



Home and Community Based Waiver Blended Participant Guide

Department for Aging and Independent Living

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What are blended services?

In the Home and Community Based Waiver there are three choices as to how to get the services you need. The first is through traditional providers such as Adult Day Health Centers, Home Health agencies, or Personal Services agencies. In the second option, you hire and train your own employees which is called Participant Directed Services (PDS). The third option is called Blended Services. You may choose to get medical treatment such as dressing changes, or attend an Adult Day Care two days a week for Respite and have PDS employees to take you to medical appointments or to social activities.

All of the rules from both traditional and PDS services apply when using blended services. Your Person centered Service Plan (PCSP) will schedule your service providers based on the needs that your assessor identified in their assessment. Remember, you may only have one provider at a time and the total cost per day can not exceed the \$200 for all services.

For example, you may attend 8 hours of Adult Day Health Care so your primary caregiver may go to work for a total cost of \$92.16. Your PDS employee will cook dinner for you and get you ready for bed for a total of three hours the same day for a cost of \$34.56. Your total cost to Medicaid will be \$126.72 for that day's care, which is under the maximum of \$200.00.

Both the traditional and Participant Directed services options are explained completely in the attached parts of the Participant Guide.