivers); should results not return within that timeframe, the employee is considered suspended from PDS payment until results are obtained. If results reveal the employee is identified as being on the registry, the employee is prohibited from employment through PDS.

*__Note__: Your employee may need to complete an out-of-state equivalent to these background checks if the potential employee has lived or worked outside the state of Kentucky within the last year.

Training: An employee is required to complete specific trainings; this depends upon which waiver for which you are enrolled. Your case manager/service advisor will guide you on what the trainings are, when they are due, and if they need to be renewed.

Screenings: Tuberculosis (TB) screening and a drug screening may be required; this depends upon which waiver you are enrolled in. Your case manager/service advisor will guide you on whether these are required, when they are due, and if they need to

be renewed.

Annual Budget: A participant is able to access a dollar amount or units of service, expressed in hours, as long as medical Level of Care is met, Financial Eligibility is maintained and a prior authorization is active. This authorization may be renewed annually. The authorization is used to cover employees' wages for hours worked, and employer taxes incurred. A dollar amount may be requested to set aside for Goods and Services if necessary. Additional funding may be necessary to cover the care that is not addressed in the service plan; speak with a case manager/service advisor to further understand these circumstances.

Employer Taxes: As an Employer of Record, you are responsible to the federal, state, and local government for any taxes associated with operating a business with employees. Your case manager/service advisor works in close connection with the Financial Management Agent (FMA) to provide detailed information about what dollars are submitted for federal and state unemployment taxes, FICA (Federal Insurance Contributions Act), and any local taxes associated with a city or county for which the participant resides. The FMA will express these taxes in a percentage that is added to the employees' wages as they submit timesheets. Percentages vary across the state depending on the participant's circumstance and changes in state and federal law, but the typical percentage is around 11.30% (this percentage is tacked on to every dollar utilized for employees' wages for billing through the FMA). This percentage can change annually, depending on any changes in federal tax laws; be aware these potential changes in federal tax will impact the amount of dollars you have available for employees from year to year. Because where you live may impact this percentage, the FMA will determine the exact percentage as part of your budget.

Unemployment awarded to any employee through a formal dispute of termination will increase your state unemployment tax rate, reducing the amount of dollars available for services fulfill the service plan, and possibly reducing the maximum wage payable to employees. It is highly advised to review the Job Expectations, Disciplinary Action, and Authorizing Time sections of this form to minimize the risk of this increase.

Services Available: The enrolled waiver has services defined in a very specific manner to meet your needs. Each of these services has a limit as to how many dollars can be accessed per hour, along with other limits as to how the service can be accessed. It is best to know what is available that may be at your disposal to best provide care. Your case manager/service advisor is available to provide details of these services.

Wages Available: As required by the Federal Labor Standards Act, you must offer employees a minimum of $7.25 per hour; be aware this may change in the future. You must also be aware of the highest dollar amount you can provide, as described in the last section, each service has a different limit. The wage limit you provide may be influenced by employer tax rate that is mentioned above in the section **Employer Taxes**.

Hours Worked: You are in charge of setting times for when your employees are scheduled to work. It is best practice to work with an employee to schedule at least one (1) week ahead of time. Should scheduling need to change, it is also best practice to notify any changes to that schedule immediately, as unexpected or repeated disruptions can lead employees to search for employment elsewhere due to unpleasant working conditions. It is best to stay informed with your case manager/service advisor at least monthly to have a strong understanding of hours you have available for the following weeks and months, as well as understand how are hours are being spent among your employees.

An example in motion:

For MP, ABI, and ABI-LT participants only. You've got an employee set up, and you have a budget, but how does this work? A key factor in this process is always keeping in mind that, if you increase pay rate, or if tax rate increases, you will have to reduce your hours in order to remain within the issued annual budget. The same thing applies for the amount of hours worked; if you increase the amount of hours, you must decrease the pay rate of employees in order to stay within the issued annual budget.

You have an employee assigned at $10.00 per hour; your annual budget is $4,000.00; the case manager/service advisor has informed you that your employer tax rate is 11.24%; so how many hours can you have your employee work?

Since we have to designate 11.24% toward employer taxes, you must set aside $449.60 for these taxes over the course of the year. This leaves your participant with $3,550.40 to utilize yearly. Over 12 month span, a participant would average $295.86 worth of services toward this employee. At $10.00 per hour, the participant would have 29.5 hours of services on average per month..

Expectations

Communication and Attendance:

As the acting employer, you are considered the employer of record, therefore you have direct oversight of the employees and the responsibility of ensuring the service plan is followed. Should questions arise by the FMA or the case manager/service advisor, they will be expecting you to answer questions about the program operations or about an employee. Employees should only be bringing business concerns to you and not to the case manager/service advisor or the FMA. You must communicate well with your case manager/service advisor in order to establish and maintain fluid operation of PDS.

As a participant or as a representative, you are required to meet with a case manager/service advisor for a face to face visit to discuss how services are being performed. The case manager/service advisor will inform you of how often you need to meet, and what locations are acceptable. Failure to do so can lead to termination from the program.

Program Integrity:

A participant may be subject to disciplinary action within the program for various reasons. You have the responsibility to understand what may warrant a Corrective Action Plan (CAP) so that services are not in jeopardy of being lost in the home. Examples can be: Not following the service plan; failure to pay patient liability; a participant, family member, employee, or other person threatening or intimidating a case manager/service advisor or other program staff; the participant needs more care than the program can provide; prohibiting the case manager/service advisor or other staff from performing regulatory requirements. It is highly advised to have a detailed conversation with your case manager/service advisor about these and other possible scenarios.

Please choose from either option below.

☐ I have read this Employer Responsibilities and Expectations statement. I shall be acting as my own employer. In the future I may choose to appoint a representative at any point in time to act on my behalf. Should I have questions regarding any of the topics referenced above, or other concerns, I will address them with the case manager/service advisor with whom I am working for clarification.

Participant's Signature	Date	Participant (print name)
Guardian's Signature	Date	Guardian (print name)
Case Mgr./Service Adv. Signature	Date	Case Mgr./Service Adv. (print name)

☐ I have read this Employer Responsibilities and Expectations statement. I choose to appoint the person named below to act on my behalf for all program decisions. In the future I may choose to change the appointed person at any point in time.

Representative's Signature	Date	Representative (print name)
Participant/Guardian's Signature	Date	Participant/Guardian (print name)
Case Mgr./Service Adv. Signature	Date	Case Mgr./Service Adv. (print name)