

1 CABINET FOR HEALTH AND FAMILY SERVICES

2 Department for Medicaid Services

3 Division of Long Term Care and Community Alternatives

4 (Amendment)

5 907 KAR 1:160. Home and community based waiver services.

6 RELATES TO: KRS 205.520(3), 205.5605 to 205.5607

7 STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3), 205.5606,  
8 205.635, 42 C.F.R. 440.180, 42 U.S.C. 1396a, b, d, n [(EO 2004-726)]

9 NECESSITY, FUNCTION, AND CONFORMITY: [~~EO 2004-726, effective July 9,~~  
10 ~~2004, reorganized the Cabinet for Health Services and placed the Department for Medi-~~  
11 ~~caid Services and the Medicaid Program under the Cabinet for Health and Family Ser-~~  
12 ~~VICES.]~~ The Cabinet for Health and Family Services, Department for Medicaid Services  
13 has responsibility to administer the Medicaid program. KRS 205.520(3) authorizes the  
14 cabinet to comply with any [a] requirement that may be imposed, or opportunity pre-  
15 sented, by federal law for the provision of medical assistance to Kentucky's indigent citi-  
16 zenry. This administrative regulation establishes the provisions for home and commu-  
17 nity based waiver services. The amendment establishes a consumer directed services  
18 option pursuant to KRS 205.5606.

19 Section 1. Definitions.

20 (1) "ADHC" means adult day health care.

21 (2) "ADHC center" means an adult day health care center licensed in accordance

1 with 902 KAR 20:066[, Section 4].

2 (3) "ADHC services" means health-related services provided on a regularly-  
3 scheduled basis [~~of a health nature~~] that ensure optimal functioning of an HCB recipient  
4 who does not require twenty-four (24) hour care in an institutional setting. [~~but do not~~  
5 ~~require an HCB recipient to remain at a facility twenty-four (24) hours per day.~~]

6 (4) "Advanced registered nurse practitioner" or "ARNP" means a person who acts  
7 [~~acting~~] within his or her scope of practice and [~~who~~] is licensed in accordance with KRS  
8 314.042.

9 (5) "Assessment team" means a team which:

10 (a) Conducts assessment or reassessment services; and

11 (b) Consists of:

12 1. Two (2) registered nurses; or

13 2. One (1) registered nurse and one (1) of the following:

14 a. A social worker;

15 b. A certified psychologist with autonomous functioning;

16 c. A licensed psychological practitioner;

17 d. A licensed marriage and family therapist; or

18 e. A licensed professional clinical counselor.

19 (6) "Certified psychologist with autonomous functioning" or "licensed psychological  
20 practitioner" means a person licensed pursuant to KRS Chapter 319.

21 (7) [(5) "Care planning" means a process whereby a plan of care is developed which  
22 specifies the amount, frequency, and duration of services to meet an HCB recipient's  
23 needs and contains provisions for reassessment for HCB-waiver services.

1 ~~(6)~~] "Communicable disease" means a disease that is transmitted;

2 (a) Through direct contact with an infected individual;

3 (b) ~~[or]~~ Indirectly through an organism that carries disease-causing microorganisms  
4 from one (1) host to another; or

5 (c) Indirectly by a bacteriophage, a plasmid, or another agent that transfers genetic  
6 material from one (1) location to another.

7 (8) "Consumer" is defined by KRS 205.5605(2).

8 (9) "Consumer directed option", or "CDO" means an option established by KRS  
9 205.5606 within the home and community based services waiver that allows recipients  
10 to:

11 (a) Assist with the design of their programs;

12 (b) Choose their providers of services; and

13 (c) Direct the delivery of services to meet their needs.

14 (10) ~~[(7)]~~"DCBS" means the Department for Community Based Services.

15 (11) ~~[(8)]~~"Department" means the Department for Medicaid Services or its designee.

16 (12) "Electronic signature" is defined by KRS 369.102(8).

17 (13) ~~[(9)]~~"HCB recipient" means an individual who:

18 (a) Is a recipient defined by KRS 205.8451(9) ~~[Meets the Criteria for a recipient as~~  
19 ~~defined in KRS 205.8451];~~

20 (b) Meets the NF level of care criteria established ~~[as defined]~~ in 907 KAR 1:022; and

21 (c) Meets the eligibility criteria for HCB waiver services established in Section 4 of  
22 this administrative regulation.

23 (14) "Home and community support services" means nonresidential and nonmedical

1 home and community based services and supports that:

2 (a) Meet the consumer's needs; and

3 (b) Constitute a cost-effective use of funds.

4 (15) [(40)] "Home and community based waiver services" or "HCB waiver services"  
5 means home and community based waiver services for individuals who meet the re-  
6 quirements of Section 4 of this administrative regulation.

7 (16) [for the elderly and disabled.

8 (41)] "Home health agency" means a Medicare and Medicaid certified agency li-  
9 censed in accordance with 902 KAR 20:081.

10 (17) "Licensed marriage and family therapist" or "LMFT" is defined by KRS  
11 335.300(2).

12 (18) "Licensed professional clinical counselor" or "LPCC" means a person licensed in  
13 accordance with KRS 335.500 to 335.599.

14 (19) [(42)] "Licensed practical nurse" or "LPN" means a person who:

15 (a) Meets the definition of KRS 314.011(9); [Meets the licensed practical nurse re-  
16 quirements established in 902 KAR 20:066;] and

17 (b) Works under the supervision of a registered nurse.

18 (20) [(43) "Medically necessary" or "medical necessity" means that a covered benefit  
19 is determined to be needed in accordance with 907 KAR 3:130.

20 (44)] "NF" means nursing facility.

21 (21) [(45)] "NF level of care" means a high intensity or low intensity patient status de-  
22 termination made by the department in accordance with 907 KAR 1:022.

23 (22) [(46)] "Normal child care [baby sitting]" means general care provided to a child

1 which includes custody, control, and supervision.

2 (23) [(47)] "Occupational therapist" is defined by KRS 319A.010(3).

3 (24) "Occupational therapist assistant" is defined by KRS 319A.010(4).

4 ~~(25) [means a person who meets the occupational therapist requirements established~~  
5 ~~in 902 KAR 20:066.~~

6 ~~(48)] "Physical therapist" is defined by KRS 327.010(2).~~

7 (26) "Physical therapist assistant" is defined by 201 KAR 22:001(13).

8 ~~(27) [means a person who meets the physical therapist requirements established in~~  
9 ~~902 KAR 20:066.~~

10 ~~(49)] "Physician assistant" or "PA" is defined in KRS 311.840(3).~~

11 (28) [(20)] "Plan of treatment" means a care plan used by an ADHC center.

12 (29) [(21)] "Registered nurse" or "RN" means as defined by KRS 314.011(5) and who  
13 ~~means a person who meets the registered nurse requirements established in 902 KAR~~  
14 ~~20:066 and who] has one (1) year or more experience as a professional nurse.~~

15 (30) "Representative" is defined by KRS 205.5605(6).

16 (31) "Self direct" means to choose independently to utilize CDO services and make  
17 all decisions associated with CDO services.

18 (32) "Sex crime" is defined by KRS 17.165(1).

19 (33) [(22)] "Social worker" means a person with a bachelor's degree in social work,  
20 sociology, or a related field.

21 (34) "Speech-language pathologist" is defined by KRS 334A.020(3).

22 (35) "Support broker" means an agency that is designated by the department to as-  
23 sist a consumer in all aspects of CDO services.

1 (36) "Support spending plan" means a plan for a consumer that identifies:

2 (a) CDO services requested;

3 (b) Employee name;

4 (c) Hourly wage;

5 (d) Hours per month;

6 (e) Monthly pay;

7 (f) Taxes; and

8 (g) Total monthly amount.

9 (37) "Violent crime" is defined by KRS 17.165(3).

10 ~~[(23) "Speech pathologist" means a person who meets the speech pathologist re-~~  
11 ~~quirements established in 902 KAR 20:066.]~~

12 Section 2. Provider Participation. (1) In order to provide HCB waiver services, exclud-  
13 ing consumer directed option services, a provider shall be a home health agency or  
14 ADHC center that provides services:

15 (a) Directly; or

16 (b) Indirectly through a subcontractor.

17 (2) ~~[In order to provide HCB waiver services,]~~ An out-of-state provider shall comply  
18 with the requirements of this administrative regulation. ~~[meet the same requirements as~~  
19 ~~an in-state provider.]~~

20 (3) A provider shall:

21 (a) Comply with the following administrative regulations and program requirements:

22 1. 902 KAR 20:081;

23 2. 907 KAR 1:671;

1 3. 907 KAR 1:672;

2 4. 907 KAR 1:673;

3 5. The Department for Medicaid Services Home and Community Based Waiver Ser-  
4 vices Manual; and

5 6. The Department for Medicaid Services Adult Day Health Care Services Manual;  
6 ~~902 KAR 20:081, 907 KAR 1:671, 907 KAR 1:672, 907 KAR 1:673, the "Department for~~  
7 ~~Medicaid Services Home and Community Based Waiver Services Manual, and the De-~~  
8 ~~partment for Medicaid Services Adult Day Health Care Services Manual]~~

9 (b) Not enroll an HCB recipient for whom the provider ~~[to whom they]~~ cannot provide  
10 HCB waiver services;

11 (c) Be permitted ~~[Have the freedom]~~ to accept or not accept an HCB recipient;

12 (d) Implement a procedure to ensure that the following is reported: ~~[which ensures~~  
13 ~~the reporting of all incidences which may include:]~~

14 1. Abuse, neglect, or exploitation of an HCB recipient in accordance with KRS Chap-  
15 ters 209 or 620;

16 2. A slip or fall;

17 3.[;] A transportation incident;

18 4.[;] Improper administration of medication;

19 5.[-or] A medical complication; or

20 6. An incident ~~[3. Incidents]~~ caused by the recipient, including:

21 a. [such as] Verbal or physical abuse of staff or other recipients;

22 b.[;] Destruction or damage of property; or

23 c. [ef] Recipient self-abuse;

1 (e) Ensure a copy of each incident reported in accordance with paragraph (d) of this  
2 subsection ~~[report]~~ is maintained in a central file ~~[by the provider and is]~~ subject to re-  
3 view by the department;

4 (f) Implement a process for communicating the incident, the outcome, and the pre-  
5 vention plan to:

- 6 1. An HCB recipient, family member, or his responsible party; and
- 7 2. The attending physician, PA, or ARNP;

8 (g) Maintain documentation of any communication provided ~~[document the communi-~~  
9 ~~cation]~~ in accordance with subsection (f) of this section. The documentation shall be:

- 10 1. Recorded in the HCB recipient's case record; and
- 11 2. Signed and dated by the staff member making the entry;

12 (h) Implement a procedure that ensures the reporting of a recipient or any interested  
13 party's ~~[which ensures the reporting of a]~~ complaint against the provider ~~[an agency]~~ or  
14 its personnel ~~[by a recipient or any interested party];~~

15 (i) Inform a recipient or any interested party in writing of the provider's:

- 16 1. Hours of operation; and
- 17 2. Policies and procedures ~~[of the agency];~~

18 (j) Not permit a staff member who has contracted a communicable disease to provide  
19 a service to an HCB recipient until the condition is determined by a physician to no  
20 longer ~~[not to]~~ be contagious; and

21 (k) Ensure that a staff member who provides direct services:

22 1. Demonstrates the ability to:

23 a. Read;

1 b.[7] Write;

2 c.[7] Understand and carry out instructions;

3 d.[, record messages,] Keep simple records;[7] and

4 e. Interact with an HCB recipient when providing an HCB waiver service;

5 2. Be trained by an HCB waiver provider; [~~and~~]

6 3. Be supervised by an RN at least every other month; and

7 4. Submit to a criminal records check and not have pled guilty to or been convicted of  
8 committing a sex crime or a violent crime.

9 (4) An individual who provides home and community support services under the CDO  
10 program shall:

11 (a) Be selected by the consumer;

12 (b) Submit a completed MAP-074 to the consumer's support broker;

13 (c) Demonstrate proof of eligibility for employment in accordance with applicable  
14 state and federal labor, tax and immigration laws;

15 (d) Be able to communicate effectively with the consumer or consumer's representa-  
16 tive;

17 (e) Provide record keeping services, including maintaining the consumer's financial  
18 records;

19 (f) Sign a confidentiality agreement;

20 (g) Report suspected abuse, neglect, or exploitation in accordance with KRS 209.030  
21 or KRS 620.030;

22 (h) Submit a written declaration to the support broker attesting that he or she is free  
23 of an infectious or contagious disease;

1 (i) Demonstrate competence to safely attend to the consumer as described in the  
2 plan of care;

3 (j) Successfully complete the self-directed and consumer directed services training  
4 curriculum;

5 (k) Successfully complete a certified cardiopulmonary resuscitation and first aid train-  
6 ing;

7 (l) Successfully complete training that is requested by the consumer and not identi-  
8 fied in paragraph (j) or (k) of this subsection; and

9 (m) Be approved by the department.

10 Section 3. Maintenance of Records. (1) An HCB waiver provider shall maintain:

11 (a) A clinical record for each HCB recipient which shall contain the following:

12 1. Pertinent medical, nursing, and social history;

13 2. A comprehensive assessment entered on form MAP-351[A] and signed by the:

14 a. Assessment team; and

15 b. Department [recipient or his legal representative];

16 3. A completed MAP-109-HCBW;

17 4. A copy of the MAP-350 signed by the [a] recipient or his legal representative at the  
18 time of application or reapplication and each recertification thereafter;

19 5. The name of the case manager;

20 6. Documentation of each contact with, or on behalf of, an HCB recipient;

21 7. Documentation that each [~~a~~] HCB recipient receiving ADHC services was pro-  
22 vided a copy of the ADHC center's posted hours of operation; and

23 8. Documentation of each service provided that shall include:

- 1 a. The date the service was provided;
- 2 b. The duration of the service;
- 3 c. The arrival and departure time of the provider, excluding travel time, if the service
- 4 was provided at the HCB recipient's home;
- 5 d. Itemization of each [~~An itemized documentation of~~] personal care or homemaking
- 6 service delivered;
- 7 e. The HCB recipient's arrival and departure time [~~of the HCB recipient~~], excluding
- 8 travel time, if the service was provided at the ADHC center;
- 9 f. Progress notes which shall include documentation of changes, responses and
- 10 treatments utilized to evaluate the HCB recipient's needs; [~~and~~]
- 11 g. The signature of the service provider; and

12 (b) Fiscal reports, service records, and incident reports regarding services provided  
13 for a period of at least six (6) [~~five (5)~~] years from the date that a covered service is pro-  
14 vided, except in the case of a minor[,], whose records shall be retained for three (3)  
15 years after the recipient reaches the age of majority under state law, whichever is long-  
16 est.

17 (2) For each consumer, the support broker and department shall maintain a clinical  
18 record that includes:

19 (a) A copy of the completed MAP-351, the original of which shall be submitted to the  
20 department by the HCB waiver provider that performs the assessment or reassessment;

21 (b) A copy of the completed MAP-109-HCBW;

22 (c) A copy of the completed MAP-350;

23 (d) If the consumer selects a family member to provide CDO services, a written dec-

1 laration of freedom of choice that is:

2 1. Completed for each family member providing CDO services;

3 2. Signed by the consumer; and

4 3. Attached to the MAP-350; and

5 (e) A financial record that includes:

6 1. A copy of the completed MAP-109-HCBW;

7 2. A copy of a completed MAP-074 for each CDO employee; and

8 3. Documentation of services provided by each CDO employee.

9 (3) Upon request, an HCB provider shall make information regarding service and fi-  
10 nancial records available to the:

11 (a) ~~[The]~~ Department;

12 (b) ~~[The Commonwealth of Kentucky,]~~ Cabinet for Health and Family Services, Office  
13 of Inspector General[;] or its designee;

14 (c) ~~[The United States]~~ Department for Health and Human Services[;] or its designee;

15 (d) ~~[The United States]~~ General Accounting Office[;] or its designee;

16 (e) ~~[The Commonwealth of Kentucky,]~~ Office of the Auditor of Public Accounts[;] or its  
17 designee; or

18 (f) ~~[The Commonwealth of Kentucky,]~~ Office of the Attorney General[;] or its desig-  
19 nee.

20 Section 4. HCB Recipient Eligibility Determinations and Redeterminations.

21 (1) An HCB waiver service shall be provided to a Medicaid eligible HCB recipient  
22 who:

23 (a) Is determined by the department to meet NF level of care requirements; and

1 (b) ~~who~~ Would, without waiver services, be admitted by a physician's order to an  
2 NF.

3 (2) The department shall perform an NF level of care determination for each ~~regard-~~  
4 ~~ing an~~ HCB recipient ~~[shall be performed by the department]~~ at least once every twelve  
5 (12) months~~[,]~~ or more often if necessary.

6 (3) An HCB waiver service shall not be provided to an individual who:

7 (a) ~~Who~~ Does not require a service other than:

8 1. A minor home adaptation;

9 2. Case management; or

10 3. A minor home adaptation and case management;

11 (b) ~~Who~~ Is an inpatient of:

12 1. A hospital;

13 2. An NF; or

14 3. An intermediate care facility for an individual with mental retardation or a develop-  
15 mental disability ~~[individuals with mental retardation or developmental disabilities~~  
16 ~~(ICF/MR/DD)]~~;

17 (c) ~~Who~~ Is a resident of a licensed personal care home; or

18 (d) ~~Who~~ Is receiving services from ~~[a service in]~~ another Medicaid home and com-  
19 munity based services waiver program.

20 (4) An HCB waiver provider shall:

21 (a) Inform an HCB recipient or his legal representative of the choice to receive:

22 1. HCB waiver services; or

23 2. Institutional services; and

1 (b) Require an HCB recipient to sign a MAP-350 form at the time of application or re-  
2 application and at each recertification [~~thereafter~~] to document that the individual [~~he~~]  
3 was informed of the choice to receive HCB waiver or institutional services. [~~his choices.~~]

4 (5) An eligible HCB recipient or the recipient's [~~his~~] legal representative shall select a  
5 participating HCB waiver provider from which the recipient [~~whom he~~] wishes to receive  
6 HCB waiver services.

7 (6) The department may exclude from the HCB waiver program an individual for  
8 whom the aggregate cost of HCB waiver services would reasonably be expected to ex-  
9 ceed the cost of NF services.

10 (7) An HCB waiver provider shall use a MAP-24 to notify the local DCBS office and  
11 the department of an HCB recipient's: [~~on a MAP-24 form if an HCB recipient is:~~]

12 (a) Termination [~~Terminated~~] from the HCB waiver program; or

13 (b)1. Admission [~~Admitted~~] to an NF for less than sixty (60) consecutive days; and

14 2. Return [~~Returning~~] to the HCB waiver program from an NF within sixty (60) con-  
15 secutive days.

#### 16 Section 5. Covered Services.

17 (1) An HCB waiver service [~~shall~~]:

18 (a) Shall be prior authorized by the department to ensure that the service or modifica-  
19 tion of the service adequately meets [~~is adequate for~~] the needs of the HCB recipient;

20 (b) Shall be provided pursuant to a plan of care or, for a CDO service, be provided  
21 pursuant to a spending plan; [~~and~~]

22 (c) Shall, except for a CDO service, not be provided by a member of the HCB recipi-  
23 ent's family. A CDO service may be provided by an HCB recipient's family member;

1 and[.]

2 (d) Shall be accessed within sixty (60) days of the date of prior authorization.

3 (2) Covered HCB services include:

4 (a) A comprehensive assessment that shall:

5 1. [The following services provided to an HCB recipient by an HCB waiver provider  
6 who meets the requirements established in Section 2 of this administrative regulation  
7 shall be covered by the department:

8 (a) An assessment service which shall include:

9 1. A comprehensive assessment which shall:]

10 a.] Identify an HCB recipient's needs and the services that the HCB recipient or the  
11 recipient's [his] family cannot manage or arrange for on the recipient's [his] behalf;

12 2. [b.] Evaluate an HCB recipient's physical health, mental health, social supports,  
13 and environment;

14 3. [c.] Be requested by an individual seeking [requesting] HCB waiver services or the  
15 individual's family, legal representative, physician, physician assistant, or ARNP;

16 4. [, a family or legal representative of the individual, the individual's physician, a  
17 physician assistant, or an ARNP;

18 d.] Be conducted by an assessment team[.] within seven (7) calendar days of receipt  
19 of the request for assessment;

20 5.[, by an assessment team comprised of an RN and a social worker, or two (2) RN's;  
21 and

22 e.] Include at least one (1) face-to-face home visit by a member of the assessment  
23 team with the HCB recipient and, if appropriate, the recipient's family; and

1 6. Identify appropriateness and choice for CDO; [contact with an HCB recipient and, if  
2 appropriate, his family by the RN or social worker in the HCB recipient's home; and

3 2. Care planning resulting in the development of a plan of care that shall:

4 a. Reflect the needs of the HCB recipient;

5 b. List goals, interventions, and outcomes as related to clause a of this subpara-  
6 graph;

7 c. Specify services needed;

8 d. Determine the amount, frequency, and duration of services;

9 e. Contain provisions for reassessment at least every twelve (12) months;

10 f. Be developed and signed by the assessment team, case manager, and HCB re-  
11 ipient or his family;

12 g. Be reviewed and signed by the attending physician, PA, or ARNP; and

13 h. Be submitted to the department within fourteen (14) calendar days of receiving the  
14 department's verbal approval of NF level of care;]

15 (b) A reassessment service which shall:

16 1. Determine the continuing need for HCB waiver services and, if appropriate, CDO  
17 services;

18 2. Be performed at least every twelve (12) months;

19 3. Be conducted using the same procedures used in [as for] an assessment service;

20 4. Not be retroactive; and

21 5. Be initiated by an HCB waiver provider or support broker who shall:

22 a. Notify the department no more than three (3) weeks prior to the expiration of the  
23 current level of care certification to ensure that certification is consecutive; and

1 b. Not be reimbursed for a service provided during a period that an HCB recipient is  
2 not covered by a valid level of care certification; [~~and~~

3 ~~5. Not be retroactive;~~

4 (c) A case management service which shall:

5 1. Consist of coordinating the delivery of direct and indirect services to an HCB re-  
6 cipient;

7 2. Be provided by a case manager who shall:

8 a. Be an RN, [~~an~~] LPN, [~~a~~] social worker, certified psychologist with autonomous  
9 functioning, licensed psychological practitioner, LFMT, or an LPCC;

10 b. Arrange for a service but not provide a service directly;

11 c. Contact the HCB recipient monthly by telephone or through a face-to-face visit [~~the~~  
12 ~~HCB recipient~~] at the HCB recipient's residence or in the ADHC center, with a minimum  
13 of one (1) face-to-face visit [~~contact~~] between the case manager and the recipient every  
14 other month; and

15 d. Assure that service delivery is in accordance with an HCB recipient's plan of care;  
16 [~~and~~]

17 3. Not include a group conference; and

18 4. Include development of a plan of care that shall:

19 a. Be completed on the MAP-109-HCBW;

20 b. Reflect the needs of the HCB recipient;

21 c. List goals, interventions, and outcomes;

22 d. Specify services needed;

23 e. Determine the amount, frequency, and duration of services;

1 f. Provide for reassessment at least every twelve (12) months;

2 g. Be developed and signed by the assessment team, case manager, and HCB re-  
3 ipient or his family;

4 h. Be reviewed and signed by the attending physician, PA, or ARNP; and

5 k. Be submitted to the department no later than twenty-one (21) calendar days after  
6 receiving the department's verbal approval of NF level of care;

7 (d) A homemaker service which shall consist of general household activities and shall  
8 be provided:

9 1. By staff pursuant to Section 2(3)(j) and (k) of this administrative regulation; and

10 2. To an HCB recipient:

11 a. Who is functionally unable, but [~~and~~] would normally perform age-appropriate  
12 homemaker tasks; and

13 b. If the caregiver regularly responsible for homemaker activities is temporarily ab-  
14 sent or functionally unable to manage the homemaking activities;

15 (e) A personal care service which shall consist of age-appropriate medically-oriented  
16 services and [~~which shall~~] be provided:

17 1. By staff pursuant to Section 2(3)(j) and (k) of this administrative regulation; and

18 2. To an HCB recipient:

19 a. Who does not need [~~Whose needs are not of a~~] highly skilled or technical care [~~na-~~  
20 ~~ture~~];

21 b. For whom services are essential to the recipient's [~~his~~] health and welfare and not  
22 for the recipient's, [~~rather than his~~] family; and

23 c. Who needs assistance with age-appropriate activities of daily living;

1 (f) An attendant care service which shall consist of hands-on care that is: [~~which~~  
2 ~~shall:~~]

3 1. [~~Be~~] Provided by staff pursuant to Section 2(3)(j) and (k) of this administrative  
4 regulation to an HCB recipient who:

5 a. Is medically stable but functionally dependent and requires care or supervision  
6 twenty-four (24) hours per day; [~~and~~]

7 b. Has a family member or other primary caretaker who is employed and not able to  
8 provide care during working hours; [~~Has family or other support providing care but who~~  
9 ~~are employed outside the home and are unable to provide care during their working~~  
10 ~~hours. The family or friend providing care shall not be required to live in the same resi-~~  
11 ~~dence as the individual for whom he is providing care; however, he shall provide care or~~  
12 ~~supervision in the HCB recipient's home during the hours the attendant care provider is~~  
13 ~~not available; and~~]

14 c. Prior to being eligible for the HCB waiver program[~~,~~] in accordance with Section 4  
15 of this administrative regulation, was able to care for him or herself;

16 2. Not [~~be~~] of a general housekeeping nature; and

17 3. Not [~~be~~] provided to an HCB recipient who is receiving any of the following HCB  
18 waiver services:

19 a. Personal care;

20 b. Homemaker; or

21 c. ADHC;

22 (g) A respite care service which shall be short term care based on the absence or  
23 need for relief of the primary caretaker and be: [~~those persons normally providing the~~

1 ~~care and shall be:]~~

2 1. Provided by staff pursuant to Section 2(3)(j) and (k) of this administrative regula-  
3 tion who provide [~~provides~~] services at a level that appropriately and safely meets the  
4 medical needs of the HCB recipient in the following settings:

5 a. An HCB recipient's place of residence; or

6 b. An ADHC center; and

7 2. Provided to an HCB recipient who has care needs beyond normal child care; and

8 3. Used no less than every six (6) months; [baby sitting;]

9 (h) A minor home adaptation service which shall be a physical adaptation to a home  
10 that is necessary to ensure the health, welfare, and safety of an HCB recipient and

11 which shall:

12 1. Meet all applicable safety and local building codes;

13 2. Relate strictly to the HCB recipient's disability and needs;

14 3. Exclude an adaptation or improvement to a home that:

15 a. Has no direct medical or remedial benefit to the HCB recipient; or

16 b. Adds to the total square footage of a home; and

17 4. Be submitted on form MAP-95 for prior authorization; or

18 (i) An ADHC service which shall:

19 1. Except for an HCB recipient approved for an ADHC service prior to May 1, 2003,  
20 be provided to an HCB recipient who is at least twenty-one (21) years of age;

21 2. Include the following basic services and necessities provided to Medicaid waiver  
22 recipients during the posted hours of operation:

23 a. Skilled nursing services provided by an RN or LPN, including [~~which may include~~]

1 ostomy care, urinary catheter care, decubitus care, tube feeding, venipuncture, insulin  
2 injections, tracheotomy care, or medical monitoring;

3 b. Meal service corresponding with hours of operation with a minimum of one (1)  
4 meal per day and therapeutic diets as required;

5 c. Snacks;

6 d. Supervision by an RN [~~or other qualified staff~~];

7 e. Age and diagnosis appropriate daily activities; and

8 f. Routine services that meet the daily personal and health care needs of an HCB re-  
9 cipient, including:

10 (i) [~~and shall include~~] Monitoring of vital signs;

11 (ii)[,] Assistance with activities of daily living; and

12 (iii)[,] Monitoring and supervision of self-administered medications, therapeutic pro-  
13 grams, and incidental supplies and equipment needed for use by an HCB recipient;

14 3. Include ancillary services in accordance with 907 KAR 1:023 if ordered by a physi-  
15 cian, PA, or ARNP in an HCB recipient's ADHC plan of treatment. Ancillary services  
16 shall: [~~which:~~]

17 a. Consist of evaluations or reevaluations for the purpose of developing a plan which  
18 shall be carried out by the HCB recipient or ADHC center staff;

19 b. Be [~~Are~~] reasonable and necessary for the HCB recipient's condition;

20 c. Be [~~Are~~] rehabilitative in nature;

21 d. Include physical therapy provided by a physical therapist or physical therapist as-  
22 sistant, occupational therapy provided by an occupational therapist or occupational  
23 therapist assistant, or speech therapy provided by a speech-language pathologist; and

1 e. Comply with the physical [therapy], occupational [therapy], and speech therapy re-  
2 quirements established in ["Technical Criteria for Reviewing Ancillary Services for  
3 Adults"; ~~February 2000 Edition~~ and "~~Technical Criteria for Reviewing Ancillary Services~~  
4 ~~for Pediatrics, April 2000 Edition~~";]

5 4. Include respite services pursuant to paragraph (g) of this subsection;

6 5. Be provided to an HCB recipient by the health team in an ADHC center which may  
7 include:

8 a. A physician;

9 b. A physician assistant;

10 c. An ARNP;

11 d. An RN;

12 e. An LPN;

13 f. An activities director;

14 g. A physical therapist;

15 h. A physical therapist assistant;

16 i. An occupational therapist;

17 j. An occupational therapist assistant;

18 k.[i-] A speech pathologist;

19 l.[j-] A social worker;

20 m.[k-] A nutritionist; [ø]

21 n.[l-] A health aide; [æ]

22 o. An LPCC;

23 p. An LFMT;

1 q. A certified psychologist with autonomous functioning; or

2 r. A licensed psychological practitioner; and

3 6. Be provided pursuant to a plan of treatment developed and signed by the physi-  
4 cian, PA, or ARNP in consultation with the ADHC RN and recipient or his legal repre-  
5 sentative. The plan of treatment shall: [~~appropriate ADHC center staff which:~~]

6 a. Include [~~Includes~~] pertinent diagnoses, mental status, services required, frequency  
7 of visits to the ADHC center, prognosis, rehabilitation potential, functional limitation, ac-  
8 tivities permitted, nutritional requirements, medication, treatment, safety measures to  
9 protect against injury, instructions for timely discharge, and other pertinent information;  
10 [~~and~~]

11 b. [~~Shall~~] Be reviewed and revised, if needed, and a copy sent to the department  
12 every ninety (90) days; and

13 c. Include the signatures of the ADHC RN and the recipient or his legal representa-  
14 tive.

15 (3) Modification of an ancillary therapy service or an ADHC unit of service shall re-  
16 quire prior authorization as follows:

17 (a) Prior authorization shall:

18 1. Be requested by an RN or designated ADHC center staff; and

19 2. [~~shall~~] Require submission of the modification section [~~items 4 through 5 of page~~  
20 ~~40]~~ of a MAP-351[A] form and a MAP-109-HCBW form to the department;

21 (b) An RN or designated ADHC center staff shall forward a copy of the documents  
22 required in paragraph (a) of this subsection to the HCB case manager or the con-  
23 sumer's support broker for inclusion in the HCB recipient's case records within ten (10)

1 working days of the prior authorization request; and

2 (c) Upon approval or denial of a prior authorization request, the department shall pro-  
3 vide written notification to [~~notify, in writing,~~] the HCB agency, the ADHC center, and the  
4 HCB recipient.

5 (4) Covered CDO services shall include the following:

6 (a) A home and community support service that shall be provided:

7 1. By an individual who meets the requirements in Section 2(3) of this administrative  
8 regulation;

9 2. To an HCB recipient who is not currently receiving case management, homemak-  
10 ing, personal care, attendant care, or respite services; and

11 (b) A service provided by a support broker that shall:

12 1. Provide assistance to a consumer with all aspects of the CDO service and may in-  
13 clude:

14 a. Completing or revising a MAP-109-HCBW by using the Person Centered Planning;  
15 Guiding Principles during the development of the plan of care;

16 b. Recruiting, hiring, and managing individuals who provide a home and community  
17 support service;

18 c. Completing and submitting the following forms:

19 (i) MAP-070, Consumer Directed Options Program Representative Designation Form;

20 (ii) MAP-071, Consumer Rights and Responsibilities Under the Consumer Directed  
21 Options Program;

22 (iii) MAP-073, Termination of Consumer Directed Option (CDO); and

23 (iv) MAP-074, Consumer Directed Option Provider Agreement; or

1 d. Coordinating all services for consumers;

2 2. Be available twenty-four (24) hours per day, seven (7) days per week; and

3 3. Ensure all applicable federal and state laws and requirements are met.

4 (5) A consumer who is unable to self-direct may designate a CDO representative who  
5 shall:

6 (a) Be twenty-one (21) years of age or older; and

7 (b) Sign a completed MAP-070.

8 (6) A consumer may voluntarily terminate CDO services by completing a MAP-073.

9 (7) If imminent danger to a consumer's health, safety or welfare exists, the depart-  
10 ment shall terminate the consumer's participation in the CDO program immediately with-  
11 out notice by completing a MAP-073. Upon termination, the department shall notify the  
12 consumer in writing.

13 (8) The department may terminate a consumer's participation in the CDO program  
14 upon determination that the consumer or CDO employee has not adhered to the provi-  
15 sions of the completed MAP-109-HCBW. Prior to the consumer's termination from CDO  
16 services, the department shall:

17 (a) Notify the HCBW assessment or reassessment service provider and consumer of  
18 the department's intent to terminate the consumer's participation;

19 (b) Assist the consumer in developing a resolution and prevention plan;

20 (c) Allow ninety (90) days for the consumer to:

21 1. Resolve the issue, develop and implement a prevention plan; or

22 2. Designate a CDO representative; and

23 (d) Send a MAP-073 to the consumer ninety (90) days after the department's notice

1 of its intent to terminate the consumer's participation in the CDO program if the con-  
2 sumer fails to meet the requirements of paragraph (c) of this subsection.

3 (9) Upon termination from CDO services, a consumer shall transition to HCBW ser-  
4 vices.

5 Section 6. Use of Electronic Signatures.

6 (1) The creation, transmission, storage, and other use of electronic signatures and  
7 documents shall comply with the requirements established in KRS 369.101 to 368.120.

8 (2) A home health provider that chooses to use electronic signatures shall:

9 (a) Develop and implement a written security policy that shall:

10 1. Be adhered to by each of the provider's employees, officers, agents and contrac-  
11 tors;

12 2. Identify each electronic signature for which an individual has access; and

13 3. Ensure that each electronic signature is created, transmitted, and stored in a se-  
14 cure fashion;

15 (b) Develop a consent form that shall:

16 1. Be completed and executed by each individual using an electronic signature;

17 2. Attest to the signature's authenticity; and

18 3. Include a statement indicating that the individual has been notified of his responsi-  
19 bility in allowing the use of the electronic signature; and

20 (c) Provide the department with:

21 1. A copy of the provider's electronic signature policy;

22 2. The signed consent form; and

23 3. The original filed signature immediately upon request.

1        Section 7. Appeal Rights. An appeal of a department determination regarding NF  
2 level of care or services to an HCB recipient or a consumer shall be in accordance with  
3 907 KAR 1:563.

4        Section 8[7]. Incorporation by Reference.

5        (1) The following material is incorporated by reference:

6        (a) "Department for Medicaid Services Adult Day Health Care Services Manual", May  
7 2005 edition;

8        (b) "Department for Medicaid Services Home and Community Based Waiver Services  
9 Manual", September 2006 edition;

10       (c) "Person Centered Planning: Guiding Principles", March 2005 edition;

11       (d) "Technical Criteria for Reviewing Ancillary Services for Adults", November 2003  
12 edition;

13       (e) "MAP-24, The Commonwealth of Kentucky, Cabinet for Health and Family Ser-  
14 vices, Department for Community Based Services", February 2001 edition;

15       (f) "MAP-070, Consumer Directed Options Program Representative Designation  
16 Form", March 2005 edition;

17       (g) "MAP-071, Consumer Rights and Responsibilities Under the Consumer Directed  
18 Options Program", August 2006 edition;

19       (h) "MAP-073, Termination of Consumer Directed Option (CDO)", March 2005; and

20       (i) "MAP-074, Commonwealth of Kentucky, Cabinet for Health and Family Services,  
21 Department for Medicaid Services, Consumer Directed Option Provider Agreement",  
22 September 2006 Edition;

23       (j) "MAP-95 Request for Equipment Form" Commonwealth of Kentucky, Cabinet for

1 Health and Family Services, Department for Medicaid Services, September 2002 edi-  
2 tion;

3 (k) "MAP-109-HCBW, Plan of Care/Prior Authorization for HCB Waiver Services",  
4 September 2006 edition;

5 (l) "MAP-350, Long Term Care Facilities and Home and Community Based Program  
6 Certification Form", January 2000 edition;

7 (m) " MAP-351, The Department for Medicaid Services, HCB Waiver Client Assess-  
8 ment", September 2006 edition; [~~" MAP-351A, The Department for Medicaid Services,~~  
9 ~~HCB Waiver Client Assessment", "June 2002 Edition";~~

10 ~~(b) "MAP-24, The Commonwealth of Kentucky, Cabinet for Families and Children,~~  
11 ~~Department for Community Based Services", January 2000 edition;~~

12 ~~(c) "MAP-350, Long Term Care Facilities and Home and Community Based Program~~  
13 ~~Certification Form", January 2000 edition;~~

14 ~~(d) "MAP-95 Request for Equipment Form" Commonwealth of Kentucky, Cabinet for~~  
15 ~~Human Resources, Department for Medicaid Services, April 1988 edition;~~

16 ~~(e) "Technical Criteria for Reviewing Ancillary Services for Adults", "February 2000~~  
17 ~~Edition"; and~~

18 ~~(f) "Technical Criteria for Reviewing Ancillary Services for Pediatrics", "April 2000 Edi-~~  
19 ~~tion";~~

20 ~~(g) "MAP 109-HCBW, Plan of Care/Prior Authorization for HCB Waiver Services",~~  
21 ~~March 2003 Edition";~~

22 ~~(h) "Department for Medicaid Services Adult Day Health Care Services Manual,~~  
23 ~~March 2003 Edition"; and~~

1 (i) ~~"Department for Medicaid Services Home and Community Based Waiver Services~~  
2 ~~Manual March 2003 Edition".]~~

3 (2) This material may be inspected, copied, or obtained, subject to applicable copy-  
4 right law, at the Department for Medicaid Services, 275 East Main Street, Frankfort,  
5 Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.

907 KAR 1:160

REVIEWED:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Glenn Jennings, Commissioner  
Department for Medicaid Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mike Burnside, Undersecretary  
Administrative and Fiscal Affairs

APPROVED:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mark D. Birdwhistell, Secretary  
Cabinet for Health and Family Services

907 KAR 1:160

A public hearing on this administrative regulation shall, if requested, be held on October 23, 2006, at 9:00 a.m. in the Health Services Auditorium, Health Services Building, First Floor, 275 East Main Street, Frankfort, Kentucky. Individuals interested in attending this hearing shall notify this agency in writing by October 16, 2006, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. The hearing is open to the public. Any person who attends will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to attend the public hearing, you may submit written comments on the proposed administrative regulation. You may submit written comments regarding this proposed administrative regulation until close of business October 31, 2006. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to:

**CONTACT PERSON:** Jill Brown, Office of Legal Services, 275 East Main Street 5 W-B, Frankfort, KY 40601, (502) 564-7905, Fax: (502) 564-7573

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation #: 907 KAR 1:160

Cabinet for Health and Family Services

Department for Medicaid Services

Agency Contact Person: Stuart Owen or Stephanie Brammer-Barnes (502-564-6204)

- (1) Provide a brief summary of:
  - (a) What this administrative regulation does: This administrative regulation establishes the provisions for home and community based waiver services.
  - (b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the provisions for the home and community based waiver services.
  - (c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the content of the authorizing statutes by establishing the provisions for the home and community based waiver services.
  - (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists in the effective administration of the statutes by establishing the provisions for the home and community based waiver services.
  
- (2) If this is an amendment to an existing administrative regulation, provide a brief summary of:
  - (a) How the amendment will change this existing administrative regulation: This amendment establishes a consumer-directed option services program that allows Medicaid home and community based waiver participants to assist with the design of their programs, choose their providers of services, and direct the delivery of services to meet their needs.
  - (b) The necessity of the amendment to this administrative regulation: This amendment is necessary to implement the consumer-directed option services program established by KRS 205.5606.
  - (c) How the amendment conforms to the content of the authorizing statutes: This amendment conforms to the content of KRS 205.2605 and 205.5606 by implementing the consumer-directed option services program.
  - (d) How the amendment will assist in the effective administration of the statutes: This amendment assists in the effective administration of the statutes by implementing a consumer-directed option services program for home and community based waiver recipients in accordance with KRS 205.5605 and 5606.
  
- (3) List the type and number of individuals, businesses, organizations, or state and local government affected by this administrative regulation: This administrative regulation will affect Medicaid's home and community based waiver recipients who opt to participate in the consumer-directed services program. Currently, there are approximately 13,000 members enrolled in the home and community

based waiver program.

- (4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:
  - (a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Medicaid home and community based waiver recipients may opt to participate in the consumer directed option services program. An individual who chooses to participate will be assisted by a support broker. Individual who wish to provide consumer directed services must meet basic requirements including: complete and submit a consumer directed option provider agreement to the consumer's support broker, complete a self-directed and consumer-directed service training curriculum, complete cardiopulmonary resuscitation and first aid training, be a United States citizen, sign a confidentiality agreement, report any suspected abuse, neglect or exploitation, declare in writing that they are free of infectious or contagious disease, demonstrate ability to safely attend to consumer, provide record keeping services for the consumer and be able to communicate effectively.
  - (b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3). This amendment is required by KRS 205.5606 and does not impose a cost on regulated entities.
  - (c) As a result of compliance, what benefits will accrue to the entities identified in question (3). A home and community based waiver recipient who enrolls in the consumer directed option program will be able to assist with the design of their programs, choose their providers of services, and direct the delivery of services to meet their needs. This initiative allocates a monthly budgeted allowance to consumers to spend on nonresidential and nonmedical home and community based services and supports.
  
- (5) Provide an estimate of how much it will cost to implement this administrative regulation:
  - (a) Initially: Pursuant to KRS 205.5606(1), the budget allowance made available each month to consumers for purchasing covered services and supports shall not exceed the amount that would have been allocated in the traditional Medicaid program for nonresidential and nonmedical services for the consumer; however, the department is absorbing an administrative cost (support brokers and fiscal intermediaries). Additionally, utilization is unpredictable; therefore, the Department for Medicaid Services (DMS) is unable to determine a precise fiscal impact at this time.
  - (b) On a continuing basis: Pursuant to KRS 205.5606(1), the budget allowance made available each month to consumers for purchasing covered services and supports shall not exceed the amount that would have been allocated in the traditional Medicaid program for nonresidential and nonmedical services for the consumer; however, the department is absorbing an administrative cost (support brokers and fiscal intermediaries). Additionally, utilization is unpredictable; therefore, the Department for Medicaid Services (DMS) is unable to determine a

precise fiscal impact at this time.

- (6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The sources of revenue to be used for implementation and enforcement of this administrative regulation are federal funds authorized under the Social Security Act, Title XIX and matching funds of general fund appropriations.
- (7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: Neither an increase in fees or funding will be necessary to implement this administrative regulation.
- (8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish or increase any fees.
- (9) Tiering: Is tiering applied? (Explain why tiering was or was not used)

Tiering was not appropriate in this administrative regulation because the administrative regulation applies equally to all those individuals or entities regulated by it. Disparate treatment of any person or entity subject to this administrative regulation could raise questions of arbitrary action on the part of the agency. The “equal protection” and “due process” clauses of the Fourteenth Amendment of the U.S. Constitution may be implicated as well as Sections 2 and 3 of the Kentucky Constitution.

## FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Reg NO: 907 KAR 1:160

Contact Person: Stuart Owen or Stephanie  
Brammer-Barnes (564-6204)

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments or school districts)?

Yes X No \_\_\_\_\_

If yes, complete 2-4.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? This amendment will affect each Medicaid home and community based waiver recipient who opts to participate in the consumer directed option program.
3. Identify each state or federal regulation that requires or authorizes the action taken by the administrative regulation. This amendment is required by KRS 205.5605 and 205.5606.
4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.
  - (a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This amendment will not generate revenue for state or local government during the first year of program administration.
  - (b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? This amendment will not generate revenue for state or local government during subsequent years of program administration.
  - (c) How much will it cost to administer this program for the first year? This amendment will not result in additional costs during the first year of program administration.
  - (d) How much will it cost to administer this program for subsequent years? This amendment will not result in additional costs during subsequent years of program administration.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): \_\_\_\_\_

Expenditures (+/-): \_\_\_\_\_

Other Explanation: No additional expenditures are necessary to implement this amendment.

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

907 KAR 1:160, Home and community based waiver services

Summary of Material Incorporated by Reference

1. The "MAP-351, The Department for Medicaid Services, HCB Waiver Client Assessment", September 2006 edition. This form, which was revised in September 2006, serves as the assessment tool for HCB waiver services. Providers were permitted to use the prior edition until the effective date of this regulation. This form contains thirteen (13) pages.
2. "The MAP-109-HCBW, Plan of Care/Authorization for HCB Waiver Services", September 2006 edition. This form, which was revised in September 2006, serves as the plan of care for the HCB recipient, the prior authorization request for HCB waiver services and Support Spending Plan for consumer-directed services. Providers were permitted to use the prior edition until the effective date of this regulation. This form contains four (4) pages.
3. "The MAP-24, The Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Community Based Services", February 2001 edition. This form documents an HCB recipient's admissions and discharges to and from the HCB waiver program. This form contains one (1) page.
4. "The MAP-350, Long Term Care Facilities and Home and Community Based Program Certification Form", January 2000 edition. This form documents an HCB recipient was given the choice of receiving HCB waiver services or institutional services. This form contains two (2) pages.
5. "The MAP-95, Request for Equipment Form", Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Medicaid Services, September 2002 edition. This form serves as a prior authorization tool for minor home adaptations. This form contains one (1) page.
6. "Technical Criteria for Reviewing Ancillary Services for Adults", November 2003 edition. These criterion are designed to serve as a guide for HCB providers in the provision of ancillary therapies. This guide replaces the February 2000 version. This contains sixteen (16) pages.
7. "Department for Medicaid Services Home and Community Based Waiver Services Manual", September 2006 edition. This manual is designed to serve as a guide for HCB waiver providers regarding service provision. This manual replaces the March

2003 version and contains a new section (Section VI) that includes forms to be used under the Consumer Directed Option. The manual is divided into five (6) sections and contains fifty-four (54) pages.

8. "Department for Medicaid Services Adult Day Health Care Services Manual", May 2005 edition. This manual is designed to serve as a guide for ADHC providers regarding service provision. This manual replaces the March 2003 edition. This manual is divided into five (5) sections and contains fifty (50) pages.
- 9."MAP-074, Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Medicaid Services, Consumer Directed Options Provider Agreement", September 2006 edition. This new form is designed to enroll individuals to provide CDO services. This form contains two (2) pages.
- 10."MAP-071, Consumer Rights and Responsibilities Under the Consumer Directed Options Program", August 2006 edition. This new form is designed to educate individuals of their rights and responsibilities when participating in the CDO program. This form contains one (1) page.
- 11."MAP-070, Consumer Directed Options Program Representative Designation Form", March 2005 edition. This new form is designed to allow an individual to designate a representative in the CDO program. This form contains one (1) page.
- 12."MAP-073, Termination of Consumer Directed Option (CDO)", March 2005 edition. This new form is designed to document an individual's termination from the CDO program. This form contains one (1) page.
- 13."Person Centered Planning: Guiding Principles", March 2005 edition. This new document outlines the principles utilized when conducting person centered planning. This form contains one (1) page.

A total of one hundred sixty (160) pages are incorporated into this administrative regulation by reference.