

PSA Initial Application Checklist

1. Initial application fee: **\$500** check or money order made payable to **Kentucky State Treasurer**.
2. Completion of **Section 1, 2, 3, 4, and 5** of the application. **NOTE:**
 - **Section 2** should include the office hours with each day's hours written out.
NOTE: Office hours are the office hours of the actual agency, not the parent company
 - **Section 3**, Ownership must be completed. In addition to **Section 3**, documentation from the Kentucky Secretary of State showing the company in good standing should be included. If the "doing business as" name is different from the company name, submit the "Certificate of Assumed Business Name" document. You must register the direct owner's company name and the d/b/a name with the Secretary of State. (www.sos.ky.gov)
 - List the name of the alternate manager in **Section 4** if applicable.
 - All signatures and dates required in **Section 5**.
3. Copy of manager's responsibilities for day to day operations.
4. Copy of Dementia Training Curriculum Approval Letter
5. Copy of means and types of employee trainings that must include: procedures for reporting adult abuse, neglect, or exploitation; procedures for reporting child abuse or neglect; procedures for facilitating the self-administration of medication; and effective communication techniques tailored to individual client needs.
6. Documentation of how employee competency in providing personal care services is evaluated per **Section 7 of the regulations**.
7. List containing the following information for each personal services agency manager, alternate manager, and employee who provides direct services to clients:
 - A. Name of employee,
 - B. Date of initial hire,
 - C. Date of criminal record check conducted by the Administrative Office of the Courts (www.courts.ky.gov) or a company that conducts searches using information maintained by the AOC,
 - D. Date of Nurse Aide and Home Health Aide Abuse Registry check (www.kbn.ky.gov),
 - E. Date of Kentucky Adult Caregiver Misconduct Registry check (<https://prd.webapps.chfs.ky.gov/kacmr/Home.aspx>),
 - F. Date of substance abuse test,
 - G. Dates of TB Risk Assessment, two-step Tuberculin Skin Test and TB Education
 - H. Date of evaluation to determine employee competency in providing personal care services and
 - I. Date of employee training as well as the topics covered. Training must include the topics listed above in number 5 of this document.
 - J. Date of dementia-specific training for each direct-care staff member who provides services to a client that exhibits symptoms of Alzheimer's disease or other dementia. The dementia-specific training shall include at least six (6) hours of initial training and three (3) hours of annual training. (EFFECTIVE MAY 11, 2022)

NOTE: All managers, alternate managers, and direct service staff active at the time of initial application are included in this list and required to satisfy all items.

8. Copy of the service agreement per **Section 8 of the regulations**. Service agreement must include **all** of the following:
 - A. Charge for each service provided,
 - B. Policy for notifying the client of any change in the hourly charge for services. Thirty days prior notice is required,
 - C. Hours the PSA office is open for business,
 - D. Procedures for contacting the PSA manager or manager's designee,
 - E. Procedure and telephone number to call for the purpose of filing a grievance with the PSA,
 - F. An explanation of whether the PSA **directly employs** the direct service employee, provides **bonded protection** for the client, and pays **worker's compensation** or other benefits for the direct service employee,
 - G. Name of the PSA owner, including anyone with at least a 25% ownership in the facility,
 - H. Procedures for changing or terminating a client's service plan, and
 - I. Signature and date lines for both client/client rep and PSA staff.
9. Copy of the Service Plan per **Section 9 of the regulations**. Service Plan must include **all** of the following:
 - A. Types and schedule of services to be provided,
 - B. Charge(s) for service(s) or hour(s), and
 - C. Signature and date lines for both client/client rep and PSA staff.
10. Copy of the Client's Rights Statements per **Section 8(i) (1-4) of the regulations**. Statement must include **all** of the following:
 - A. The client has the right to have the client's property treated with respect,
 - B. The client has the right to request a change in his or her service plan, including the temporary suspension, permanent termination, temporary addition, or permanent addition of any service,
 - C. The client has the right to file a grievance as services, employee conduct, or the lack of respect for property and not be subject to discrimination or reprisal for filing the grievance,
 - D. The client has the right to be free from verbal, physical, and psychological abuse and to be treated with dignity, and
 - E. Signature and date lines for both client/client rep and PSA staff.
11. Copy of policy for investigating any grievance made by a client/client representative per **Section 10 of the regulations**.
12. Copy of gift and gratuity policy as stated in KRS 216.712 (7).

EFFECTIVE MAY 11, 2022: Senate Bill 61 Dementia Training for Direct Care Staff went into effect. This training is required for ALL Personal Service Agencies (PSA). The Dementia Training Curriculum must be approved by the Office of Dementia Services. An application for Dementia Training Curriculum approval must be completed and sent to the Office of Dementia Services for approval. Once the Dementia Training Curriculum is approved, an approval letter will be issued, a copy of the approval letter must accompany all PSA renewal and initial applications. Dementia Training Curriculum approval is required only one time, however if training is changed at any time, the Dementia Training Curriculum application must be completed and approved by the Office of Dementia Services again. The training date of dementia-specific training for each direct-care staff member who provides services to a client that exhibits symptoms of Alzheimer's disease or other dementia is required as proof of training completed. The dementia-specific training shall include at least six (6) hours of initial training and three (3) hours of annual training.