

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Introduction	DAIL-PCAP-18.1
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Introduction

Personal Care Attendant Program has its roots in the Independent Living movement, which grew out of the self-help philosophy of the 1960's and 1970,'s with a goal for people with physical disabilities to live their lives as normally as possible. A "normal" life means living independently as much as humanly possible.

Independent living, what we all want, means living at home. For an elderly person, it may mean staying out of a nursing home; for a young person with physical disabilities, it may mean leaving an institution and establishing his/her own residence.

This "self-help" concept of living, as independently as possible, is built into state legislation in the form of the Personal Care Attendant Services.

Legislative Authority and Intent

The Kentucky General Assembly with KRS 205.900 – 205.920 mandates Personal Care Services for Severely Physically Disabled Adults. The Cabinet for Health and Family Services (CHFS) is responsible for the provision of Personal Care Assistance Services. The primary intent of the legislation is to provide severely physically disabled adults who are at risk of institutional care the opportunity to live within their own homes and communities. The physically disabled adult will be assisted in independent living by the provision of a subsidy to assist in securing personal assistance services.

History of PCAP in Kentucky

On July 1, 1984, the Personal Care Attendant Demonstration Project was mandated by the General Assembly. The Demonstration Program served 123 disabled persons in 1985. In 1986, the General Assembly dropped the "demonstration" status and mandated statewide coverage and service to at least 200 disabled adults.

KRS 205.905 authorizes subsidy payments from the Cabinet to eligible severely physically disabled adults in order that they may purchase attendant services. The potential or actual recipient of subsidy payments is responsible for obtaining evaluation of his eligibility and continuing status "from a qualified agency or organization which employs evaluation teams" for this purpose.

Eligibility requirements as based on state statues are:

- (1) Have at least two (2) non-functional limbs.

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- (2) Be 18 years of age or older.
- (3) Be able to recruit, hire, supervise and fire an attendant.
- (4) Need not less than 14 hours of attendant services per week.

The Cabinet contracts with the area development districts that in turn contract with provider agencies, which assess eligibility through “evaluation teams”. A three-member evaluation team composed of a program coordinator and at least two of the following: Occupational Therapist, Physical Therapist, Registered Nurse, Director or Executive Director of the qualified agency, a fiscal officer of the qualified agency, a mental health provider, an in-home service coordinator or another entity involved in the participant’s care. This team evaluates the applicant to determine the number of hours needed for personal care and reports its findings and recommendations to the area development district for final review of applicants. The statutes at this point state: “The contract agency also contracts for the services of a program coordinator for this program”.

“Personal care assistance services”, as defined by KRS 205.900(3), means services required by a disabled adult to achieve greater physical independence and which include, but are not limited to:

- (1) Routine bodily functions, such as bowel or bladder care;
- (2) Dressing;
- (3) Housecleaning and laundry;
- (4) Preparation and consumption of food;
- (5) Moving in and out of bed;
- (6) Routine bathing;
- (7) Ambulation; and,
- (8) Any other similar activity of daily living

Individualized care plans may be developed jointly by the disabled person and the program coordinator.

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Definitions

The program has been designed as a personal care and physical assistance program to help disabled adults with tasks of “Activities of Daily Living” and “Instrumental Activities of Daily Living.”

- (1) Activities of Daily Living (ADLs) are feeding, bathing, and dressing oneself, transferring and toileting.
- (2) Administrative Support Personnel are staff designated within the Area Development District who offer technical assistance to, and monitor the activities of, the contract agency.
- (3) Approved Plan means an agreement between the department and contract agency to administer the personal care attendant program.
- (4) Authorized Representative of the Cabinet means the Commissioner of the Department of Aging and Independent Living or official designee.
- (5) Care Plan means an individualized plan of action as decided by the participant with assistance from the case manager regarding goals and objectives of participation in the program.
- (6) Program Coordination is the process of planning, negotiating, coordinating, monitoring and advocacy to assure that appropriate, timely and cost effective services are provided to meet participants’ needs.
- (7) Contract Agency means the agency with whom the cabinet has contracted to administer the personal care attendant program.
- (8) Evaluation Team means three persons employed or contracted by a qualified agency, including a program coordinator and two of the following:
 - (a) registered nurse,
 - (b) an occupational or physical therapist,
 - (c) director or executive director of the qualified agency,
 - (d) a fiscal officer of the qualified agency,
 - (e) a mental health provider,
 - (f) an in-home service coordinator,
 - (g) or another entity involved in the participant’s care (Defined by KRS 205.900(2))
- (9) Evaluation Team’s Recommendations are the official response of the team as signed by all three (3) team members.
- (10) Immediate Family Member means wife, husband, son, daughter, son-in-law, daughter-in-law, mother, father, brother, sister, stepparent and stepchild.

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- (11) Income Eligibility Standard means a formula to determine an applicant's income eligibility for the Personal Care Attendant Program that addresses how the "unique economic needs of severely physically disabled adults" will be addressed. (910 KAR 1:090)
- (12) Instrumental Activities of Daily Living (IADLs) are cooking, shopping, laundry, housekeeping, and other assistance necessary to maintain a person in his or her own home.
- (13) Living Arrangement means a non-institutional environment for a physically disabled adult who lives alone or with family or others.
- (14) Mentally Capable means an adult who is able to recruit, hire, fire, and supervise the persons who provide personal care assistance services. There is no provision for a proxy in the statute for this program (KRS 205.905)
- (15) Participant means a person accepted into the Personal Care Attendant Program who has met the eligibility requirements of a severely physically disabled adult.
- (16) Personal Care Attendant means a person who provides personal care attendant services as described above.
- (17) Personal Care Attendant Services are services to assist an adult with physical disabilities in performing the "Activities of Daily Living," "Instrumental Activities of Daily Living," in routine bodily function care (bowel and bladder), turning, repositioning, and when needed or necessary, in ambulation and emergency procedures (Defined in KRS 205.900(3)).
- (18) Pre-Screening is a short process, using a quick checklist, which assesses whether or not an applicant appears to meet the basic requirements for eligibility as established in statutes.
- (19) Qualified Agency means an agency or organization whose purpose is to provide services to severely physically handicapped adults to enable them to live as independently as possible and a majority of whose board is consumers or such services (KRS 205.900).
- (20) Severely Physically Disabled Adult is a person 18 years or older, with permanent or temporary, recurring loss of two or more limbs, who is dependent on others to carry out one (1) or more activities of daily living or who is dependent on others for mobility assistance (Defined by KRS 205.900).
- (21) Subsidy means the financial reimbursement paid by the cabinet to an adult who qualifies to receive personal care assistance services in accordance with KRS 205.910 (2).
- (22) Work Agreement means a work agreement of time and tasks developed by the participant as employer, for the attendant as employee.

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Eligibility

To receive Attendant Care services a person must meet both the program and income standards listed in 901 KAR 1:090 Section 2. The legislation defines severely physically disabled adults as “a person 18 years of age or older with permanent or temporary, recurring functional loss of two or more limbs”. The disabled adult shall have the management responsibility including, but not limited to, the recruiting, hiring, supervising and firing of the attendant. Personal care assistance services as defined by the law are “services which are required by a severely physically disabled adult to achieve greater physical independence”.

Program Standards

To be eligible for attendant care, a person shall:

- (1) Be eighteen years of age or older.
- (2) Be severely physically disabled as defined by KRS 205.900: “With permanent or temporary, recurring functional loss of two or more limbs”.
- (3) Need not less than fourteen hours of attendant care per week or need an attendant at night.
- (4) Reside, or through this program be able to reside, in a non-institutional setting.
- (5) Agree to evaluation of his/her eligibility for personal care services by an evaluation team from a qualified agency or organization.
- (6) Be mentally capable of instructing and supervising attendants.
- (7) Agree that his/her need for continuing attendant care shall be subject to an initial evaluation and re-evaluations at yearly intervals.
- (8) Work with the designated program coordinator and attendant in establishing a personal care plan to be the basis of agreement between the disabled person and his/her attendant.
- (9) Meet income eligibility criteria established by the Cabinet.
- (10) Be capable of preparing attendant payroll reports and required employer tax statements.

Income Eligibility Standards

If the applicant meets program standards and funds are available for subsidy, the Program Coordinator will determine income eligibility and any cost sharing responsibilities of the participant. The Program Coordinator will determine income eligibility by completing the appropriate parts of DAIL-PCAP-08 and DAIL-PCAP-03. Instructions for these forms are included in section 16 of this chapter. If the participant must pay out of pocket for some part of the cost of Attendant Care, the

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Qualified Agency must have a procedure in place to monitor that the participant is meeting the responsibility.

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Application and Evaluation/Re-evaluation

The contract agency and the qualified agency will have in place a process for accepting referrals, completing an application for services, evaluating the applicants' needs and making recommendations to the contract agency. The contract agency must notify the qualified agency and the participants whether the recommendations of the evaluation team are accepted or not and the reasons.

Referrals:

- (1) Self, family, other persons or agencies may make referrals to the Personal Care Attendant Program. Referrals will be submitted to a Program Coordinator or designee who will prescreen the referral.

Prescreening:

- (2) The Program Coordinator or designee will have a process in place to prescreen referrals to determine if the applicant is interested in the program and if they appear to meet program and income eligibility requirements. The Department does not require a standard prescreening form but will make an example available. The Program Coordinator will provide assistance and information to the referee about other programs that may meet their needs. The Program Coordinator or designee will maintain a file of prescreening forms.

Application for Services:

- (3) When prescreening information indicates interest and eligibility, the Program Coordinator shall visit the applicant and assist in the completion of the "DAIL-PCAP-01 Application". Based upon specific disabilities and needs of the applicant, the Program Coordinator may want one or more members of the Evaluation Team to visit the applicant and assist in completing the Application. The "DAIL-PCAP-05 Evaluation" shall be completed and signed by all the team members.

Evaluation Team Findings and Recommendations:

- (4) The three members of the Evaluation Team will complete and sign a DAIL-PCAP-07 Evaluation Team Findings and Recommendations in compliance with instructions listed in Forms and Instructions of this chapter. This form

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is to be completed on all new Evaluations of applicants and Re-evaluations of participants.

Qualified Agency Requirements:

- (5) As required by statute the provider agency will report the evaluation team's findings and recommendations to the area development district (as the Cabinet's representative) for final review of participants.

Contract Agency Requirements:

- (6) A contract agency shall:
 - (a) Review the recommendations of the evaluation team and notify the qualified agency in writing of the final determination within ten (10) business days of a receipt of the recommendations.
 - (b) Notify the applicant or participant in writing within twenty (20) business days of receipt of the recommendations in compliance with KRS 205.905(3) whether the recommendations of the evaluation team are accepted or not and the reasons for the contract agency's decision.

Applicant/Participant Right to Appeal:

- (7) The participant/applicant may appeal any negative action of the qualified agency or contract agency. Procedures for requesting a fair hearing are included in this chapter.

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Waiting List

If the district Personal Care Attendant Program is at capacity, the Program Coordinator will place the name of an applicant who has been Pre-Screened and appears to meet program eligibility standards on an approved waiting list.

The order of placement on the waiting list for an applicant shall be determined by first come basis and by category of need in priority order as follows:

- (1) Emergency situation because of an eminent danger to self or at risk of institutionalization as determined by any of the following:
 - (a) Abuse, neglect or exploitation of the applicant as determined by the Department for Community Based Services;
 - (b) The death or loss of the individual's Primary Caregiver and the lack of an alternative caregiver;
 - (c) Loss of housing

- (2) Urgent Situation because adequate community supports do not exist and within six (6) months the following may apply:
 - (a) Threatened loss of the individual's existing funding source;
 - (b) Threatened loss of the individual's Primary Caregiver due to illness, disability or other factors;
 - (c) The individual is residing in a temporary or inappropriate placement but their health and safety are assured.

- (3) Stable because currently a reasonable support system exists.

Priority order

Documentation of the individuals with Emergency or Urgent situations will be maintained. The documentation will include at least the date of the situation, a narrative description of the situation, any action taken and efforts to refer the applicant to other programs. If more than one individual has an emergency, the applicant with the earliest date will be at the head of the waiting list.

Waiting List Maintenance

The waiting list will be monitored and purged at least every six (6) months. Annually, the Program Coordinator will send a post card or contact by phone each person on

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the waiting list to determine if he/she still wants to be considered for services. Those who do not reply may be removed from the waiting list. The Program Coordinator will notify the applicant in writing that their name will be removed because they did not contact the Program Coordinator or Qualified Agency. If a person on the top of the waiting list refuses services, their name will be placed at the bottom of the list.

Referrals to other programs

The Program Coordinator will assist applicants on the waiting list with referrals to other programs, especially the Consumer Directed Option (CDO) of the Medicaid waiver program. This option offers to eligible individuals Attendant Care opportunities similar to PCAP. This will allow PCAP to be a primary resource to those individuals who are not eligible for the Medicaid Waiver CDO.

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Relocation

- (1) If an eligible participant receiving personal care assistance services relocates to another service area to complete a training or educational course, the participant shall remain a client of the service area of origin, if the:
 - (a) Participant considers the personal care attendant program district of origin to be his or her place of residence; and
 - (b) Participant's purpose for relocation is to complete a course of education or training to increase employment skills.
- (2) The receiving service area shall provide courtesy monitoring to coordinate the aspects of program requirements.
- (3) The service area of origin shall retain responsibility for the following:
 - (a) Payment of a subsidy, if the participant meets eligibility for the duration of the educational or training course; and
 - (b) Monthly programmatic and financial reports
- (4) The receiving service area shall forward a copy of reports to the service area of origin.
- (5) If a participant moves from one service area of origin to another for any reason other than relocation for a training or educational course, the participant's program funding shall be transferred as follows:
 - (a) The service area of origin will transfer the subsidy along with the Program Coordination and Evaluation funds to the receiving service area monthly. The receiving area will provide the area of origin a monthly report. This transfer will be effective for the remainder of the fiscal year or until the participant's services are terminated.
 - (b) The service area of origin and the receiving area will show this transfer separately on monthly program and financial reports.
 - (c) By March 31 of the fiscal year, the receiving area will notify the Department that it appears the participant will continue to reside in the district. The Department will transfer the subsidy and Program Coordination and Evaluation funds from the original service area to the new service area as a separate allocation.
- (6) If the participant's personal care assistance services terminate, the program funding shall return to the original service area as follows:

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- (a) The new service area will notify the Department when the participant has terminated and the amount of funds remaining.
- (b) The Department will amend the contracts for both districts to transfer funding from the receiving service area to the original service area.

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Suspension of Services

Personal Care Attendant Program services shall be suspended for any of the following reasons:

- (1) Condition improved - on reevaluation participant is determined to need less than 14 hours of care per week.
- (2) Conditioned worsened – on reevaluation participant is determined to need more hours of care than the program can provide and to be in danger when left alone due to lack of other caregivers.
- (3) Participant's behavior clearly presents a danger to the case manager or attendant.
- (4) Participant is unwilling or unable to submit required employer taxes.
- (5) Participant and case manager cannot agree upon a care plan or participant consistently fails to comply with care plan.
- (6) Participant moves from Kentucky or to an area where funding limitations prohibit services being rendered.
- (7) Participant moves into an area of Kentucky where no services are contracted, unless such relocation remains feasible for the closest contractor, feasibility being determined by the qualified agency.
- (8) Participant fails to hire an attendant.
- (9) Participant expires, or is admitted to a long-term care facility.
- (10) Participant requests suspension of services.
- (11) If the participant fails to hire an attendant within 60 days, the Program Coordinator will offer technical assistance and inform the participant that failure to hire an attendant could lead to suspension of services and the loss of subsidy. The Program Coordinator and participant will draft a plan of action to correct the problem.

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Participation Responsibilities

The eligible person's responsibilities shall include but not be limited to the following:

- (1) Recruiting, screening, interviewing, selecting, hiring, instructing on specific personal care duties, supervising attendants, evaluating attendant care and firing attendants
- (2) Discussing and coming to agreement with each attendant about what services are to be provided
- (3) Assuming responsibility as an employer by keeping records and reporting to the qualified agency for payment of the personal care attendant, when appropriate
- (4) Computing the payroll, computing tax withholdings, and actual payment of all required taxes appropriate to being an employer.
- (5) Establishing terms of employment for attendant to include time, hours, duties and responsibilities; This must be in the form of a written, signed agreement between the disabled adult and the attendant
- (6) Coordinating with the program coordinator all aspects of program requirements
- (7) Negotiating for room and board for an attendant as specified in Section 9(4) (a) of the administrative regulation

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Attendant Responsibilities	DAIL-PCAP-18.9
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Attendant Responsibilities

The attendant's responsibilities shall include but are not limited to the following:

- (1) Enter into written agreement for terms of work as specified by the eligible participant.
- (2) Perform the tasks agreed on between the eligible person and attendant.
- (3) Perform tasks as instructed by the participant and with care to avoid injury and/or discomfort to the participant.
- (4) Report to work as scheduled.
- (5) Maintain the privacy and confidentiality of the participant.
- (6) Notify disabled adult at least six hours in advance when ill or unable to come to work that day.
- (7) Maintain a list of emergency numbers.
- (8) Attend with disabled adult training related to specific care needs.
- (9) Keep daily record of hours worked and services rendered.
- (10) Submit to the participant in a timely manner all documents and material necessary to comply with formal payment process.
- (11) Meet with participant and program coordinator for monitoring and coordinating all aspects of the program.
- (12) Disclose any misdemeanor or felony convictions and authorize the participant to obtain a record check on the attendant through law enforcement agencies.
- (13) Notify program coordinator of conditions that seriously threaten the health or safety of the participant or attendant.
- (14) Submit to a criminal background check:
 - (a) Not be found on the Kentucky Nurse Aid Abuse Registry

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Attendant Payment

The amount of attendant payment determined shall comply with the following:

- (1) The maximum hourly rate for direct personal attendant care services shall be no more than ten (10) percent over the current minimum wage rate established by KRS 337.275.

Currently the approved minimum wage is \$7.25 per hour.

- (2) If the hourly-subsidized rate established in paragraph 1 is insufficient to obtain direct personal care assistance services in a specific district, a provider may request a higher rate by mailing a written request and justification of need to the Department.
- (3) Minimum hours for direct personal care assistance per week shall be fourteen (14) and the maximum shall be forty-(40).
- (4) In an extreme situation, a temporary waiver of maximum hours and cost may be granted by the Area Development District or Qualified Agency.
- (5) A special night rate may be negotiated when:
 - (a) a participant does not require an attendant during the day;
 - (b) does not need direct personal attendant care services from this attendant, or
 - (c) to provide for caregiver respite service
- (6) It shall be the responsibility of the participant, who is in need of a live-in attendant, to negotiate directly with the potential attendants on room and board for personal attendant care services. A live-in attendant shall not be excluded from employment as a part-time attendant. Maximum payment under this arrangement shall be for 40 hours of personal attendant care services per week.

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Program Coordinator Qualifications and Responsibilities	DAIL-PCAP-18.11
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Program Coordinator Qualifications and Responsibilities

The program coordinator shall be employed or contracted by a qualified agency. The primary focus of the program coordinator is to ensure that each participant in his/her caseload receives appropriate, comprehensive and timely services to meet the needs of the participant as identified in the evaluation/assessment process. The program coordinator shall work with and assist the participant in all aspects of the attendant program. The following activities are duties of the program coordinator:

- (1) A program coordinator shall meet the education and experience qualifications set out in Section 10(l) of the administrative regulation.
- (2) Determine participant program and financial eligibility in accordance with Section 2 of the administrative regulation.
- (3) The Department may waive the education requirements of Section 1, based upon a written request from the contract agency. The request must include information that the Program Coordinator has work experience in the area of interviewing, community services, administrative work, reviewing and monitoring.
- (4) The Program Coordinator shall meet training requirements established in Section 10(3) of the administrative regulation.
- (5) Assist in the recruitment of attendants and referral to participants when requested.
- (6) Assist in or arrange for the training of attendants if necessary.
- (7) Review with the applicant the evaluation completed by the evaluation team.
- (8) Assist the participant in developing a work agreement between the disabled adult and attendant.
- (9) Provide monthly activity reports to the area development district (ADD) office.
- (10) Monitor the program with each individual participant on a quarterly basis.
- (11) Assist the participant in finding back-up attendants for emergencies or regular attendant's time off.
- (12) Locate severely physically disabled persons who may be eligible for participation.
- (13) Pre-screen the participants in accordance with eligibility criteria.
- (14) Evaluate applicants:
 - (a) Initial evaluation shall include a formal care needs assessment;
 - (b) Re-evaluation conducted at least biennially for each participant. In event of changes in the participant situation, the assessment should

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be done at that time and at yearly intervals thereafter and in the residence of the participant.

- (15) Assist in the recruitment of personal care attendants, if requested.
- (16) Maintain waiting list in compliance with section 5 of the administrative regulation.

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Qualified Agency Responsibilities

- (1) Employ or contract with an evaluation team consisting of a program coordinator and two of the following: an occupational therapist, a physical therapist, a registered nurse, a director or executive director of the qualified agency, a fiscal officer of the qualified agency, a mental health provider, an in-home service coordinator or another entity involved in the participant's care.
- (2) Monitor each participant quarterly, or more frequently when necessary.
- (3) Provide monthly programmatic and financial reports on attendants per participant to the area development district and monitor compliance with criteria.
- (4) Assure that participants receive training in record keeping and tax responsibilities related to services.
- (5) Develop procedures for timely payment of subsidies and establish appropriate fiscal control procedures within the agency.
- (6) Employ or contract for the services of a program coordinator.
- (7) Pursuant to Section 11(6) of the Administrative regulation, the qualified agency will obtain the following checks on a potential attendant.

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Evaluation Team Members and Responsibilities

Pursuant to KRS 205.900(2), the qualified agencies will ensure that an evaluation team is in place to issue findings and recommendations regarding Program Participants as follows:

- (1) The three member evaluation team shall consist of a program coordinator and may consist of two of the following:
 - (a) An Occupational or Physical Therapist
 - (b) A Registered Nurse
 - (c) A director or executive director of the qualified agency
 - (d) A fiscal officer of the qualified agency
 - (e) A mental health provider
 - (f) An in-home service coordinator
 - (g) Another entity involved in the participant's care
- (2) The Program Coordinator of the evaluation team shall conduct an in-home evaluation/re-evaluation by completing the DAIL-PCAP-05 Evaluation or DAIL-PCAP-06 Re-Evaluation.
- (3) The three-member evaluation will issue a signed Evaluation Team Findings and Recommendations Report, DAIL-PCAP-07.

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Contract Agency Responsibilities

As the contracted agent of the Cabinet for Health and Family Services for the administration of the Personal Care Attendant Program, the area development district's responsibilities include:

- (1) Complying with KRS 205.900 to KRS 205.905, acting for the Cabinet
- (2) Complying with the Personal Care Attendant Program attachment of the consolidated contract with all agreements stated therein.
- (3) Implementing the program according to an approved plan
- (4) Assuming fiscal accountability for the state funds designated for the program.
- (5) Providing necessary administrative support personnel in the area development district
- (6) Providing an appeals procedure and hearing process in accordance with the Department for Aging and Independent Living Policy Manual.
- (7) Monitoring management practices, including program evaluation, to assure effective and efficient program operation and financial compliance audit
- (8) Providing in conjunction with provider agencies, a procedure for attendant payment
- (9) Reviewing all recommendations of the evaluation team regarding applicant eligibility and participant services
- (10) Following the recommendations of the evaluation team or otherwise giving notice to the applicant within 20 days of receipt of the recommendations of the reasons for not acting upon them.
- (11) Responding in writing to the provider agency regarding the evaluation team's recommendations within ten (10) working days
- (12) Submitting monthly program reports to DAIL
- (13) Complying with the Cabinet's audit and record retention requirements

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Department Responsibilities	DAIL-PCAP-18.15
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Department Responsibilities

In addition to duties of the Cabinet established by KRS 205.905-205.915, the Department for Aging and Independent Living (DAIL) shall have the following responsibilities:

- (1) Delegate appropriate planning and implementation authority to the Area Development Districts;
- (2) Monitor the Area Development Districts at least annually, and the qualified agencies as deemed necessary by DAIL;
- (3) Allocate available funding;
- (4) Advocate for program expansion;
- (5) Provide Technical Assistance

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Reporting and Recording

(1) Required PCAP Forms and Instructions

An individual record for each Personal Care Attendant Program participant shall be maintained by the qualified agency and shall include, but not be limited to the following:

- (a) DAIL-PCAP-01 Application
- (b) DAIL-PCAP-02 Authorization for Release of Confidential Information
- (c) DAIL-PCAP-03 Authorization for Extraordinary Medical Expenses
- (d) DAIL-PCAP-04 Employer Tax Agreement
- (e) DAIL-PCAP-05 Evaluation
- (f) DAIL-PCAP-06 Annual Re-Evaluation
- (g) DAIL-PCAP-07 Evaluation Team Findings and Recommendations
- (h) DAIL-PCAP-08 Income Eligibility
- (i) DAIL-PCAP-08 Plan of Care
- (j) A chronological record of contacts with the participant, family, physician and others involved in care with quarterly monitoring reports

(2) Each case manager shall submit to the provider agency a completed Monthly Activity Report by the designated date in the contract. Copies shall be forwarded to the Area Development District and made available to the Department of Aging and Independent Living by the Area Development District.

(3) The reporting of unit cost will be derived from the district's hourly rate for subsidy and for Program Coordination and Evaluation. For example, if the hourly wage rate is \$6.50, then unit cost for subsidy will be 6.50. To report unit cost for Program Coordination and Evaluation divide the number of subsidy units by the total amount budgeted for the category.

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions Example PCAP Prescreening Tool	DAIL-PCAP-18.16.1
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Example PCAP Prescreening Tool Instructions

- (1) Applicant's Demographic Information
Enter the referral source; indicate if applicant is male or female; enter the applicant's full legal name (First, Middle and Last); enter applicant's Social Security Number; enter the applicant's date of birth (MM/DD/YYYY); enter the applicant's current telephone contact number; enter an alternate phone number for applicant; and enter applicant's present home address
- (2) Program Qualifications
Enter applicant's disability; enter the date of onset of the disability (when it began); indicate the non-functioning limbs (must be at least (2) two); indicate if applicant is capable of hiring, firing, supervising and training an employee; enter any other additional comments
- (3) Additional Programs/Services
Indicate if applicant receives Medicare. Indicate if applicant receives Medicaid. Indicate if applicant has private insurance. Indicate if member is enrolled in one of the Medicaid Waiver programs (HCB, SCL, and ABI) and please specify which waiver. Indicate if applicant receives Hart Supported Living (if yes, specify amount). Indicate if applicant is qualified to receive Medicaid. If yes, ensure that the applicant been given instructions to apply for Medicaid
- (4) Current Personal Assistance
Indicate if applicant receives assistance currently; if yes, enter the full name of assistant; enter relationship of assistant to applicant; enter the assistant's current telephone number; enter what the assistant does to help aide the applicant in daily activities; enter as many assistants as applicable
- (5) Current Agency Assistance
Indicate if applicant receives any assistance from providing agencies; if yes, enter agency name; enter current telephone number for agency; describe how they assist the applicant; enter as many agencies as applicable
- (6) Referred Agencies
Indicate if applicant has been referred to any other agencies; if yes, enter agency name; enter current telephone number for agency; enter referral source to agency; enter as many referrals as applicable

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- (7) Additional Comments/Directions
Enter any additional comments not covered by questions 1-6; enter directions from qualified agency to applicant's home
- (8) Priority Rating
Indicate yes or no to questions 1-21; also, indicate amount and frequency for each service provided

(See attached Example of PCAP Prescreening Tool)

EXAMPLE

PCAP PRESCREENING TOOL

Referral Source _____	Sex: M <input type="checkbox"/> or F <input type="checkbox"/>	
Applicant's Name		
_____	_____	_____
First	Middle	Last
Social Security Number _____		Date of Birth: _____
		month day year
Phone #: (____) _____		Alternate Contact _____
Present Address		

Street		
_____	_____	_____
City	County	State Zip Code

Disability: _____	Date of onset: _____
Non-Functioning Limbs: (R) Arm <input type="checkbox"/> (L) Arm <input type="checkbox"/> (R) Leg <input type="checkbox"/> (L) Leg <input type="checkbox"/>	
Require at least 14 hours of service/estimated hours per week _____	
<input type="checkbox"/> 8-16 hours daily <input type="checkbox"/> Needs an attendant at night	
Capable of hiring, firing, supervising, training an employee	

Comments: _____	

TELEPHONE PRESCREENING TOOL (continued)

Medicare	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hart Supported Living	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicaid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medicaid qualified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Private Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Instructions to apply?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Waiver	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify: _____	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify: _____	

Does anyone assist you now? Yes No

Name: _____	Name: _____
Relation: _____	Relation: _____
Telephone: _____	Telephone: _____
How do they assist? _____	How do they assist? _____
_____	_____

Are other agencies assisting? Yes No

Agency Name: _____	Agency Name: _____
Telephone: _____	Telephone: _____
How do they assist? _____	How do they assist? _____
_____	_____

Referred to another agency? Yes No

Agency Name: _____	Agency Name: _____
Telephone: _____	Telephone: _____
Referred Service: _____	Referred Service: _____

Additional comments or directions to applicant's home:

TELEPHONE PRESCREENING TOOL (continued)

Applicant's Name: _____

Priority Rating

1. Do you live alone? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. How often do you have visitors who provide assistance?
3. Does any other agency provide service?
4. Are you able to prepare a meal?
5. Are you able to feed yourself?
6. Do you need assistance when bathing or showering?
7. Do you need assistance with dental care, hair care, or shaving?
8. Do you need assistance with toileting?
9. Do you need assistance dressing?
10. Do you need assistance with getting into or out of chairs and/or bed?
11. Do you use a walker, cane or furniture to assist in walking?
12. Do you need assistance setting up or taking your medication?
13. Do you need assistance with light housekeeping? (dusting, dishes)
14. Do you need assistance with heavy housekeeping? (mopping, vacuuming)
15. Do you need assistance with laundry?
16. Do you need assistance with shopping?
17. Do you need assistance using the telephone? (HOH, dialing, speed dial)
18. Do you handle your own finances?
19. Are you able to direct your own care? (make medical decisions for self)
20. How often do you leave your home? (visiting, shopping, appointment)
21. Would you be able to select and supervise an attendant?

Individual completing telephone screening: _____
Signature/Title

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-09 Individual Care Plan	DAIL-PCAP-18.16.10
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DAIL-PCAP-09 Individual Care Plan Instructions

- (1) Consumer Name
Enter the first name, middle name or initial and the last name of the participant
- (2) Agency
Enter the name of the qualified agency completing the Plan of Care
- (3) Plan Start Date
Enter the month, day and year the plan will start.
- (4) Completion Date
Enter the completion date.
- (5) Goals
List the goal(s) that have been developed by the participant and the program coordinator.
- (6) Consumer Activities
List the activities that the participant will do to meet the above listed goals. List the target date for completion of the activity.
- (7) Program Coordinator
List activities and target date the program coordinator or qualified agency will do to assist the participant in achieving the goals.
- (8) Consumer Signature
The participant must sign and date the Individual Plan of Care.
- (9) Program Coordinator
The program coordinator must sign and date the plan of care.
- (10) Evaluation
The plan of care must be evaluated no later than the completion date listed in step four. The evaluation will identify progress made by the participant and the Program Coordinator.
- (11) New or revised care plan
Check yes or no. If yes, complete a new care plan. If no, enter a new completion date

DAIL-PCAP-09 Individual Care Plan

Consumer Name _____ Agency _____
Plan Start Date _____ Completion Date _____

Goal(s) _____

Consumer(I will do the following activities(s) to meet the goal) Target date _____
Activity(s) _____

Program Coordinator (staff will help consumer achieve goal(s)) Target date _____
Activity _____

Consumer Signature _____ Date _____

Program Coordinator Signature _____ Date _____

Evaluation (List progress achieved by consumer and program coordinator in meeting the goals)

A new or revised care plan will be initiated Yes ___ No ___

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-01 Application Instructions	DAIL-PCAP-18.16.2
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DAIL-PCAP-01 Application Instructions

- (1) Demographic Information
Enter date application is filled out; enter applicant's full legal name (Last, First, Middle Initial); enter applicant's current age; enter applicant's current street address; enter applicant's current telephone number; enter applicant's social security number; indicate if applicant is male or female; enter marital status (Single/Divorced/Widowed/Married); enter name of applicant's emergency contact; enter current telephone number of applicant's emergency contact
- (2) Disability
Enter the applicant's disability; if spinal cord injury, enter level; if amputation, describe degree
- (3) Employment/School
Indicate if applicant is employed 20 hours or more per week; if yes, enter name of employer; indicate if applicant is seeking employment; indicate if applicant is in school or training for a job; if yes, enter where, what course(s), the number of hours, and the completion date; enter the last grade of education attended by the applicant
- (4) Current Annual Income
Enter total gross wages at current rate of pay; Enter amount of Social Security Disability and/or Supplemental Security Income Benefits; Enter amount of retirement funds (Social Security or other); Enter amount of Veteran's benefits; Enter amount of State Unemployment; Enter amount of worker's compensation; Enter type and amount of public assistance and relief; Enter amount of alimony received; Enter taxable interest and dividends; enter other monthly income; add total of all entries and fill in *Total Monthly Income*
- (5) Other Services or Benefits
Indicate if applicant receives: Medicaid, Medicare, Food Stamps, Department for the Blind, Department of Vocational Rehabilitation, or Physical Therapy; if no, indicate if they wish to receive future services from each service provider
- (6) Current Living Arrangement
Indicate where applicant resides
- (7) Usual Household Composition
Enter full legal name of each person residing in the household; enter their name, age and what supportive services they offer to the applicant; enter as many names as applicable
- (8) Plan to change current living situation
Indicate if applicant plans to change his/her living situation in the near future; if yes, explain where and why

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-01 Application Instructions	DAIL-PCAP-18.16.2
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- (9) Current Attendant Services
Indicate if applicant currently receives attendant care services; if yes, enter how many hours of service attendant provides; explain how they are currently paid for services
- (10) Services Requested
Indicate which Activities of Daily Living (ADL's) applicant is requesting assistance; indicate which Instrumental Activities of Daily Living (IADL's) applicant is requesting assistance
- (11) Assistive Devices
Indicate what assistive devices applicant currently uses
- (12) Requested number of attendant hours
Enter number of attendant service hours per week applicant is requesting
- (13) Attendant Recruiting
Indicate if applicant will need assistance recruiting an attendant

DAIL-PCAP-01 APPLICATION

Date _____

Name _____ Age _____
Last First Middle

Address _____
Street City State Zip Code County

Telephone _____ Social Security _____ Sex ____
M/F

Marital Status _____
S/D/W/M

Emergency Contact: _____ Phone: _____

1. Disability _____
Example: spinal cord injury, cerebral palsy, etc

If spinal cord injured, specify level _____

If amputation, describe _____

2. Check any that apply:

Currently Employed (20 hours or more per week)

Employer _____

Seeking Employment ____

In School or Training ____

Where _____ Course _____ Hours _____

Completion Date _____

Education - Last Grade Attended _____

DAIL-PCAP-01 APPLICATION (continued)

3. Current Annual Income - Complete all that apply.

Gross Wages at Current Rate of Pay	\$	Worker's Compensation	\$
Social Security Disability and/or SSI Benefits	\$	Public Assistance and Relief	\$
Retirement (Social Security or other)	\$	Alimony	\$
Veteran's Benefits	\$	Taxable Interest and Dividends	\$
State Unemployment	\$	Other	\$
Spouse's Income	\$	Total Monthly Income	\$

4. Other services or benefits currently being received:

Service/Benefit	YES	NO	Want Service
Medicaid			
Medicare			
Food Stamps			
Dept for the Blind			
Dept of Vocational Rehabilitation			
Physical Therapy			

5. A. Current Living Arrangement (Check the appropriate box):

Private Home		Apartment	
Nursing Home		Group Home	
Lives Alone			

DAIL-PCAP-01 APPLICATION (continued)

B. Usual Household Composition:

Name	Age	Relationship	Provide Supportive Services

6. Do you plan to change your living situation in the near future?
Yes _____ No _____

If yes, please explain:

7. Are you currently using attendant services? _____ Yes _____ No

If yes, please explain (how many hours, how are they paid for, etc.)

DAIL-PCAP-01 APPLICATION (continued)

8. Identify services requested:

Activities of Daily Living

Eating		Get in/out of bed/chair	
Dressing		Bathing	
Toileting		Walking	

Instrumental Activities of Daily Living

Cooking		Light Housework	
Laundry		Equipment Maintenance	
Shopping		Use of Telephone	
Travel		Assistance with Medications	
Other			

9. Assistive Devices (Check those used.)

Braces		Transfer Lift	
Wheelchair		Hospital Bed	
Adapted Vehicle		Cane/Crutches/Walker	
Sliding Board		Respiration Aid	
Other			

Specify Other: _____

10. Indicate the number of hours of attendant services you are requesting per week. _____

11. Will you need assistance in recruiting an attendant? ____ Yes ____ No

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-02 Authorization for Release of Confidential Information Instructions	DAIL-PCAP-18.16.3
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DAIL-PCAP-02 Authorization for Release of Confidential Information Instructions

- (1) Demographic Information
Enter participant's full legal name; enter participant's Date of Birth (DOB) (MM/DD/YYYY); enter participant's Social Security Number
- (2) Participant Authorizations
Enter participant's full legal name; enter the name of the qualified agency to whom the participant is giving permission to release needed information; indicate who the information is released; enter the purpose of the disclosure (e.g. entrance into PCAP); indicate who applicant has given permission to release confidential information and who that information can be given; enter name of qualified agency; Signatures include the participant and witness, both must sign and date

DAIL-PCAP-02 AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Participant Name

DOB: _____

SSN: _____

I, _____, authorize _____ to release my complete medical record (including, but not limited to, progress notes, x-ray films, operative/procedure reports, radiology, labs, discharge lab summaries, diagnostic tests, history and physical, EKGs, other diagnostic films), care plans, contact information, nature of disability, gross annual income, extraordinary medical expenses and impairment related expenses to determine income eligibility to:

The purpose of this disclosure is: _____.

I understand and acknowledge that by signing this Authorization for Release of Confidential Information I have given permission to _____ to release my case information to _____.

I further understand and acknowledge that this Authorization may be revoked by me, in writing, at any time, except to the extent that release of information has already occurred prior to the receipt of revocation by the above-named releasing Provider. If written revocation is not received, this Authorization will be considered valid for a period of time not to exceed six (6) months from the date of signing.

DAIL-PCAP-02 AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION (continued)

I understand that I have the right to refuse to sign this authorization.

I understand that _____ will not condition payment or eligibility for benefits on my providing authorization for the requested disclosure and that I may refuse to sign this authorization.

I further understand and acknowledge that I may revoke this Authorization by writing directly to the releasing Provider.

A photocopy of this Authorization is considered as valid as the original.

I understand and acknowledge that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.

Signature of Participant

Date

Signature of Witness

Date

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-03 Authorization Statement for Extraordinary Medical Expenses Instructions	DAIL-PCAP-18.16.4
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**DAIL-PCAP-03 Authorization Statement for Extraordinary Medical Expenses
Instructions**

Information must be typed or completed in blue ink. Signatures MUST be in BLUE ink.

- (1) Date/Agency/Participant's Name
Enter date statement is filled out; enter qualified agencies name; enter participant's full legal name
- (2) Extraordinary Medical Expenses
Enter the applicant's extraordinary medical expenses; indicate amount and frequency of service/good
- (3) Signatures
Signature of program coordinator – signed in Blue ink; Signature of participant – signed in Blue ink

**DAIL-PCAP-03 AUTHORIZATION STATEMENT FOR
EXTRAORDINARY MEDICAL EXPENSES**

DATE: _____

AGENCY: _____

PARTICIPANT NAME: _____

The above-mentioned applicant has the following extraordinary medical expenses:

As the assigned Program Coordinator, I have determined that the applicant's extraordinary medical expenses are disability related and qualify as a deductible expense for determining income eligibility.

Signatures:

Program Coordinator

Participant

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-04 Employer Tax Agreement Instructions	DAIL-PCAP-18.16.5
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DAIL-PCAP-04 Employer Tax Agreement Instructions

- (1) Demographic and Hourly Wage Information
Enter applicants full legal name; enter applicant's current address; enter number of hours worked per month by attendant; enter amount of taxes to be paid each month or quarter by participant
- (2) Signatures
Document must be signed and dated by the participant and the participant's program coordinator

DAIL-PCAP-04 EMPLOYER TAX AGREEMENT

I, _____, residing at _____
_____, being an applicant for the Personal Care Attendant Program, administered
by the Department for Aging and Independent Living, do hereby recognize that as
a recipient for these attendant services, I become an employer. As an employer, I
am responsible for the employer's share of taxes on my attendant's wages, usually
paid quarterly. If I do not agree to pay such taxes, I cannot receive these services,
and if I do not pay such taxes after receiving services, I will forfeit my position on
the Personal Care Attendant Program. I understand that for _____
hours of service per week, my employer's share of the taxes will be approximately
_____ per month, or _____ per quarter.

Signed:

Participant

Program Coordinator

Date:

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-05 Evaluation Instructions	DAIL-PCAP-18.16.6
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DAIL-PCAP-05 Evaluation Instructions

- (1) Demographic Information
Enter date evaluation is filled out; enter participant's full legal name (last, first, middle initial); enter participant's Date of Birth (DOB); enter participant's current age; enter participant's Social Security Number (SSN); enter evaluator's name and title
- (2) Disability/Needs
Enter participant's disability; enter any special needs participant has related to their disability; enter non-functioning limbs; enter a summary of participant's situation
- (3) Physical Activities of Daily Living
For each activity, indicate the degree of independence or dependence
- (4) Instrumental Activities of Daily Living
For each activity, indicate the degree of independence or dependence
- (5) Emotional and Intellectual Functioning
Describe the participant's normal level of intellectual ability and the emotional state of mind (how they cope)
- (6) Ability to Manage Attendant
Indicate if participant is able to hire, fire, supervise and train employees
- (7) Physical Environment
Describe the environment where the attendant currently lives (include ability to enter/exit home and navigate living area)
- (8) Comments
Enter and applicable comments not covered in other sections of evaluation
- (9) Financial Status
Enter participant's current income
- (10) Determination
Indicate if participant is approved or disapproved; enter the approved hours per week; enter the amount owed by participant; enter the participant's subsidy amount

Date: _____ 910 KAR 1:090 Edition 2/08

Participant Name _____ Age _____ SS# _____

Evaluated By _____ DOB _____

Title: _____

Special Needs: _____

Diagnosis/Disability _____

Non-Functioning Limbs _____

Summary and Judgement of Participant's Situation: _____

Emotional and Intellectual Functioning: _____

Ability to Manage Attendant: Yes ___ No ___

Other Formal Support: _____

Physical Environment: _____

Comments: _____

FINANCIAL STATUS: _____

APPROVAL _____

DISAPPROVAL _____

APPROVED HOURS PER WEEK _____

AMOUNT OWED BY PARTICIPANT _____

SUBSIDY _____

Physical Activities of Daily Living

	CAN		ADEQUATE	HAS HELP	
	NO	WITH HELP		INADEQUATE	NO
Feed Self					
Get In/Out of Bed					
Dress/Undress					
Bathe/Shower					
Grooming					
Use Toilet					
Bladder/Bowel Prog.					

Instrumental Activities of Daily Living

	CAN		ADEQUATE	HAS HELP	
	NO	WITH HELP		INADEQUATE	NO
Cook Meals					
Light Housekeeping					
Heavy Housework					
Laundry					
Shopping/Errands					
Take Medicine					
Indoor Mobility					
Outdoor Mobility					
Travel					
Equipment Maint.					
Use of Telephone					

SIGNATURE OF EVALUATOR: _____

APPROVED BY: _____

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-06 Annual Re-evaluation Instructions	DAIL-PCAP-18.16.7
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DAIL-PCAP-06 Annual Re-evaluation Instructions

- (1) Demographic Information
Enter date evaluation is filled out; enter participant's full legal name (last, first, middle initial); enter participant's Date of Birth (DOB); enter participant's current age; enter participant's Social Security Number (SSN); enter evaluator's name and title
- (2) Disability/Needs
Enter participant's disability; enter any special needs participant has related to their disability; enter non-functioning limbs; enter a summary of participant's situation
- (3) Physical Activities of Daily Living
For each activity, indicate the degree of independence or dependence
- (4) Instrumental Activities of Daily Living
For each activity, indicate the degree of independence or dependence
- (5) Emotional and Intellectual Functioning
Describe the participant's normal level of intellectual ability and the emotional state of mind (how they cope)
- (6) Ability to Manage Attendant
Indicate if participant is able to hire, fire, supervise and train employees
- (7) Physical Environment
Describe the environment where the attendant currently lives (include ability to enter/exit home and navigate living area)
- (8) Comments
Enter and applicable comments not covered in other sections of evaluation
- (9) Financial Status
Enter participant's current income
- (10) Determination
Indicate if participant is approved or disapproved; enter the approved hours per week; enter the amount owed by participant; enter the participant's subsidy amount

Date: _____ Reason for Re-evaluation: _____ Annual Participant Change _____

Participant Name _____ DOB _____ Age _____ SS# _____

Evaluated By _____ Title: _____

Diagnosis/Disability _____ Special Needs: _____

Non-Functioning Limbs _____ Summary and Judgement of Participant's Situation: _____

Physical Activities of Daily Living

	CAN		INDEPENDENT	ADEQUATE	HAS HELP	
	NO	WITH HELP			INADEQUATE	NO
Feed Self						
Get In/Out of Bed						
Dress/Undress						
Bathe/Shower						
Grooming						
Use Toilet						
Bladder/Bowel Prog.						

Emotional and Intellectual Functioning: _____

Ability to Manage Attendant: Yes ___ No ___

Other Formal Support: _____

Physical Environment: _____

Changes in Health Status Since Last Evaluation: _____

Comments: _____

FINANCIAL STATUS: Change _____ No Change _____

APPROVAL
DISAPPROVAL
APPROVED HOURS PER WEEK
AMOUNT OWED BY PARTICIPANT
SUBSIDY

Instrumental Activities of Daily Living

	CAN		INDEPENDENT	ADEQUATE	HAS HELP	
	NO	WITH HELP			INADEQUATE	NO
Cook Meals						
Light Housekeeping						
Heavy Housework						
Laundry						
Shopping/Errands						
Take Medicine						
Indoor Mobility						
Outdoor Mobility						
Travel						
Equipment Maint.						
Use of Telephone						

SIGNATURE OF EVALUATOR: _____
APPROVED BY: _____

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-07 Evaluation Team Findings and Recommendation Instructions	DAIL-PCAP-18.16.8
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DAIL-PCAP-07 Evaluation Team Findings and Recommendation Instructions

- (1) Evaluation Findings
Enter the date of evaluation; enter the qualified agency that performed the evaluation; enter the three (3) signatures of the evaluation team; enter recommendation of approval or disapproval
- (2) Demographic Information
Enter participant's full legal name (last, first, middle initial); enter participant's current age; enter name of participant's Primary Physician; enter primary physician's office phone number; enter address of physician's office; enter hospital name and phone number of participant
- (3) Proxy/Legal Guardian/POA
Indicate if participant is their own representative; if not, enter name of person, phone number and address of the person who is Legal Guardian of participant; Indicate if participant has a Power of Attorney (POA); if yes, tell for what purpose; enter POA full legal name, phone number and address
- (4) Functional Loss of Two or More Limbs
Check the appropriate boxes (member must have the functional loss of at least two limbs)
- (5) Diagnosis/Disability
Enter participant's disability and diagnosis (if related to disability); explain how the disability impacts participants life (explain the problems created from disability/diagnosis)
- (6) Overall Health/Vision/Hearing/Institutionalization(s)
Check box that corresponds with the participants report of overall health as excellent, good, fair or poor; check box that corresponds with participants report of vision, either excellent, good, fair or poor; check box that corresponds with the participants report of hearing, either excellent, good, fair or poor; enter the participants last visit to the doctor; enter date and reason, if applicable of institutionalization in the last 12 months; indicate if participant is receiving any in-home health services; if yes, specify caregiver, service and number of hours of service per week
- (7) Adaptive Equipment
For each piece of equipment, indicate if member needs, has and/or uses
- (8) Activities of Daily Living
For each activity, indicate the level of impairment; moderately impaired means some assistance needed to perform activity; severely impaired means total assistance needed to perform activity; indicate if participant is incontinent of bowel and/or bladder; indicate if participant is bed bound; if sometimes, explain

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-07 Evaluation Team Findings and Recommendation Instructions	DAIL-PCAP-18.16.8
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- (9) Instrumental Activities of Daily Living
For each activity indicate if participant is independent, needs some assistance or needs total support to perform; for each activity list who currently provides that support
- (10) Special Needs
For each need, enter the frequency (number of times per day), the method, and who provides that care
- (11) Home Assessment
For each item, indicate yes or no accordingly. Provide any comments necessary to explain further the living environment
- (12) Indicators of Ability to Independently Monitor/Supervise PCA
For each item, indicate if there is no problem, some problem or extreme difficulty; include any observations noted while during assessment regarding participants' state of mind (relating to alertness, memory, judgment and any potential communication issues)
- (13) Income
Enter participant's gross annual income; enter the adjusted income amount; enter the amount of income that is contributed to care; enter the number of approved hours; enter the subsidy amount; enter any additional comments related to income

**DAIL-PCAP-07 EVALUATION TEAM FINDINGS AND
RECOMMENDATIONS**

Date Evaluated: _____

Agency: _____

Evaluation Team Signatures:

Recommendation of:

Approval ____ Disapproval: ____

Applicant: _____ Age: _____

Primary Physician: _____

Name

Phone Number

Address

Hospital

Phone Number

Proxy/Legal Guardian

Self _____ If not self, for what purpose? _____

Name

Phone Number

Address

Power of Attorney, if any:

For what purpose? _____

**DAIL-PCAP-07 EVALUATION TEAM FINDINGS AND
RECOMMENDATIONS (continued)**

Name	Phone Number
Address	

1. Functional Loss of Two or More Limbs:

Check the appropriate box or boxes.

Right Side Arm/Leg		Left Side Arm/Leg	
Right Arm		Left Arm	
Right Leg		Left Leg	

2. Diagnosis/Disability:

Briefly Explain Impairment or Problems:

3. Overall Health: (Self Report - Check the appropriate box)

Excellent		Fair	
Good		Poor	

**DAIL-PCAP-07 EVALUATION TEAM FINDINGS AND
RECOMMENDATIONS (continued)**

4. Vision (Check the appropriate box)

Good		Poor	
Fair		Blind	

5. Hearing (Check the appropriate box)

Good		Poor	
Fair		Deaf	

6. a. Last Visit to Doctor _____
Date

b. Institutionalization (Last 12 Months)

Type of Facility	Date	Reason
Hospital		
Nursing Home		
Rehabilitation Center		

7. Are you currently receiving in-home health services? ___ Yes ___ No

Specify caregiver and numbers of services per week:

**DAIL-PCAP-07 EVALUATION TEAM FINDINGS AND
RECOMMENDATIONS (continued)**

8. Complete the following table.

Item	Needs	Has	Uses	Comments
Wheelchair				
Ambulation Aid				
Hospital Bed				
Commode Chair				
Hearing Aid				
Glasses/Lenses				
Medical Treatment at Home				
Re-positioning				
Physical Therapy				
Respirator				
Sliding Board				
Ostomy Care				
Catheter				
Transfer Lift				
Others				

ACTIVITIES OF DAILY LIVING

Activity	Not Impaired	*Moderately Impaired	**Severely Impaired	Comments
Self Feed				
Bathe/Shower				
Dressing				

**DAIL-PCAP-07 EVALUATION TEAM FINDINGS AND
RECOMMENDATIONS (continued)**

Getting in/out of Bed				
Walking				
Toileting				

*Requiring some personal care assistance.

** Requiring total personal care assistance.

Incontinent:

_____ Bowels

_____ Bladder

Bed bound:

_____ Yes

_____ No

_____ Sometimes, explain

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Activity	Independent	Needs Some Assistance	Needs Total Support	Current Support
Preparing Meals				
Light Housekeeping				
Heavy Housekeeping				
Laundry				
Shopping				
Assistance with Medication				

**DAIL-PCAP-07 EVALUATION TEAM FINDINGS AND
RECOMMENDATIONS (continued)**

Travel				
Use of Telephone				

SPECIAL NEEDS

Needs	Frequency	Method	Provider
Bladder Care			
Bowel Care			
Re-positioning			
Transferring			

HOME ASSESSMENT

Item	Yes	No
Any Discernable Hazard		
Participant Safety Threatened if Alone		
Accessible		
Heating Adequate and Safe		
Phone Accessible		
Tub or Shower/Toilet Facilities Accessible		
Living Arrangement Adequate for Participant		
Participant Satisfied With Living Arrangements		
Plan to Move		

Comments:

**DAIL-PCAP-07 EVALUATION TEAM FINDINGS AND
RECOMMENDATIONS
(continued)**

INDICATORS OF ABILITY TO INDEPENDENTLY MONITOR/SUPERVISE
PERSONAL CARE ATTENDANT

Item	No Apparent Problem	Some Problem	Extreme Difficulty
Orientation to Time/Place			
Recognizing People			
Recent Memory			
Distant Memory			
Making Judgment			
Ability to Communicate			

Observations:

**DAIL-PCAP-07 EVALUATION TEAM FINDINGS AND
RECOMMENDATIONS
(continued)**

Gross income: _____ Adjusted Income: _____

Contribution to Care: _____ Number of Approved Hours: _____

Subsidy Amount: _____

Comments:

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-08 Income Eligibility Instructions	DAIL-PCAP-18.16.9
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DAIL-PCAP-08 Income Eligibility Instructions

- (1) Applicant name and date
Enter the first name, middle name or initial and the last name of the applicant.
Enter the date the Income Eligibility form was completed.
- (2) (A) Determining Eligibility
On line A1, circle either yes or no. On line A2, circle either yes or no. If the answer is yes to either question, the applicant is income eligible. Further calculations are not required. On line A3a, enter the applicant's gross income. Gross income includes wages, salary, bonuses, tips, VA financial payment, Social Security (retirement or disability), retirement pay, dividends from stock, bonds or insurance received and used as income, rent or lease payments (less allowable expenses), and agricultural income from crops or livestock. This does not include income from a spouse. On line A3b, enter 200% of the current Poverty Guideline for one individual. The Poverty Guideline is established annually by the US Department of Health and Human Services and published in the *Federal Register*. DAIL will send this information and the family size information when it is published (usually in January of each year). On line A3c, subtract line A3a from line A3b. If A3b is greater than A3a, the applicant is income eligible since the gross income is below 200% of the poverty guideline. Further calculations are not required.
- (3) (B) Determining Adjusted Gross Income
If the gross income is more than 200% of Poverty, the Program Coordinator will complete this section to determine the adjusted gross income. On line 3B1, enter the applicant's gross income. Lines 3B2a-e includes adjustments that may adjust downward the gross income. The Program Coordinator should have supporting information that documents these adjustments. On line 3B2a, enter the number in the family and the family size factor. The family size factor is an amount of money per individual family member published annually with the Poverty Guideline. DAIL will provide this information when the Poverty Guideline is published. Multiple the numbering the family by the family size factor and enter the total on the line. On line 3B2b, enter impairment related expenses. On line 3B2c, enter any extraordinary expenses. These expenses are not impairment medical related. Some examples include cost of a new roof, funeral expenses, moving expenses, and repair or replace furnace or air conditioner and repair of primary auto. On line 3B2d, enter dependent care expenses paid by the applicant such as childcare, day care. On line 3B2e, enter any medical expenses that the applicant has incurred. On line 3B3, add together lines 2a-2e and insert the amount. Line 4 is the amount of adjusted gross income for the applicant (line B1 minus line B3). On line 3B5a, enter the

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Reporting and Recording, Required PCAP Forms and Instructions DAIL-PCAP-08 Income Eligibility Instructions	DAIL-PCAP-18.16.9
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applicant's adjusted gross income (from line B4). On line 3B5b, enter the 200% of poverty amount. If line 5a is less than line 5b, the applicant, the applicant is income eligible because the adjusted gross is less than 200% of the poverty guideline.

(4) (C) Determining Cost of Living Adjustments

This section allows for further income adjustments when the remaining income is still above 200% of the Poverty Guideline. On line 4C1, enter the adjusted gross income (from line B4). On line C2, enter the single IRS Standard Deduction for the current tax year. (For 2007, the standard deduction is \$5350 (line 40 of IRS 1040 form). On line C3 determine the net adjusted gross income by subtracting line C1 from line C2 and enter the amount. On line C4, divide line C3 by 2 to determine an adjustment unique economic and social need. Insert the amount in line C5.

(5) (D) Estimating Eligibility and Participant Contribution

On line 5D1, insert remaining income from line C5. On line 5D2 calculate the weekly remaining income by dividing D1 by 52 (weeks in a year). On line 5D3, calculate the weekly cost of PCAP attendant services by multiplying the number of hours per week by the cost per hour and enter the weekly cost. On line D4a, if Line D2 is less than D3, participant is eligible and agency provides the subsidy. On line D4b if line D2 is more than D3 but less than the full cost of service, the participant will pay the difference and agency will provide the balance of the subsidy. When the participant must pay part of the hourly rate, the Program Coordinator must monitor to assure that the participant is providing their share of the attendant salary.

(6) (E) Is Applicant Income Eligible for PCAP Services?

Circle yes or no to show the status of income eligibility. Enter the amount of the participant weekly contribution. If none, enter zero. Enter agency weekly subsidy amount and enter the total.

(7) Certification and Signature Section

The Program Coordinator must read to the participant and discuss the certification statement with the participant. The applicant and Program Coordinator must enter their signature and date the form.

DAIL-PCAP-08 INCOME ELIGIBILITY

910 KAR 1:090 Edition 2/08

APPLICANT _____

DATE _____

A DETERMINING ELIGIBILITY

- 1 Does the applicant receive SSI? YES / NO
- 2 Does the applicant receive Medicaid? YES / NO

If answer is YES to either questions, applicant is income eligible; calculations are not required.

- 3 a Applicant's Gross Income \$ _____
- b 200% of current year HHS Poverty Guideline Annual Income \$ _____
- c Line 3a minus 3c (but not less than zero) \$ _____

If amount from 3c is zero, applicant is income eligible; calculations are not required.

B DETERMINING ADJUSTED GROSS INCOME

- 1 Applicant's Gross Income \$ _____
- 2 Adjustments:

	Number in Family	Family Size Factor		
a	Family size	_____	X \$ _____	= \$ _____
b	Impairment related			\$ _____
c	Extraordinary expenses			\$ _____
d	Dependent care			\$ _____
e	Medical expenses			\$ _____
- 3 Total Adjustments (add lines 2a through 2e) \$ _____
- 4 Adjusted Gross Income (Line 1 minus Line 3) \$ _____
- 5 a Applicant's Adjusted Gross Income (from Line B4) \$ _____
- b 200% of current year HHS Poverty Guideline Annual Income \$ _____
- c Line 3a minus 3c (but not less than zero) \$ _____

If amount from 5c is zero, applicant is income eligible; following calculations are not required.

C DETERMINING COST OF LIVING ADJUSTMENTS

- 1 Adjusted Gross Income (from Line 5a) \$ _____
- 2 IRS Standard Deduction for current year \$ _____
- 3 Net Adjusted Gross Income (Line 1 minus Line 2) \$ _____
- 4 Unique Economic and Social Need Factor _____
- 5 Remaining Income (Line 3 divided by Line 4) \$ _____

D ESTIMATING ELIGIBILITY AND PARTICIPANT CONTRIBUTION

- 1 Remaining Income (From Line C5) \$ _____
- 2 Weekly Income (Divide Line 1 by 52 weeks) \$ _____
- 3 Weekly cost of PCAP

	Number of hours	Cost per hour	
	_____	_____	X \$ _____ = \$ _____
- 4 Eligibility:
 - a If Line D2 is less than D3, participant is eligible and agency provides full subsidy.
 - b If Line D2 is more than D3, but less than the full cost of service, participant will pay the difference and agency will provide the balance of the subsidy.

E Is applicant income eligible for PCAP services? YES / NO

Participant Weekly Contribution \$ _____

Agency Weekly Subsidy \$ _____

Total \$ _____

CERTIFICATION AND SIGNATURE

I certify that the information given here in this application is correct and complete to the best of my knowledge. I understand the information given will be held in confidence and will be used only by the Cabinet for Health and Family Services, the Area Agency on Aging and the agency providing services to me. I understand that services are provided without discrimination, and that should I have complaints, such complaints should be directed the controlling Area Agency on Aging and finally to the Cabinet for Health and Family Services.

APPLICANTS SIGNATURE

DATE

PROGRAM COORDINATOR SIGNATURE

DATE

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Appendix A Administrative Regulation	DAIL-PCAP-18.17
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Appendix A – Administrative Regulation

910 KAR 1:090
 CABINET FOR HEALTH AND FAMILY SERVICES

Department for Aging and Independent Living

Division of Quality Living

(Amendment)

910 KAR 1:090. Personal care assistance services.

RELATES TO: KRS Chapter 13B, 205.455(4), 205.900 – 205.925

STATUTORY AUTHORITY: KRS 194A.050 (1), 205.910, 205.920

NECESSITY, FUNCTION, AND CONFORMITY: KRS 205.910 requires the Cabinet for Health and Family Services to establish an eligibility standard for personal care assistance services which takes into consideration the unique economic and social needs of severely physically disabled adults. KRS 205.920 authorizes the cabinet to promulgate administrative regulations to implement provisions concerning personal care assistance services. This administrative regulation establishes the Personal Care Attendant Program.

Section 1. Definitions.

(1) "Administrative support personnel" means staff designated within a contract agency who offer technical assistance to, and monitor the activities of, the qualified agency.

(2) "Approved plan" means an agreement between the department and a contract

agency to administer the personal care attendant program.

(3) "Attendant" means a person who provides personal care assistance services.

(4) "Contract agency" means the agency with which the cabinet has contracted to administer the personal care attendant program.

(5) "District" is defined by KRS 205.455(4).

(6) "Evaluation team" is defined by KRS 205.900(2).

(7) "Evaluation team's recommendations" means the official response of the evaluation team signed by all three (3) team members.

(8) "Income eligibility standard" means a formula to determine an applicant's income eligibility for the personal care attendant program which addresses the "unique economic needs of severely physically disabled adults" pursuant to KRS 205.910(1).

(9) "Participant" means a person accepted into the personal care attendant program and who has met the eligibility requirements of a severely physically disabled adult.

(10) "Personal care assistance services" is defined by KRS 205.900(3).

(11) "Prescreening" means a process that assesses whether or not an applicant appears to meet the basic requirements for eligibility.

(12) "Qualified agency or organization" is defined by KRS 205.900(4).

(13) "Service area" means those counties listed in an approved plan of the qualified agency or organization.

(14) "Severely physically disabled adult" is defined by KRS 205.900(6).

(15) "Subsidy" means a financial reimbursement paid by the cabinet to an adult who qualifies to receive personal care assistance services in accordance with KRS 205.905(1).

(16) "Work agreement" means an agreement of time and tasks developed by the

participant as the employer, for the attendant as the employee.

Section 2. Eligibility.

(1) To be eligible for participation in the personal care attendant program an applicant shall:

(a) Be a severely physically disabled adult who:

1. Meets the qualifications required by KRS 205.905(1); and

2. Has the ability to be responsible for performing the functions required by KRS 205.905(2) to receive a subsidy;

(b) Agree to obtain an initial evaluation for eligibility and a re-evaluation at least biennially by an evaluation team in accordance with KRS 205.905(2) (b) 1 and 2;

(c) Be able to reside or reside in a non-institutional setting;

(d) Work with a program coordinator in establishing a work agreement between the participant and attendant; and

(e) Be responsible for attendant payroll reports and computing required employer tax statements.

(2) An applicant shall be accepted for service if:

(a) A program coordinator determines that the applicant is eligible to participate in the program; and

(b) Funds are available.

(3) If an applicant receives Supplemental Security Income or Medicaid health care, the applicant shall be income eligible.

(4) If an applicant's gross annual income is less than 200 percent of the official poverty income guidelines published annually in the Federal Register by the United States Department of Health and Human Services, the applicant shall be income eligible.

(5) If an applicant is not eligible pursuant to subsections (3) or (4) of this section, the income eligibility standard shall be determined by a program coordinator with a DAIL-PCAP-08 Income Eligibility form as follows:

(a) Determine the adjusted gross income by deducting:

1. The cost of un-reimbursed extraordinary medical expenses verified with a DAIL-PCAP-03 Authorization Statement for Extraordinary Medical Expenses, and impairment-related expenses;

2. An amount adjusted for family size based on 100 of the official poverty guidelines published annually in the Federal Register by the United States Department of Health and Human Services; and

3. Dependent care expenses;

(b) If the adjusted gross income is less than 200 percent of the annual federal poverty guidelines, the applicant is income eligible.

(c) If the adjusted gross income is more than 200 percent of the annual federal poverty guidelines, the following shall be used to determine the applicant's contribution to cost of care:

1. From the adjusted gross income subtract a current annual standard deduction for one (1) as determined by the Internal Revenue Service;

2. Divide the remaining income by two (2) to allow for the unique economic and social needs of the severely disabled adult;

3. Divide the final income by fifty-two (52) weeks; and

4. Calculate the estimated cost of personal care services by multiplying the estimated number of hours of personal care assistance services per week times the cost per hour of service.

(d)1. If the resulting monetary amount in paragraph (c) 3. of this subsection is less

than the estimated cost of services calculated in paragraph (c) 4. of this subsection, the qualified agency shall provide the full subsidy.

2. If the resulting monetary amount in paragraph (c) 3. of this subsection is more than the estimated cost of services calculated in paragraph (c) 4. of this subsection, the participant shall pay the difference between the cost of services and the qualified agency's maximum hourly rate.

(6) The income eligibility criteria set out in subsections (3) – (5) of this section shall be applied to a current participant at the time of the participant's next re-evaluation.

Section 3. Application and Evaluation.

(1) A referral to the personal care attendant program may be made by:

- (a) Self;
- (b) Family;
- (c) Another person; or
- (d) Agency.

(2) If an opening for services is available, a program coordinator shall:

(a) Visit and assist an applicant in the completion of a DAIL-PCAP-01 Application;

and

(b) Complete and have all evaluation team members sign a DAIL-PCAP-07

Evaluation Team Findings and Recommendations.

(3) A qualified agency shall:

(a) Report an evaluation team's findings and recommendations to a contract agency for final review of the applicant or participant; and

(b) Notify the applicant or participant if the findings and recommendations are accepted by the contract agency.

(4) A contract agency shall:

(a) Review recommendations of the evaluation team and notify the qualified agency in writing of the final determination within ten (10) business days of receipt of the recommendations; and

(b) Notify the applicant or participant in writing within twenty (20) business days of receipt of the recommendations in compliance with KRS 205.905(3):

1. Whether the recommendations of the evaluation team are accepted or not accepted; and

2. The reasons for the contract agency's decision.

Section 4. Waiting List.

(1) If the personal care attendant program is at capacity, an eligible applicant shall be placed on an approved waiting list and, as a vacancy occurs, be accepted for services in priority order based on the following categories:

(a) Emergency situation because of an eminent danger to self or at risk of institutionalization;

(b) Urgent situation because there are no community supports; and

(c) Stable because there is a currently reasonable support system.

(2) Every effort shall be used to provide referrals to other services if personal care assistance services are not available.

Section 5. Relocation.

(1) If an eligible participant receiving personal care assistance services relocates to another service area to complete a training or educational course, the participant shall remain a client of the service area of origin, if the:

(a) Participant considers the personal care attendant program district of origin to be his or her place of residence; and

(b) Participant's purpose for relocation is to complete a course of education or

training to increase employment skills.

(2) The receiving service area shall provide courtesy monitoring to coordinate the aspects of program requirements.

(3) The service area of origin shall retain responsibility for:

(a) Payment of a subsidy, if the participant meets eligibility for the duration of the educational or training course; and

(b) Monthly programmatic and financial reports.

(4) The receiving service area shall forward a copy of reports to the service area of origin.

(5) If a participant moves from one service area of origin to another for any reason other than relocation for a training or educational course, the participant's program funding shall be transferred to the receiving service area.

(6) If a participant's personal care assistance services terminate, the program funding shall return to the original service area of origin.

Section 6. Suspension of Services.

(1) Suspension of services shall occur for the following reasons:

(a) Condition improved - on re-evaluation a participant is determined to need less than fourteen (14) hours of care per week;

(b) Condition worsened - on re-evaluation a participant is determined to need more hours of care than the program can provide and to be in danger if left alone due to lack of other caregivers;

(c) Participant's behavior clearly presents a danger to the program coordinator or attendant;

(d) Participant does not submit required employer taxes to the qualified agency;

(e) Participant moves from Kentucky;

(f) Participant moves into an area of Kentucky where no services are contracted, unless such relocation remains feasible for the closest qualified agency, feasibility being determined by the qualified agency;

(g) Participant fails to hire an attendant;

(h) Participant dies;

(i) Participant chooses to:

1. Give up personal care assistance services; and

2. Be admitted to a long-term care facility; or

(j) Participant requests suspension of services.

(2) A non-return of an overpayment of services may result in services being suspended.

(3) An intentional deception to obtain services may result in services being suspended.

Section 7. Participant Responsibilities. A participant shall:

(1) Meet the eligibility requirements to receive a subsidy set out in Section 2(1) of this administrative regulation;

(2) Select an attendant for personal care assistance services including screening and interviewing the attendant for employment;

(3) Instruct the attendant on specific personal care assistance services;

(4) Evaluate the attendant's personal care assistance services;

(5) Discuss and come to a written agreement with each attendant about:

(a) Services shall be provided; and

(b) The terms of employment including:

1. Time;

2. Hours;

3. Duties; and

4. Responsibilities;

(6) Keep records and report to the qualified agency attendant hours worked for payment to the attendant;

(7) Be responsible for computing:

(a) Employee payroll;

(b) Withholdings;

(c) Actual payment of required withholdings; and

(d) Taxes appropriate to being an employer;

(8) Negotiate for room and board for an attendant as specified in Section 9(5) (a) of this administrative regulation; and

(9) Coordinate with a program coordinator the aspects of program requirements.

Section 8. Attendant Responsibilities.

(1) An attendant shall:

(a) Enter into and comply with the written agreement for terms of work required by Section 7(5) of this administrative regulation;

(b) Perform personal care assistance services and other tasks that may include:

1. Turning;

2. Repositioning;

3. Transferring;

4. Assistance with oxygen;

5. Hygiene;

6. Grooming;

7. Washing hair;

8. Skin care;

- 9. Shopping;
- 10. Transportation;
- 11. Chores;
- 12. Light correspondence;
- 13. Equipment cleaning; and
- 14. Emergency procedures, if necessary;

(c) Perform tasks consistent with the work agreement as instructed by the participant;

(d) Report to work as scheduled;

(e) Maintain the privacy and confidentiality of the participant;

(f) If unable to report for work as scheduled, notify the participant at least six (6) hours in advance unless an emergency arises;

(g) Maintain a list of emergency numbers;

(h) Attend attendant training provided by the participant related to specific care needs;

(i) Keep a daily record of hours worked and services rendered;

(j) Submit to the participant documents and material necessary to comply with the formal payment process;

(k) Meet with the participant and program coordinator for monitoring and coordinating the aspects of the program;

(l) Disclose misdemeanor or felony convictions to the applicant or participant through a law enforcement agency;

(m) Authorize a qualified agency to obtain Kentucky Nurse Aid Abuse Registry, Central Registry and criminal background checks as specified in Section 11(6) of this administrative regulation; and

(n) Notify the program coordinator of conditions which seriously threaten the health or safety of the participant or attendant.

(2) An individual shall not be hired as an attendant if the individual:

(a) Has not submitted to the background checks specified in subsection (1) (m) of this section;

(b) Is on the Kentucky Nurse Aid Abuse Registry maintained in accordance with 906 KAR 1:100;

(c) Has pled guilty or been convicted of committing a sex crime or violent crime; and

(d) Is not able to understand and carry out a participant's instructions.

Section 9. Attendant Payment.

(1) The amount of attendant payment determined shall be in compliance with the following:

(a) The maximum hourly subsidized rate for direct personal care assistance services shall be no more than ten (10) percent over the current minimum wage rate established by KRS 337.275.

(b) If the hourly subsidized rate established in paragraph (a) of this subsection is insufficient to obtain direct personal care assistance services in a specific Kentucky district, a provider may request a higher rate by mailing a written request and justification of the need for a higher rate to the Department for Aging and Independent Living, 275 East Main Street, Frankfort, Kentucky 40621.

(c) Minimum hours for direct personal care assistance services per week shall be fourteen (14).

(d) Maximum hours for direct personal care assistance services per week shall be forty (40).

(2) In an extreme situation that results in a temporary increased need for services, such as the illness of the participant, or illness or death of a caregiver, a temporary waiver of maximum hours and the resulting cost may be granted by the contract agency.

(3) A special night rate may be negotiated:

(a) If a participant does not:

1. Require an attendant during the day; or

2. Need direct personal care assistance services from this attendant; or

(b) To provide for caregiver respite service.

(4)(a) It shall be the responsibility of the participant who is in need of a live-in attendant to directly negotiate, if necessary, with a potential attendant on room and board for personal care assistance services.

(b) A live-in attendant shall not be excluded from employment as a part-time attendant.

(c) Maximum payment under this arrangement shall be for forty (40) hours of personal care assistance services per week.

Section 10. Program Coordinator Qualifications and Responsibilities.

(1) A program coordinator shall meet at least one (1) of the following minimum qualifying requirements:

(a) A bachelor's degree with two (2) years experience working in the disability community; or

(b) Complete fifty-four (54) semester hours of college with four (4) years working in the disability community;

(2) The department may waive the education requirements required by subsection (1) of this section based on consideration of work experience involving:

(a) Interviewing;

- (b) Community services work;
- (c) Administrative work;
- (d) Reviewing;
- (e) Monitoring;
- (f) Training; or
- (g) Determining of eligibility for human services programs.

(3) If employed, a program coordinator shall complete the following hours of training:

(a) Within thirty (30) working days of hire:

- 1. Complete a minimum of sixteen (16) hours orientation program training; and
- 2. Shadow an experienced program coordinator for one (1) to two (2) days;

(b) Within the first six (6) months of employment, complete a minimum of fourteen (14) hours initial program coordination training; and

(c) Complete follow-up quarterly trainings with the department and contract agency.

(4) A program coordinator shall:

(a) Determine if an applicant is eligible to participate in the personal care attendant program in accordance with Section 2 of this administrative regulation;

(b) Complete the application process required by Section 3(2) (a) of this administrative regulation;

(c) Maintain a waiting list; and

(d) Perform the evaluations required in Section 12(2) of this administrative regulations.

(5) A program coordinator or program coordinator's designee shall:

(a) Identify severely physically disabled adults who may be eligible for participation

in the personal care attendant program;

(b) Prescreen an applicant for eligibility to participate in the personal care attendant program;

(c) Assist a participant in learning how to conduct an interview and screen a prospective attendant;

(d) Assist in or arrange for the training of the attendant, if necessary;

(e) Review with the participant the results of an evaluation or re-evaluation signed by an evaluation team;

(f) Assist the participant in completing and updating a DAIL-PCAP-09 Individual Care Plan;

(g) Assist the participant in developing a work agreement between the participant and attendant;

(h) Obtain a participant's agreement of release of information with a DAIL-PCAP-02 Authorization for Release of Confidential Information;

(i) Monitor the program with each participant on a quarterly basis;

(j) Assist the participant in finding a back-up attendant for:

1. An emergency; or
2. The regular attendant's time off;

(k) Assist in the recruitment and referral of an attendant, if requested;

(l) Submit monthly activity reports to a qualified agency as specified in Section 15(2) of this administrative regulation; and

(m) Assure that the participant:

1. Enters into agreement to pay employee taxes with a DAIL-PCAP-04 Employee Tax Agreement; and

2. Receives training in recordkeeping and tax responsibilities related to services.

Section 11. Qualified Agency Responsibilities. A qualified agency shall:

(1) Employ or contract with an evaluation team pursuant to KRS 205.905(2);

(2) Provide monthly programmatic and financial reports on an attendant per participant to the contract agency;

(3) Develop a procedure for:

(a) Payment of a subsidy; and

(b) Establishment of appropriate fiscal control within the qualified agency;

(4) Employ or contract for the services of a program coordinator;

(5) Oversee the training requirements for a program coordinator as specified in Section 10(3) of this administrative regulation;

(6) Obtain the following checks on a potential attendant:

1. The results of a criminal record check from the Kentucky Administrative Office of the Courts or equivalent out-of-state agency if the potential attendant resided or worked outside of Kentucky during the year prior to employment;

2. Within fourteen (14) days of the date of hire, the results of a central registry check as described in 922 KAR 1:470; and

3. Prior to employment, the results of a nurse aide abuse registry check as described in 906 KAR 1:100;

(7) Report evaluation team findings and recommendations to a contract agency as specified in Section 3(3) of this administrative regulation; and

(8) Maintain participant records as required by Section 15(1) of this administrative regulation.

Section 12. Evaluation Team Members and Responsibilities.

(1) An evaluation team:

(a) Shall consist of a program coordinator; and

(b) May consist of:

1. An occupational or physical therapist;
2. A registered nurse;
3. A director or executive director of the qualified agency;
4. A fiscal officer of the qualified agency;
5. A mental health provider;
6. An in-home services coordinator; or
7. Another entity involved in the participant's care.

(2) The program coordinator of the evaluation team shall complete:

(a) An applicant's initial evaluation with a DAIL-PCAP-05 Evaluation to establish eligibility pursuant to KRS 205.905(2) (b) 1; and

(b) A participant's re-evaluation with a DAIL-PCAP-06 Annual Re-evaluation, at least biennially for continuing services pursuant to KRS 205.905(2)(b)2, or more frequently if changes occur in the participant's situation.

Section 13. Contract Agency Responsibilities. The contract agency shall:

(1) Implement a personal care attendant program according to an approved plan;

(2) Assume fiscal accountability for state funds designated for the program;

(3) Provide necessary administrative support personnel within a contract agency office;

(4) Provide an appeals procedure and hearing process in compliance with:

(a) KRS Chapter 13B; and

(b) KRS 205.915;

(5) Monitor management practices, including program evaluation, to assure effective and efficient program operation and compliance with cabinet financial audit requirements;

(6) Provide, in conjunction with a qualified agency, a procedure for attendant payment;

(7) Review recommendations of an evaluation team and notify a participant and qualified agency as specified in Section 3(4) of this administrative regulation;

(8) Submit monthly program reports to the department as specified in Section 15(3) of this administrative regulation; and

(9) Maintain files and records for cabinet audit, including participant records and statistical reports.

Section 14. Department Responsibilities. The department shall:

(1) Provide a format for the approved plan for the personal care attendant program;

(2) Review proposed plans submitted by a contract agency to administer the personal care attendant program;

(3) Inform the contract agency in writing of the action taken regarding the proposed plan for administration of the personal care attendant program that shall include one (1) the following outcomes:

(a) Approve the plan as submitted;

(b) Require the contract agency to revise the plan; or

(c) Reject the plan;

(4) Monitor the contract agency at least annually;

(5) Develop and revise program and fiscal requirements;

(6) Allocate available funding;

(7) Advocate for program expansion; and

(8) Provide technical assistance.

Section 15. Reporting and Recording.

(1) An individual record for each participant shall be maintained by the qualified agency and shall include:

(a) The forms specified in Section 17 of this administrative regulation;

(b) A chronological record of contacts with a:

1. Participant;

2. Family;

3. Physician; and

4. Others involved in care with quarterly monitoring reports; and

(c) An assessment record of eligibility.

(2) A program coordinator shall:

(a) Submit completed reports for monthly activities to a qualified agency by a designated date in the contract; and

(b) Forward a copy to the contract agency.

(3) A contract agency shall make a copy of reports on monthly activities available to the department.

Section 16. Request for Fair Hearing. An applicant or participant may request a fair hearing:

(1) In accordance with:

(a) KRS Chapter 13B; and

(b) KRS 205.915; and

(2) Within thirty (30) days of any decision by the:

(a) Cabinet;

(b) Contract agency; or

(c) Qualified agency.

Section 17. Incorporation by Reference.

(1) The following forms are incorporated by reference:

(a) "DAIL-PCAP-01 Application", edition 2/08;

(b) "DAIL-PCAP-02 Authorization for Release of Confidential Information", edition 2/08;

(c) "DAIL-PCAP-03 Authorization Statement for Extraordinary Medical Expenses, edition 2/08

(d) "DAIL-PCAP-04 Employee Tax Agreement", edition 2/08;

(e) "DAIL-PCAP-05 Evaluation", edition 2/08

(f) "DAIL-PCAP-06 Annual Re-evaluation, edition 2/08;

(g) "DAIL-PCAP-07 Evaluation Team Findings and Recommendations", edition 2/08;

(h) "DAIL-PCAP-08 Income Eligibility", edition 2/08; and

(i) "DAIL-PCAP-09 Individual Care Plan", edition 2/08.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Aging and Independent Living, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.

Adopted: March 19, 2008

PERSONAL CARE ATTENDANT PROGRAM (PCAP) Appendix B Federal DHHS Poverty Guidelines	DAIL-PCAP-18.18
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Appendix B – Federal DHHS Poverty Guidelines

Federal DHHS Poverty Guidelines are published annually and will be forwarded via memorandum by the Department for Aging and Independent Living to the Area Development Districts, Area Agencies on Aging and Independent Living.

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Appendix C – KRS 205.900, KRS 205.905 to 205.925

205.900 Definitions for KRS 205.905 to 205.920.

As used in KRS 205.905 to 205.920:

- (1) "Cabinet" means the Cabinet for Health and Family Services.
- (2) "Evaluation team" means at least three (3) individuals employed as such by a qualified agency or organization.
- (3) "Personal care assistance services" means services which are required by an adult with a severe physical disability to achieve greater physical independence and which include, but are not limited to:
 - (a) Routine bodily functions, such as bowel or bladder care;
 - (b) Dressing;
 - (c) Housecleaning and laundry;
 - (d) Preparation and consumption of food;
 - (e) Moving in and out of bed;
 - (f) Routine bathing;
 - (g) Ambulation; and
 - (h) Any other similar activity of daily living
- (4) "Qualified agency or organization" means an agency or organization whose purpose is to provide services to severely physically disabled adults to enable them to live as independently as possible and a majority of whose governing board are consumers of these services. If no qualified agency or organization exists, an agency or organization may become a qualified provider when consumers of personal care assistance services are a majority of its advisory council.
- (5) "Secretary" means the secretary of the Cabinet for Health and Family Services.
- (6) "Severely physically disabled adult" means a person eighteen (18) years of age or older with permanent or temporary, recurring functional loss of two (2) or more limbs.

Effective: June 20, 2005

History: Amended 2005 Ky. Acts ch. 99, sec. 288, effective June 20, 2005. –
Amended 2000 Ky. Acts ch. 6, sec. 25, effective July 14, 2000. --
Amended 1998 Ky. Acts ch. 426, sec. 235, effective July 15, 1998. --
Amended 1996 Ky. Acts ch. 336, sec. 7, effective July 15, 1996. –
Amended 1994 Ky. Acts ch. 229, sec. 1, effective July 15, 1994; ch. 405,
sec. 61, effective July 15, 1994; and ch. 416, sec. 15, effective July 15,
1994. – Created 1984 Ky. Acts ch. 168, sec. 1, effective July 13, 1984.

Legislative Research Commission Note (7/15/94). This section was amended by 1994 Ky. Acts chs. 229, 405, and 416. Where these Acts are not in conflict, they have been codified together. These three Acts conflict as to subsection (4) of this section, and Acts ch. 416, which was the last of the three Acts enacted by the General Assembly, prevails under KRS 446.250.

205.905 Subsidy for personal care assistance.

- (1) The cabinet shall provide a subsidy for personal care assistance services to any adult who:
 - (a) Has a severe physical disability;
 - (b) Needs not less than fourteen (14) hours a week of personal care assistance services as defined by the secretary or needs an attendant at night, which services are necessary to prevent or remove the adult from inappropriate placement in an institutional setting; and
 - (c) Qualifies under KRS 205.910.

- (2) The adult shall be responsible for:
 - (a) Recruiting, hiring, firing and supervising the persons who provide personal care assistance services; and
 - (b) Obtaining an evaluation of his eligibility for personal care services from a qualified agency or organization which employs evaluation teams to:
 1. Determine the eligibility of the adult for personal care assistance services;
 2. Reevaluate the adult at least biennially to determine the adult's continuing need for services; and
 3. Report its findings and recommendations to the cabinet.

- (3) The cabinet shall follow the recommendations of the evaluation team or shall give notice to the adult within twenty (20) days of receipt of the recommendations of its reasons for not acting on the team's recommendations.

- (4) The cabinet may maintain a list of qualified agencies and organizations.

Effective: July 13, 1984

History: Created 1984 Ky. Acts ch. 168, sec. 2, effective July 13, 1984.

205.910 Eligibility standard -- Subsidy not income for federal law purposes --Supplements other programs.

- (1) The cabinet shall establish by regulation an eligibility standard which takes into consideration the unique economic and social needs of severely physically disabled adults.
- (2) The subsidy shall not be considered income for any purpose to the extent permitted by federal law and regulation.
- (3) This program may supplement any other programs for which the adult is eligible.

Effective: July 13, 1984

History: Created 1984 Ky. Acts ch. 168, sec. 3, effective July 13, 1984.

205.920 Regulations.

The secretary may promulgate regulations to implement KRS 205.905 to 205.915.

Effective: July 13, 1984

History: Created 1984 Ky. Acts ch. 168, sec. 5, effective July 13, 1984.

205.925 Implementation of KRS 205.900 to 205.920 by cabinet.

The cabinet shall implement the provisions of KRS 205.900 to 205.920 on a statewide basis and shall serve at least two hundred (200) severely physically disabled adults or more as provided in the state executive branch budget bill.

Effective: July 14, 2000

History: Amended 2000 Ky. Acts ch. 458, sec. 1, effective July 14, 2000. -- created 1986 Ky. Acts ch. 236, sec. 1, effective July 15, 1986.

205.915 Appeal of decision by aggrieved party.

- (1) Within thirty (30) days of any recommendation of any decision by the cabinet, an aggrieved party may appeal. The secretary shall appoint one (1) or more trained hearing officers to hear and decide the appeal.
- (2) Any party who is dissatisfied with the decision of the hearing officer may appeal to the appeal board. The board may on its own motion affirm, modify or set aside any decision of a hearing officer on the basis of evidence previously submitted or may direct the taking of additional evidence or may permit any party to initiate further appeals before it. The board shall notify promptly the parties of its findings and decisions.
- (3) The manner in which appeals are presented and hearings and appeals conducted shall be in accordance with regulations prescribed by the secretary for determining the rights of parties, such hearings to be conducted in a summary manner. A complete record shall be kept of all proceedings in connection with any appeal. All testimony at any hearing upon an appeal shall be recorded either stenographically or mechanically. No hearing officer or member of the board shall participate in any hearing in which he is an interested party.

Effective: July 13, 1984

History: Created 1984 Ky. Acts ch. 168, sec. 4, effective July 13, 1984.