



Aging Department
OPERATIONS MANUAL

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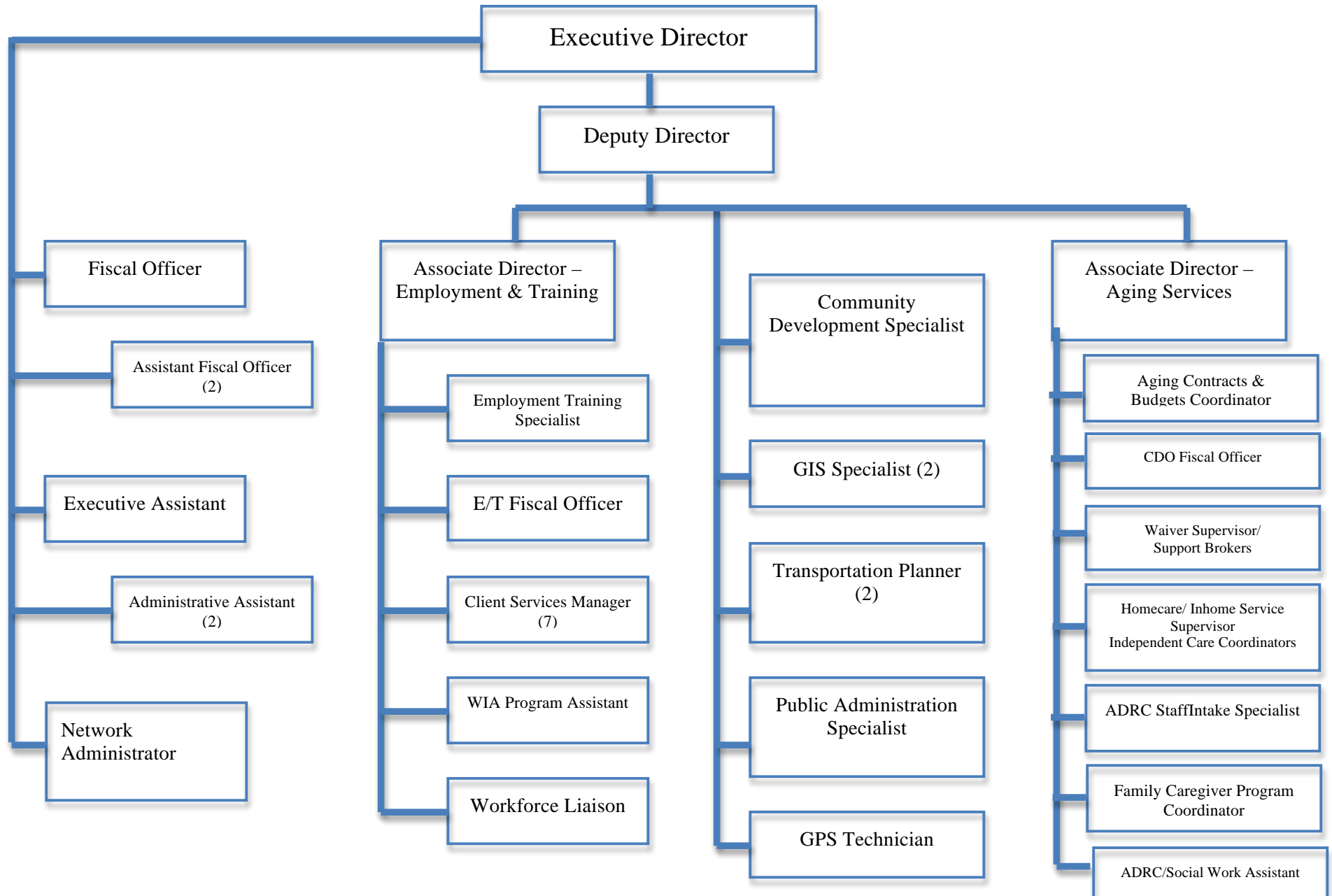
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LINCOLN TRAIL AREA DEVELOPMENT DISTRICT ORGANIZATIONAL CHART





ICC = Independent Care Coordinator

GOAL

The charge of the Lincoln Trail Area Agency on Aging and Independent Living section is the provision of services to improve the quality of life for citizens of the Lincoln Trail Area Development District. This manual is developed to assure the highest quality of service delivery.

This manual discusses necessary procedures to achieve the goals of the Lincoln Trail Area Agency on Aging and Independent Living section in its effort, on behalf of the Lincoln Trail Area Development District—to serve our citizens.

JOB DESCRIPTIONS

Director of Area Agency on Aging	Responsible for the direct administration of all Aging Program Components; works with Aging Advisory Council and LTADD Board of Directors.
Aging Contracts and Budget Coordinator	Coordinator of state and federally funded program management, monitoring budget concerns, and oversight of contractors fiscal and programmatic reporting.
Aging Program Monitor	Monitors daily activities of senior citizens centers and assists with contract performance monitoring.
Homecare/ In-Home Services Supervisor	Coordination and supervision of case managers activities as well as managing the budget regarding In-Home Services.
Independent Care Coordinator (ICC)	Advocates of clients and their families. Designs and administers a care plan for the purpose of improving each client's quality of life.
Support Broker	Advocates and supports consumers who are enrolled or are eligible for the KY Choices: Consumer Directed Options.
Intake Specialist (ADRC)	Performs as the gateway to the section and its services. Accepts and maintains referral documents. Assists with case maintenance and referrals.
Family Caregiver Program Coordinator	Responsible for day-to-day operations of the Family Caregiver Program.

Waiver Supervisor

Responsible for day-to-day operations of the CDO program. Provides guidance and assistance to Support Brokers and assures program compliance.

CDO Support Broker

CDO Support Broker works with and supports program consumers. Assures the health, safety and welfare of program participants.

CDO Fiscal Intermediary

CDO fiscal Intermediary provides payroll services for employees of the eligible CDO consumers. Assures compliance with all state, federal and local IRS and applicable wage related legislation.

Social Work/ADRC Assistant

Responsible for accepting referrals and completing referral documents. Assist ICC with phone calls to clients as needed and completes satisfaction survey distribution roll ups.

EXPECTATIONS

The expectation for members of the Lincoln Trail Area Agency on Aging and Independent Living staff members includes compliance with the following standards of behavior with internal interactions within the department and with other staff members:

- All staff are to be accurate and factual in performance of their assigned role.
- All staff are to be sensitive to location and presence of others in interactions with coworkers.
- All staff are to expect a minimum of interruptions in their work.
- All interruptions are to be warranted.

In transactions with our providers, clients, applicants for service, referral sources and the community in general the expectation for staff is that all interactions will be handled professionally. That calls into the office shall be returned in a timely manner. Timely will generally be defined as no longer than the next business day. Persons making referrals to the LTAAAIL shall receive periodic updates as appropriate.

COMMUNICATION

Communication is the basis of all civil interaction. Communication skills require constant honing to assure understanding between staff and others.

All communication entered into by section staff, whether verbal or written, are to uphold accepted standards of professional conduct. Confidentiality and courtesy are to be the guiding principals in all communications. It shall be the practice of all staff members to endeavor to be sensitive to these principals and to use their skills to assure that those with whom they come into contact with are provided clear and concise information in a confidential and courteous manner. This principle is extended to fellow staff members, agency contractors, referral sources, as well as clients and others.

In an effort to assure quality communication, staff will follow the organizational chart for relaying concerns. It is to be understood that at any time staff members may address concerns to administrative staff or the Executive Director. Depending on the nature of the conversation, it must be understood that the administrative staff may discuss the matter with the appropriate staff member.

Procedures:

The following procedures are hereby implemented to assist optimum communication between staff members:

- Agency department staff meeting is to be held periodically as planned by the Associate Director for Aging Services. Staff members are to be prepared to discuss agenda items. Staff members who have attended meetings of interest to the group shall present a brief synopsis of the information provided in the meeting. Administrative staff shall update the group on any matters of interest.
- Program specific meetings to be held generally monthly or as needed at the discretion of program supervisor or the Associate Director for Aging Services
- The first Monday of each month, the LTADD holds an "all staff" meeting AAAIL staff are expected to be in attendance.
- The LTADD In-home Services/ Independent Care Coordinators team shall meet monthly. This meeting will be attended by all the ICC staff, ADRC staff, social work assistant, Homecare/In-Home Services Supervisor, Aging Contracts and Budget Coordinator and the Director of Area Agency on Aging. This meeting will address direct service issues and

provide an opportunity to solicit assistance for particular matters of concern, ie: caseloads, etc.

- The CDO Supervisor, CDO Fiscal Intermediary, CDO Support Staff, and CDO Support Brokers will also meet monthly with the Director on Aging and Contracts & Budget Coordinator to address topics under the Waiver programs. This will allow for the opportunity to discuss direct service issues and provide an opportunity to solicit assistance for particular matters of concern, ie: caseloads, etc.
- It is intended that matters of interest to the entire group are dealt with during the aging department staff meeting. Should issues arise that require immediate attention, appropriate staff will be given the information and/or instructions. Significant changes in policy and procedure are to be approved through the Aging Advisory Council and the LTADD Board of Directors. Changes are to be provided to staff in writing.

ETHICS

It is the responsibility of all staff to conduct themselves in accordance with principles of ethical behavior insuring the integrity of this agency.

Procedures:

Staff is expected to maintain the highest degree of integrity in exercising their professional responsibilities. The following are basis responsibilities and guidelines to be used in all aspects of providing information to coworkers, referral sources, service providers, clients and the general public:

- Provide accurate and objective assistance.
- Exercise good faith and integrity.
- Exhibit regard for the rights of others.
- Respect the confidentiality of clients and applicants for service.

Assure that internal activities of the AAAIL requiring confidentiality are upheld. This would include but not be limited to the procurement process and personnel issues. No information obtained as a part of employment shall be utilized to affect or assist providers or applicants to provide services in the district.

CONFLICT OF INTEREST AND THE RECEIPT OF GIFTS

Employees and volunteers of the Area Agency on Aging and Independent Living, all of its contractors and/or sub-contractors shall not solicit, explicitly or implicitly, gifts, gratuities or other such benefits from consumers of the program, nor may they accept such gifts or gratuities.

Employees shall avoid any interest or activity which is in conflict with the conduct of official duties and shall avoid the appearance of conflict of interest, seeking or accepting no favor, personal benefit or profit, individually or for family members or friends, secured by privileged information or by misuse of position, public time or public resources.

Employees shall not directly or indirectly solicit any payments or accept or receive any payments or gifts – whether it be in the form of objects, money, services, loans, travel, entertainment, hospitality, or favors – that may be intended, perceived, inferred, expected or construed to influence them (in) the performance of their duties or reward any action on their part.

Staff members shall not express personal needs, concerns, or preferences related to finances or health or of any other related areas of a personal nature during the conduct of their work or contact with consumers, including during or after their employment with the ADD or with a subcontractor of the ADD, related to themselves or their families or other individuals with the intent or perception of soliciting sympathy, goods, services, gifts, money, or any other assistance from the consumer.

PROCEDURES

The provider agency shall notify staff, volunteers and consumers regarding this policy.

The provider agency shall ensure that staff and volunteers abide by the policy utilizing an appropriate monitoring method.

In the event a consumer offers a gift or token of appreciation, the staff member shall thank the consumer and inform them that the provider's policy prohibits acceptance of any gifts or gratuities from consumers of the programs. If necessary, a further explanation may be provided.

Refer also to DAIL Policy and LTADD Policy Section II (11.03): Conflict of Interest

BED BUG INFESTATION

The AAAIL shall ensure the health safety and welfare of consumers and staff in the event of a consumer's home bed bug infestation.

PROCEDURES

If a subcontractor staff member, AAAIL staff member, or family member identifies a bed bug infestation this problem needs to be communicated to the client. The employee will then report the infestation to their immediate supervisor.

The supervisor shall notify all staff known to have contact in the home.

Staff of the AAAIL and its subcontractors shall take the following additional actions:

- 1) Only sit on plastic chairs or all wood chairs.
- 2) Use protective clothing (which may include gloves, paper shoe covers, hair covers, etc.) especially if actions require touching bedding, clothing or upholstered items. The provider agencies shall make available to their staff the protective garments to assist in reducing the spread of the infestation.
- 3) Place all protective items in a plastic bag upon exiting the home and discard the items. (Items are not to be reused.)
- 4) Assist the consumer in contacting any agencies or persons who work or visit in the home.
- 5) Provide the consumer with information about methods and agencies that can exterminate the bed bugs.
- 6) Offer consumers information about detecting and avoiding bed bugs infestation in the form of educational materials.

The AAAIL staff and the subcontracting staff shall take all preventive procedures necessary to prevent carrying bed bugs into a consumer's home or out of a consumer's home.

CONTINUATION OF SERVICE PROVISION

The AAAIL and its subcontractors shall ensure that necessary services continue as recorded in the assessment and Plan of Care.

The AAAIL shall ensure that all policies and procedures related to consumer confidentiality and dignity remain in effect and are followed by the AAAIL and subcontractors.

In the event a provider agency staff member declines to serve in the consumer's home due to bed bug infestation, the consumer shall be provided with another staff member from the provider agency who is willing to provide services.

CLIENT RESPONSIBILITY

Consumers are responsible for managing the bed bug infestation. The AAAIL and contractor staff may provide information but may not perform any treatments. Educating the consumers is considered a first step in safety, management and elimination of the problem.

The AAAIL or contracting agency shall suggest measures for the consumer but may not require the consumer to follow through with the purchase or use of the methods suggested.

Consumers are responsible for determining the best method to combat pest infestation within their own residence.

If the resident lives in a rented home or apartment combating pest infestation is the responsibility of the consumers or landlord subrogation.

Treatments available may include:

Sprays: The consumer shall determine if they wish to use sprays. Providers are not allowed to spray any type of chemicals for pest infestation in a consumer's home. If the AAAIL or contractor staff wants to spray their own belongings or property (ex. car) they must provide the sprays at their own expense and use upon/after leaving the consumer's home.

Steam cleaning: Consumer should contact a reputable agency that provides professional steaming services which are known to eliminate pest infestation.

Pest Control Company services: Agencies that specialize in pest control and especially bed bug infestations.

The cost of treatments for pest infestations, which may include the use of mattress covers, steam cleaning, and/or other pest control company methods, are all items/services that are at the discretion of the consumer and the cost of such shall be borne by the consumer/ family and/or landlord as appropriate

SERVICE STABILITY ASSURANCE

The Area Agency on Aging and Independent Living shall have plans in place to provide services or arrange for services to be provided whenever a subcontractor fails to deliver services and their contract is canceled by the AAAIL or if a subcontractor terminates services under contract during the contract period.

PROCEDURE

The AAAIL shall request a waiver from DAIL to provide direct services as required by the Older Americans Act in the event a subcontractor fails to honor the subcontract to provide services or if their contract is canceled. In addition, the AAAIL may also, after having completed a procurement process and having no responses or having no responses from a bidder deemed responsible and if the AAAIL has exhausted all avenues to find or negotiate the provision of such services.

This request for a waiver may be completed as a contingency request before any such event occurs and be included in the Area Plan or may be requested upon the actual cancelation or termination by the contractor.

The AAAIL understands that the waiver may only be granted for the plan period and that the Older Americans Act outlines services exempt from a required waiver.

At any time the AAAIL finds that this situation exists, it will make every effort to facilitate a timely solution to ensure a minimal lapse in service to clients.

CONTINUATION OF SERVICES DURING STAFF VACANCIES

POLICY

The Area Agency on Aging and Independent Living shall have back-up staff available for all AAAIL positions during staff vacancies to ensure services continue as normally as possible.

PROCEDURE

AAAIL staff shall be cross-trained in one or more areas of the department in order to “fill in” or be “back-up” staff for a staff member who is on vacation, on medical absence or during the period after a staff member leaves employment and another is hired in the position.

A minimum of one staff member shall be cross-trained in each service area for services provided in-house to include caregiver services, SHIP, Homecare, CDO, Ombudsman, ADRC, and SAMS administration (IT services). Other areas of responsibility (program assistant, AAAIL director, and finance/budget) shall also require a “back-up” who is cross-trained to the degree feasible.

Each staff member shall be required to become cross-trained and to be available as a substitute (“back-up”) when the need arises.

The substitute staff member will, ideally, be one who has, at some time, been trained and worked in the program for which they are serving as a “back-up”.

A staff member may be cross-trained in two areas of service provision if they have previously worked in both or have worked in at least one of the two service areas for which they may substitute in another worker’s absence.

Providers shall be required to cross train staff in their agencies in a similar manner.

LIMITED ENGLISH PROFICIENCY (LEP)

As required by HHS Office for Civil Rights, participants and /or applicants to receive services shall be served regardless of language barriers.

Since its enactment, Title VI of the Civil Rights Act of 1964 has prohibited discrimination on the basis of race, color or national origin in any program or activity that receives Federal financial assistance. Title VI requires that recipients take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

The obligation to translate will depend on application of the four factors. In this context, vital information may include, for instance, the provision of information in appropriate languages other than English, or identifying where a LEP person might obtain an interpretation or translation of the document.

Some LEP persons may feel more comfortable when a trusted family member or friend acts as an interpreter. When an LEP person attempts to access the services of a recipient of federal financial assistance, who upon application of the four factors is required to provide an interpreter, the recipient should make the LEP person aware that he or she has the option of having the recipient provide an interpreter for him/her without charge, or of using his/her own interpreter.

Recipients should also consider the special circumstances that may affect whether a family member or friend should serve as an interpreter, such as whether the situation is an emergency, and concerns over competency, confidentiality, privacy, or conflict of interest.

Procedure:

Persons with limited English proficiency will be assisted through the use of translators. The AAAIL will utilize translators determined to be proficient in the language of the applicant/service recipient.

The community college will provide assistance with interpreters as well as the resources made available through Catholic Charities.

UTILIZATION OF VOLUNTEERS

The LTAAIL and its contractors and providers shall utilize volunteers in appropriate areas of service, depending on agency and program needs and availability of qualified volunteers. Volunteers shall be treated as an equal partner to agency staff, and shall meet all of the requirements for employment as agency staff.

The following procedures and processes apply:

RECRUITMENT

Volunteers shall be recruited by any number of means including by word of mouth, announcements through media outlets, notes on bulletin boards in churches, businesses or schools, printed flyers, brochures, or letters distributed or sent to potential volunteers, contacts with personnel staff of local businesses or agencies, and presentations to clubs or civic groups. Senior Companion and Retired and Senior Volunteer Corps shall be notified of the need for a volunteer when appropriate.

Recruitment for general (generic) assistance or recruitment for specific volunteer positions shall be determined based on positions available and skills needed.

SCREENING/HIRING

Potential volunteers shall:

- 1) complete an application for form,
- 2) be personally interviewed,
- 3) be screened for area of interest and provided job descriptions for the areas of interest,
- 4) have an opportunity to select an appropriate volunteer position suitable to their interest and the agency needs,
- 5) provide references who are non-relatives or friends,
- 6) be informed of the required criminal records screening and complete process before providing direct services to clients,
- 7) agree to participate in orientation and training for the position,
- 8) complete all confidentiality requirements and sign confidentiality form,
- 9) agree to TB skin tests, as appropriate to position,

TRAINING

Volunteers shall be trained, initially and as an on-going benefit of their position in the agency.

Orientation shall include the provision of general information needed by all employees/volunteers.

Orientation should include, but not be limited to,

- 1) the history, mission and goals of the organization,
- 2) the specific programs and services provided, including sample publications of agency,
- 3) the organizational plan, staffing plan and the volunteers place in that plan,
- 4) days and hours of operation of agency,
- 5) a tour of the facility and introduction to other staff and volunteers,
- 6) rules and regulations of the facility, (smoking area, no food or drink areas, etc.),
- 7) emergency procedures, (fire drills, emergency exits, first aid kit location, etc.)
- 8) job description,
- 9) review of applicable report forms (volunteer hours, forms for recording job functions, etc.)
- 10) volunteer insurance information,
- 11) dress code,
- 12) grievance procedures for staff, volunteers and clients, along with information on rights and legal restrictions,
- 13) policies and instructions for using the agency equipment, services, and building, and
- 14) description of supervisor functions and job evaluation procedures.

Job Training shall include:

- 1) Information and instruction specific to volunteer job to be accomplished,
- 2) Policies (federal, state, district or local) related to job assignment,
- 3) Procedures for accomplishing work assignments,
- 4) Paperwork requirements for reporting completion of work,
- 5) A complete written job description,
- 6) On the job training, as applicable, and
- 7) On-going instruction as needed.

RECOGNITION/RETAINMENT

Retaining good volunteers is as important to an agency as retaining good employees.

Proper job placement, thorough training and on-going guidance will help promote volunteer satisfaction. Listening to volunteer concerns, ideas and suggestions and providing constructive feedback will help a volunteer feel a part of the agency/program.

Recognizing volunteer efforts should be a part of any volunteer program.

Retention and recognition activities may include several of the following, yet not be limited to the following:

- 1) Publication of a volunteer manual.
- 2) Suggestion forms/suggestion box for volunteers.
- 3) Volunteer of the month recognition on bulletin board or special parking space and announced to agency personnel.
- 4) Annual luncheon, dinner or tea for volunteers (with possible recognition of hours of service).
- 5) Newspaper or radio publicity for volunteers.
- 6) Distribution of certificate of appreciation.
- 7) Words of appreciation at public functions.
- 8) "Paychecks" distributed on "payday", but with poems or special sayings enclosed.
- 9) Pins for years of service.
- 10) Everyday a heartfelt "thanks" for their work.

SUPERVISION AND ON-GOING EVALUATION

Each volunteer deserves to be, and shall be, supervised appropriately and receive guidance and direction regarding their job duties and job performance.

The volunteer supervisor shall be available to answer questions, receive comments and provide guidance or instruction for the volunteer as needed to ensure the volunteer receives the attention needed in order for them to perform their job effectively and with satisfaction.

Volunteers shall receive a written evaluation of job performance at regular and appropriate intervals in accordance with the agency's policies.

All volunteer recruitment, screening, evaluation and recognition activities shall be maintained in a personnel file located in the local agency files.

Voter Registration

The Department for Aging and Independent Living is designated under KRS 116.048(1)(d) to be a voter registration agency with state funded programs primarily engaged in providing services to persons with disabilities.

42 U.S. C. 1973gg-5 and KRS 116.048 requires a voter registration agency to distribute voter registration forms, assist individuals in the completion of forms, and ensure the completed voter registration forms reach the appropriate county clerk for processing if left with the AAAIL.

Pursuant to 42 U.S.C. 1973gg-10(2)(B), staff is subject to fines, imprisonment up to five (5) years, or both, if convicted of:

- (1) Seeking to influence political preference or party registration;
- (2) Displaying any political preference or party registration;
- (3) Making statements or acting in a way that implies that a decision to register or not to register to vote will have any bearing on the availability of program services or benefits.

At application for service, recertification, renewal, or when an address change is reported, the applicant/recipient meeting the following criteria is provided the opportunity to complete an application to register to vote, decline to vote, or update his/her voter registration:

- (1) Be age eighteen (18) years of age or older and United States citizen;
- (2) Be age seventeen (17) who will become eighteen (18) years of age on or before the day of the regular election to vote in the primary, pursuant to KRS 116.055;
- (3) Not be registered to vote; or
- (4) Not be registered at his/her current address.

Give each client the DAIL- VR-01 Voter Registration Rights and Declination form. The form will provide an explanation of the rights of an individual to register, or decline to vote, and serves as a record of declination. The form is read by or to the applicant/recipient and he/she signs and dates the form.

If the client marks YES they want to register, give them a SB-01 Voter Registration form to complete.

If the client marks NO or ALREADY REGISTERED on the DAIL-VR-01 Voter Registration Rights and Declination form, collect the completed form and retain in the agency office for the duration of the required retentions schedule, usually two (2) years.

If the client wants to complete the registration at home, give them the SB-01 Commonwealth of Kentucky Mail-in Voter registration form.

If the client chooses to take the voter registration form home instead of completing and leaving in the agency office, the client must mark NO on the declination form. Although they may indeed complete the form and send it to the county clerk, they did not register through the agency office.

Staff shall provide the same level of assistance to individuals wanting to register to vote as is provided for other applications. This includes providing assistance in completing the application to register to vote, unless the applicant/recipient refuses help.

Completion of the SBE-01 is only an application to register to vote. The county clerk approves or denies the application and sends a notice to the applicant/recipient.

The applicant/recipient shall complete all of the SBE-01, except:

- (1) A social security number is not required to be collected but suggested to collect;
- (2) The last 4 digits of the social security number are not to be used;
- (3) Work and home phone numbers are optional;
- (4) Male/Female is optional; and
- (5) If a sign is used for signature, complete the "witnessed by" section

Pursuant to KRS 116.048(6)(a), a completed application accepted at a voter registration agency shall be transmitted (by mail or walk-in) by the voter registration agency to the county clerk in the county of the applicant/recipient's voting residence not later than ten (10) days after date of acceptance, or not later than five (5) days after date of acceptance, if accepted within five (5) days before the last day for registration to vote in an election. Transmitting voter registration forms to county clerks weekly is suggested.

Since some clients may not reside in the same county as the agency, use the county clerk address list provided at www.elect.ky.gov when confirming the clerk's address.

If an interview is conducted over the phone for an application, reapplication, recertification, or address change, thoroughly and specifically document comments. Manually mail form DAIL-VR-01 along with form SBE-01 Commonwealth of Kentucky Mail-in Voter Registration. No negative action is taken if the forms are not returned. Do not pend any service for information pertaining to form DAIL-VR-01.

Client information will remain confidential; however, federal reporting standards require direct service agencies maintain a tally of voter registrations processed over a two (2) year period.

A voter registration agency shall track and maintain for submittal to the department, either hard copy or through the State's data system, a tallied number for:

- New/original applications for services or assistance received by the agency;
- Recertification or renewal applications for services received by the agency;
- Changes of address received by the agency;
- Completed voter registration applications received by the agency;
- Voter registration applications that the agency provides to voter registration applicant's for submittal to a county clerk;
- Voter registration applications submitted by the agency, on behalf of its clients, to county clerks; and
- Declining forms received by the agency.

A hard copy version of the voter registration form, SBE-01 Commonwealth of Kentucky Mail-in Voter Registration may be made available to the general public in your reception area.

Other household members may be given the SBE-01 Commonwealth of Kentucky Mail-in Voter Registration form if wishing to register to vote, without completing the DAIL-VR-01.

Both SBE-01 Commonwealth of Kentucky Mail-in Voter Registration and SBE-01 (for in-house use) can be obtained at www.elect.ky.gov, Register to Vote.

General information regarding the voter registration process in Kentucky can be found at www.elect.ky.gov

The following DAIL programs are exempt from this requirement: Ombudsman, Aging Disability Resource Center (ADRC – Outreach, Information and Assistance), State Health Insurance Program (SHIP). The following services are exempt: Outreach, Information and Assistance, and Legal services.

Voter registration instructions as noted in the DAIL SOP September 2011.

Documentation of activities (DAIL-VR-01) shall be placed in each the client's chart along with the reassessment/or original assessment documents. a copy of the form shall be provided to the lead case manager for documentation purposes.

ENSURING A SAFE WORKPLACE

The Kentucky Homecare program and any in-home service programs shall ensure a safe and healthy working environment for all workers (staff and volunteers), contractor's staff, and clients.

PROCEDURES

Under the following conditions, but not limited to those conditions, workers and clients shall have the right to take appropriate actions to protect themselves from harm:

- Worker or client exhibits behavior regarded as a threat to the other member such as yelling, aggressive or inappropriate gestures or movements, display of items that could be considered weapons (guns, knives, etc.), inappropriate verbal statements (explicit or implied) especially related to a sexual, abusive or threatening context.
- There exists a criminal history of a worker or client convicted of an offense related to the physical harm of another individual, felony theft, drug or weapons offenses.
- Sanitary conditions of the residence present a health hazard to the worker or client such as: human or animal waste uncontained in the home, medical waste such as syringes or other bio hazardous waste uncontained in the home, uncontrollable infestation of rodents and/or insects, etc.
- Illegal drugs or drug paraphernalia (suspected) are openly present in the home, etc.
- Unrestrained animals are present and may cause a hazard.
- Unknown persons are present in the home at the time of service and may represent a threat.

If these, or other, threatening conditions are present and the worker or client perceives a threat to his/her well-being, the worker or client may take the following precautions:

- Worker may remove themselves from the premises immediately indicating the reason for doing so or client may request that the worker leave the premises immediately.
- Notify supervisors or agency immediately.
- Contact law enforcement, if warranted.
- Request a review of the situation by agency staff.

- In some cases, referral of the client to DCBS may be appropriate and should be made by the worker.

After review and investigation of the situation by agency member(s), the following process shall be followed:

- Worker and/or client shall be notified in writing by the appropriate Homecare/In-Home services staff person of the unacceptable behavior and shall be offered one opportunity to correct the situation.
- If the situation is not corrected to the satisfaction of the worker or client, the agency may discontinue service provision to an offending client or reassign another worker (or two) to provide the client's service; or, in the case of an offending worker, the agency may reassign or dismiss the offending staff.
- The worker or client shall have the right to the customary appeal process, if desired.

The Homecare or other in-home services program shall make every effort to assist the worker or client to resolve the situation so that services can continue to be provided.

ANTI BULLYING POLICY

Lincoln Trail Area Development District ANTI-BULLYING POLICY AND PROCEDURE

The Department for Aging and Independent Living is committed to all services being provided in a safe and civil environment. The intent of this policy is to protect seniors, employees, and volunteers from harassment, intimidation, or bullying.

Bullying Defined

Harassment, intimidation, or bullying means any intentional written, verbal, or physical act, when act:

- Physically harms a person or damages the person's property;
- Has the effect of substantially interfering with a person's ability to obtain services or perform their job duties;
- Is severe, persistent, or pervasive that it creates an intimidating or threatening environment; or
- Has the effect of substantially disrupting the orderly operation of the facility.

Harassment, intimidation or bullying can take many forms including: slurs, rumors, jokes, innuendo's, demeaning comments, cartoons, pranks, gestures, physical attacks, threats, or other written, oral or physical actions.

“Intentional acts” refers to the individual's choice to engage in the act rather than the ultimate impact of the action(s).

This policy is not intended to prohibit expression of religious, philosophical, or political views, provided that the expression does not substantially disrupt the environment. Many behaviors that do not rise to the level of harassment, intimidation, or bullying may still be prohibited by other agency policies.

Area Agency on Aging and Independent Living Responsibility

The Lincoln Trail ADD Department for Aging and Independent Living is committed to all services being provided by LTADD to be rendered in a safe and civil environment and manner. The intent is that we protect seniors, employees, and volunteers from harassment, intimidation, or bullying. The Lincoln Trail Area Development District AAAIL shall:

1. Maintain a District Code of Conduct that addresses rules and expectations for behavior of program participants, staff and volunteers.
 - a. Behaviors, activities and actions that are prohibited are addressed in the District code of conduct.

- b. Evaluation thru satisfaction surveys will be completed. Surveys will be compiled for results annually.
 - c. Methods of enforcement and penalties for compliance issues.
- 2. Each Lincoln Trail ADD AAAIL staff, contractor and volunteer has the responsibility of implementing/maintaining/enforcing the Code of Professional Conduct. All misconduct shall be documented and reported to the Lincoln Trail ADD AAAIL.
- 3. The Lincoln Trail ADD AAAIL will offer opportunities for discussion regarding challenges and solutions to issues or potential issues thru Bi-monthly Aging Council meetings and providers meetings.
- 4. The Lincoln Trail ADD AAAIL shall require each Senior Center and its participants to participate in Anti-Bullying awareness activities such as: posting of the Anti- Bullying policy and speakers from ADD AAAIL attend center to speak on bullying/proper conduct/assistance.
- 5. The Lincoln Trail ADD AAAIL shall provide training to participants and staff on the following: importance of standing up for their rights if they are being bullied, provide assistance/tips for managing anger, establishing boundaries, ensuring participants and staff know the proper procedure for reporting and encourage the continuation of participation.
- 6. The Lincoln Trail ADD AAAIL shall provide assistance with addressing the bully when a situation occurs. The Lincoln Trail ADD AAAIL staff, contractor, or volunteer will meet with the bully and address the following: the current issue, explain/review the Code of Professional Conduct, find a solution to the issue so the individual can remain involved in the program if they choose and if behavior is modified, refer the individual for counseling (if necessary), and if appropriate refer the individual to law enforcement.

SERVICE IMPLEMENTATION

All clients assessed as eligible for Homecare/Title III, services will be assigned and Independent Care Coordinator (ICC) to be responsible for arranging and documenting appropriate Homecare/Title III and Adult Day Care needs and services. Efforts shall be made to secure and utilize informal supports for each client and every effort will be made to partner with other agencies to provide more resources or alternate resources as appropriate.

The ICC shall develop the initial Plan of Care (POC), with input from the consumer and/or family. The POC shall relate to the assessed problem(s), and the goal(s) to be achieved. The POC shall identify the specific services needed, the scope, duration and units of services required to help meet the needs and shall identify the provider of service, a plan for reassessment and shall be signed by the client (or designee) and the case manager.

Following the assessment and Notification of Eligibility to the client, the Assessor shall make arrangements for services as determined by the POC with a call to the provider(s) and with a follow-up Service Request Form mailed or delivered to each service provider.

The ICC shall monitor each client with face-to-face home visits and a telephone call monthly in accordance with case leveling. Additional home visits or phone calls shall be conducted as warranted.

ICC shall comply with all current and approved Homecare/Title III Policies and Procedures as required by the Department for Aging and Independent Living.

The ICC shall conduct a reassessment with each consumer every twelve (12) months.

The applicable revised statutes, regulations, LTAAAIL Policy and Procedures and DAIL SOP shall guide the case manager in delivery of services.

Generally, clients will be assessed for physical eligibility for services. Clients will be considered "assessed and waiting" and will be admitted to services based on priority and program eligibility. Although financial information is obtained as part of the assessment process, "Means Testing" is not allowed for admission to the Title III program. Clients will not be admitted or not admitted to a program based on "means".

MEETINGS/TRAININGS

Weekly Meeting with In-Home Service Provider

1. Homecare/ In-Homes Services Supervisor meets weekly with aide supervisor as needed by phone or in person.
2. Any problems or concerns that an ICC would like addressed should be detailed to the Homecare/ In-Home Services Supervisor prior to the day of the meeting.
3. Homecare/ In-Home Services Supervisor will do follow-up with ICC during staff meetings, ICC meeting and/or immediately.

Service Providers/Aging Council

1. Lincoln Trail Service Providers group meets the fourth Thursday of each month at 1:30 P.M. at the Lincoln Trail Area Development District office and Aging Council every other month or as needed.
2. A representative of CDO, HomeCare/Title III is required to attend.
3. Each month the Homecare/ In-Home Services Supervisor will designate one ICC that will attend.
4. The attending ICC is to give a report on the status of HomeCare, CDO and Title III Homemaker program.
5. The ICC who attend will bring the information from the meeting to the department staff to share with other ICC and other Aging Services staff.

Independent Care Coordinator Training

1. ICC are required to attend training each fiscal year as required by policy and regulation.
2. Training requests should be submitted to the HomeCare/In-Home Services Supervisor.
3. If training request is approved by HomeCare/In-Home Services Supervisor, she will submit request to Aging Services Director.
4. If approved, Aging Services Director will submit request to Executive Director.
5. Associate Director will give all registration information to Executive Assistant to make arrangements.
6. If ICC does not request a particular training, the HomeCare/In-Home Services Supervisor will schedule appropriate training for staff.
7. Some of these trainings may require ICC to be away from home one night to a week. They may also fall on weekends.

INTAKE RESPONSIBILITIES

The Intake Specialist shall perform the duties of the ADRC. In this role they are responsible to take client calls for staff in the field and will document case activity prior to close of business on assigned day. Notification to ICC shall be in writing indicating client issue and action on the part of the assigned ICC. Any problems that arise of an administrative or contract performance nature will be referred to the HomeCare/In-Home Services Supervisor to address with appropriate administrative staff. Referrals and waiting list management are the responsibility of this staff person. SAMS reporting daily management, support and training focused on reporting responsibilities in this data collection system is the responsibility of this position. Other duties may be assigned by administrative staff.

GUIDELINES FOR INTERACTION WITH CONTRACT AGENCIES:

- Receive and document client-related calls. Resulting adjustments in service authorization shall be e-mailed to the contractor by close of business.
- Phone contact with contract agencies shall be kept to a minimum and shall be followed with written documentation to follow within 48 hours.
- In the event that the Intake Specialist is unexpectedly absent, the Homecare/ In-Home Services Supervisor will take over the responsibilities for the day or delegate the responsibility.

TEMPORARY SERVICE ADJUSTMENTS:

Due to the often precarious conditions of the people we serve, periodically we will initiate temporary service interruptions due to the client being hospitalized, family interventions or temporary long-term care placement. In these situations, clients will be placed on temporary hold.

Procedure for temporary hold:

Once notified that a client is to be placed on temporary hold the ICC will document in the client chart and in SAMs the client status in the case note. The ICC will contact the contractor that services (ADRC) are on hold.

Once the client returns to his/her home and is ready to resume service it will be the client's responsibility to notify the LTAAAIL of this status change. Once notified the ICC or Intake Specialist will notify the provider(s) of the need to resume services.

Services should be resumed as quickly as possible, not to exceed 5 days unless approved by the LTAAAIL Director.

Documentation:

The Intake Specialist and ICC shall communicate with the provider staff via electronic message and documentation shall be provided in the client record and in the data collection system (SAMS) to assure record of the adjustment to the client's care plan.

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REFERRALS

1. Intake Specialist explains services available and does telephone screening with program applicants.
 - a. Phone screening
 - b. Waiting list
2. Intake Specialist completes the in-take/referral form, CDO screening form, and MAMW Application form, if appropriate.
3. Intake Specialist gives referral form to appropriate ICC to make a home visit if assessment needs to be done right away (ex: nursing home, hospice, etc.).
4. If assessment visit is scheduled by ICC. Visit must be made within 3 working days of referral date, if client is not placed on waiting list.
5. If visit cannot be made within 3 working days, the reason must be documented on referral form; any deviation from the 3 working days should be client-driven.
6. A referral disposition is sent to the referral source, as to the outcome of the referral by Intake Specialist after completing phone screening.
7. If case is opened, a copy of referral and referral disposition are placed in the chart.
8. If case is not opened, staple referral disposition to referral form and file in Intake Specialist processed file.
9. All intake activities are reported in SAMS. As much information is to be entered as can be obtained from the applicant.
10. If the referral is placed on a waiting list, the potential client should be contacted quarterly and have their priority rating reviewed and discuss if need for services continues.

In all cases applicants shall be made aware of local resources and options for services. The LTAAAIL Resource Directory shall be utilized for these referrals as well as any other available information. When referring to a provider, the Intake Specialist shall contact the provider, making them aware of the referral and follow up with in 5 working days to assure services have been provided or applicant has been contacted. Documentation of referral activity will be noted on the intake form

Policy for Non-Traditional Meal Services

In the event that traditional services are not a viable option for the provision of the Nutrition Program for the Elderly, the LTADD will seek non-traditional options for delivery of this service. Non-traditional meal shall meet the requirements set by the Older American's Act and regulations of the Department for Aging and Independent Living.

The LTADD would seek to utilize a non-traditional meal option in the event that no traditional option is available. The traditional option for the LTADD is a central kitchen that prepares both hot and frozen meals delivered by a routed driver. Traditionally, hot meals are delivered daily and frozen meals are delivered one time per week.

Our current non-traditional service is a fresh meal packaged in bulk to be delivered ten meals per delivery. Fresh meals are packaged at the provider's location and shipped by bulk carrier. The carrier delivers one time per week for a couple/family or once every two weeks for a single person. The delivery date is always the same day of the week. Fresh meals are packaged to be utilized within the delivery time span.

Assessment for Non-Traditional Meal Services

Policy: Applicants for the NPE service of non-traditional home delivered meals shall require an in-depth assessment and regular reassessment to assure appropriateness for this service.

Procedure

Applicant Eligibility

All applicants for non-traditional meals will be assessed and reassessed utilizing the program standards of the funding source through which they are applying for services. Applicants will be reassessed at scheduled frequencies (at least annually for Title III recipients and HomeCare recipients) unless more frequent reassessment is indicated.

Assessments for the home delivered meals will assure that the applicant has the necessary skills and capacity to manage the non-traditional meals services.

Assessments will also assure that the applicant has the necessary equipment to properly store and heat the meals. After exhausting other resources, the assessor may request purchase of equipment from Title III D funding. This funding would provide for a microwave oven and other minor purchases.

In the event that the applicant is unable to store or heat the home delivered meal, and is in extreme need of the service due to documented nutrient deficiencies, the assessor may offer

meal preparation through the Kentucky HomeCare program. The applicant must meet the eligibility requirement for the Kentucky HomeCare program, and must have no other resources for accessing a nutritious noon meal.

In cases where meal preparation is offered, the consumer must assure that raw food is available for preparation, and that adequate tools are available for cooking the food. Cost of the raw food is the responsibility of the consumer.

A complete assessment, reassessment, case notes and care plans shall be kept in the clients' file.

Client record retention and storage shall follow applicable policy and regulation.

Vendor Delivery of Meals

Policy: The vendor for non-traditional meals shall follow a prescribed delivery method that will be followed for the duration of their contract. Once the method is established the case manager shall assure that the deliveries are meeting client needs. The vendor will provide nutrition information for each menu item, expiration dates and preparation instructions with each delivery.

The method of delivery for the current non-traditional provider, Mom's Meals is as follows:

Meals will be prepared and packaged for Tuesday mail-out and a Thursday delivery for each delivery cycle (weekly or every other week).

Menus will be sent with each delivery

Clients will select meals and order utilizing a toll free call in method for each delivery. Menus are selected two weeks in advance.

In the event that a client neglects to call in their order, Mom's Meals call in center staff will contact the client to acquire their order or prepare an order based upon a recent menu selection.

Procedure:

The ICC will be knowledgeable of the delivery system of the provider and will convey it to the client.

Clients will receive a phone call within two days of the scheduled first and second deliveries to assure that they received their meals and were able to manage storage and preparation tasks.

In the event that the client reports problems with storage or preparation the ICC shall make a home visit to assist the client until they are able to manage on their own. If necessary and

appropriate, the ICC can provide for homemaking services during the initial deliveries to provide further assistance to the client.

The ICC will periodically view delivered food items to assure each item contains nutritional information, expiration dates and preparation instructions. Efforts will be made for the ICC or a representative to be present periodically, at the delivery time to check for food quality and temperature.

Menu Planning

Policy: The LTAAA will review menus provided by the provider agency/company. The provider shall have qualified dietitians to review menu assuring that they meet all regulatory guidelines.

Procedure:

The provider agency/company shall assure that menus are prepared and review by qualified staff able to assure that meals meet OAA requirements. The provider will have staff qualified and licensed through Kentucky to assure these requirements are met.

The DAIL Dietician shall be provided menus to assure that meals are meeting state requirements during annual monitoring, or other times as required by DAIL. Menus will be made available during annual monitoring reviews and/or more often at the request of the dietician.

AAA staff will review menus to assure a variety of options are available to clients.

ICC will discuss menus with clients to assure that they understand their options to order meals of their preference and that they understand the ordering process.

Assistance will be provided to clients who need assistance to process their orders.

Nutrition Education

Policy: Clients receiving home delivered meals will be provided nutrition education on a regular basis. Particular attention will be given to food selection, food safety, preventative health promotion and immunizations.

Procedure:

Meal Provider supplies nutrition education to clients with delivery. When needed, staff will work with the county extension office, local hospitals and other providers of nutrition education to access information for distribution to home delivered meal clients.

In addition to nutrition education materials, efforts will be made to provide to homebound older individuals, medical information that has been approved by health care professionals. This information includes, but is not limited to, brochures and information on how to get vaccines such as for influenza, pneumonia, and shingles, or address issues of safety such as “falls prevention”.

Participant Evaluation

Policy: Program participants shall be provided opportunity to evaluate and comment on service delivery.

Procedure:

Program participants shall be provided a with a survey to evaluate their services.

Surveys will be returned to the LTAAA where staff will review results and compile comments.

When appropriate, comments will be shared with the provider for their review and action.

Policy: Nutrition Screening/Assessment/Counseling

Nutrition health has significant impact on overall health and well-being. As a part of providing a holistic review of needs, this significant component of overall health shall be assessed for all persons assessed through Homecare and Title III funding for in-home or congregate meal services. This screening shall be conducted at least annually. If appropriate, nutrition assessment and counseling will be provided. The need for further interventions such as assessment and counseling, financial resources assistance, education or medical/pharmaceutical interventions will be based on the results of the nutrition screening.

Procedure

Screen for nutritional health is accomplished by utilizing the Nutritional Health screen tool developed by The Nutritional Screening Initiative. This tool must be completed at least annually.

Applicants to receive services, and program participants will be referred for nutrition assessment and/or counseling if appropriate.

Senior nutrition sites shall maintain a resource directory to utilize for referral and shall document actions taken for each participant identified as being in nutritional risk.

Assessment and Independent Care Coordinator staff shall document in each client file action taken to address issues identified on the Nutritional Health screening tool.

Monitoring activities will include a review of Nutrition Screen tools and follow up taken to address issues that have been identified.

The LTAAAIL shall provide technical assistance to staff and contractors regarding use of the tool and resources to address identified risks.

Definitions:

Nutrition Counseling means individualized guidance to persons who are at nutritional risk due to their health or nutrition history, dietary intake, chronic illnesses, medication use, or caregiver practices. A registered dietitian or certified nutritionist provides counseling one-on-one. (One session per participant)

Nutrition Assessment means one-on-one evaluation of a participant's nutritional status using physical measurements, 24-hour dietary recalls, medical history, or lab tests. The ultimate goal of nutrition screening and assessment is to identify risk factors that can be altered through nutritional intervention. (DAIL-NP-17.22)

Daily Contact For Alternative Meal Recipients

1-Each Home Delivered Meals client is to be contacted based on the following criteria:

Daily Contact is required for individuals who exhibit the following conditions:

- Frail
- Isolated and without a support system
- Have a history of falls or high risk of falls
- Deficiency of three or more ADL's/IADL's and
- High nutritional risk

Daily contact can be provided by an informal support system and documented by the ICC that this is the contact plan.

Weekly Contact is required for individuals who exhibit the following conditions:

- Frail
- Isolated individuals with a support system
- A history of falls or a high risk of falls
- Deficiency of three or more ADL's/IADL's and
- High nutritional risk

Weekly contact can be provided by an informal support system and documented by the ICC that this is the contact plan.

2-Each ICC is responsible for completing these contacts unless another qualified person is assigned to do these contacts.

3-Each ICC is responsible for filling out the meals assessment for on each Individual and these are to be completed at each assessment/reassessment visit.

4-Each ICC or assigned person is also to complete the Non-Traditional meal contact form as each contact is completed. These are to be filed away in binder on shelf. ICC are to make contacts as required by Homecare/Title III at a minimum of monthly. Contact can be monthly if the client is contacted daily/weekly by an informal support system.

Daily Client Contact

Policy: The ICC will identify the frequency of the contact, daily or weekly. A description of the arrangements will be recorded in the participant's care plan and will be updated each time an assessment or reassessment is completed. The arrangements documented will include whether the ICC or informal support will complete the contact. The ICC will make a monthly contact.

Procedure:

At the time of assessment the assessor shall discuss with the applicant their need for daily and weekly contact based on the non-traditional meal screening.

The applicant will be contact by a ICC or an identified person of contact on a weekly or daily basis and documented in SAMS. ICC will be contacted with any changes in client status

The applicant will be made aware that the ICC will be notified in the event they are unable to be reached or there are concerns regarding the client's well-being.

ELDER ABUSE REPORTING

All suspected incidents of abuse, neglect, and/or exploitation shall be reported to the Department of Community Based Services, Division of Protection and Permanency (DPP). DPP is responsible for investigating and providing preventive services to individuals that are reported to be the alleged victim of abuse, neglect or exploitation according to KRS 209.020(7,8 and 15).

Procedure:

Upon becoming suspicious, or aware of any possible incident of elder maltreatment, staff will report their concerns to their supervisor and the Division of Protection and Permanency. The call will be documented and follow up will be made with DPP to assure that the report was processed.

In the event that staff from a contactor agency report elder maltreatment concerns to LTAAAIL staff, the observer will be instructed to report the concern to DPP and the case manager will follow up with the staff person or their supervisor regarding the status of the report.

Staff is to be ever vigilant during contact with vulnerable elders and assure to the best of their ability, that our consumers are safe in their homes and communities.

Staff is also encouraged to attend and participate with the Elder Abuse Coalition.

ASSESSMENT

HomeCare/Title III

1. The assigned Independent Care Coordinator (ICC) shall schedule assessment visit.
2. ICC initiates contacts with potential client to set an appointment for the assessment. Assessment must be done within 3 working days from the date referral is received, if not placed on waiting list for assessment.
3. ICC gets complete directions to the client's home during telephone call and if appropriate, checks on client's income (based on Homecare services) and explains how fees or suggested donations are determined.
4. ICC assembles the following forms for process or assures availability of lap top equipment.

HEMOCARE/Title III

Forms for Initial Assessments

Application

Request for Hearing

Notification

SAMS Assessment

Plan of Care (Page 1 & 2)

Service Authorization

DAIL Scoring Level Service Form

ADRC Level One Screening

Referral Disposition-processed

by Intake Specialist

Quality Assurance Form

Welcome Form

Authorization for Extraordinary Expense

Consumer Journal Entry

Participant Responsibilities (if needed)

Certification of Eligibility

Voter Registration

Non Traditional Meal Form

5. While in home, ICC discusses fees and/or donation and available services and completes the following forms:

- (A) Application – have client read or read to client. Obtain client signature, “X” witnessed by case manager, or client signature “by spouse, son, daughter, etc.”
- (B) Notification – After checking clients income minus extraordinary expense against the HomeCare Fee Scale, ICC completes form and signs. Client income is to be verified through the use of Social Security award letters, bank statements, income tax documents etc.
- (C) Assessment – Complete all blanks. Face sheet – record last name first. Be sure to list 2 emergency contacts (if possible), in addition to the names of all the persons in the household and their relationship to client on face sheet. Complete directions from LTADD to client’s home on face sheet.
- (D) Certification of Eligibility – Title III eligibility is completed on Application page

Clients will be assessed for physical eligibility for services. Clients will be considered “assessed and waiting” and will be admitted to services based on priority and program eligibility. Although financial information is obtained as part of the assessment process, “Means Testing” is not allowed for admission to the Title III program. Clients will not be admitted or not admitted to a program based on “means”.

6. Completion of Assessment Forms.

- (A) SAMS Assessment – make sure all blanks are filled-in and write up Summary and Judgment. Complete a total picture of the client.
- (B) Plan of Care 1 & 2 – shows client needs, goals, and comments for usually a 12 month duration. (Both Client and ICC sign and date)
- (C) Service Authorization – complete directions from LTADD, Service Authorization shows all providers on same form and copy is made and sent to appropriate provider.
- (D) ADRC Level One Screening – should be completed, and if client is to be on waiting list, a final priority rating is listed on waiting list.
- (E) Referral Disposition – original copy is sent to referral agency. Copy of disposition is kept for client’s file.
- (F) Consumer Journal – includes client’s name, date, “HV for IA” and case manager’s signature.

- (G) Authorization for Extraordinary Expenses – Includes name, income, expenses, amount of fee and used for HomeCare only. Verification of Income must be noted on Assessment tool.
- (H) Certificate of Eligibility – Mark ADL's and IADL's section and sign and date. (Separate form HomeCare and on Application form for Title III)
- (I) Notification – Record client's name/phone number, complete form and sign.
- (J) Request for Hearing – Copy of form given to every client assessed.

ICC discusses when and how services will begin and how waiting lists are handled and leaves with client the following documents:

- Yellow Notification Sheet
- Pink page of Plan of Care 1
- Pink Quality Assurance Form
- Welcome Sheet
- Case Manager's Business Card

7. Assemble chart and file in locked cabinet.

REASSESSMENT

HomeCare

After initial assessment, client is “reassessed” annually in order to keep all information including leveling current and to make sure that client is receiving appropriate services. Client receives an “RA” (reassessment) 12 months after initial assessment. This continues to rotate as long as case is open.

1. Forms for 12 Month Reassessment
 - Complete SAMS assessment tool
 - Certification of Eligibility - Update
 - Consumer Journal
 - Authorization for Extraordinary Expense (if needed)
 - Priority Rating (if changed)
 - Voter Registration
 - Non-Traditional Meals Form
 - DAIL Scoring Level Service Form (ADRC Leveling Form)

 - (A) Reassessment – fill in blanks making sure to include income listed under “face sheet”, old and new health problems, both formal and informal supports, and a brief summary. Medications need to be recopied from bottles at each reassessment.

 - (B) Certification of Eligibility – refer to assessment process (page 11) Certification of Eligibility. Can use for 4 RA’s.

 - (C) Consumer Journal – Summarize visit. Fill in client’s name and date of visit. Under section heading “Progress Notes”, write “HV for RA” and a complete summary of client’s situation.

 - (D) Authorization for Extraordinary Expense – refer to Assessment process (page 12).

 - (E) Update – Plan of Care by recording date RA completed and document next month/year RA is to be completed in blanks provided at top of page 1 Plan of Care.
2. Upon returning from Home Visit, ICC completes consumer roster and fills in “Home Visit, Reassessment, and date” on client list.

3. Providers are to be notified that the reassessment has been completed and can be accessed in the SAMS system.

Meal Provider

No forms are sent to meal providers at Reassessment unless changes are made in service.

4. When all paperwork is complete, ICC files the Reassessment, Eligibility, and Extraordinary Expense forms in the appropriate section of client's file.

TITLE III REASSESSMENT

1. Reassessments are completed yearly.

COMPLETE: Assessment tool in SAMS RA/Narrative (see HomeCare RA info)
Plan of Care/Service Authorization
Priority Rating – If changes are made
Non-Traditional Meal Form
Voter Registration
Consumer Journal
DAIL Scoring Leveling Form

NOTE: Providers are to be notified that the reassessment documentation is completed and available to them on the SAMS network.

ICC contacts are completed as outlined by the leveling form based on date of IA. Contacts alternate between home visits and phone contact. Phone contact requires calls to client or responsible party if the client is unable to communicate with the ICC.

The contacts stated above are the minimum required, client contacts should reflect client needs.

*Clients receiving meals only should be contacted as outlined in the Non-Traditional Meals policies.



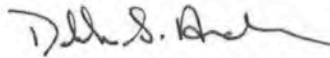
**CABINET FOR HEALTH AND FAMILY SERVICES
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Steven L. Beshear
Governor

Janie Miller
Secretary

TO: Area Development District Executive Directors
Area Agency on Aging and Independent Living Directors

FROM: Deborah S. Anderson
Commissioner 

DATE: January 20, 2011

SUBJECT: Partial Hour Units

The AAAIL committee, appointed at the December AAAIL/DAIL meeting to discuss the reporting of partial units, met by conference call on Tuesday, January 17, 2012. Following a discussion of pros and cons, the committee voted to implement the reporting of services in partials of 15-minute increments. This does not affect the required service taxonomy which sets units of federal services at 1 hour, and state service units at ½ hour.

When entering units of services into the state system, the AAAIL may report services provided, in 15-minute increments. Therefore, the reporting will reflect actual time of service provision by .25 (15 to 29 minutes), .50 (30 to 44 minutes), .75 (45 to 59 minutes), or 1 (60 minutes). Each partial of unit reported must be based on a full 15 minutes of service. **Also, as a reminder, monthly and/or quarterly reports must reflect the exact units as entered and reported by the SAMs system.**

The AAAIL is responsible for the monitoring of service time to insure proper accounting of units reported. DAIL will also perform random monitoring of service units during our monitoring visits.

DSA/se

cc: Bill Cooper
Donna Collins
Rebel Baker

CLIENT LISTS

Each ICC is responsible for their own client list. Each list shows all clients in that county that Case Manager visits. New clients are added at the end of the list as they are assessed. (Back-up system)

Client lists show client's last name, first name, assessment date, services provided, and when 6 month Reassessments and yearly Reassessments are due. This is shown by the initials RA, TC, and HV.

A new list is made each year at the end of June for the new fiscal year beginning July 1. Names are put in alphabetical order.

Since each client received a home visit one month and a telephone call the next, this is noted on the client list each month by either "HV" or "TC" and the date it is completed.

Client lists are to be completed on a daily basis.

Directions to client homes are kept current on SAMS program with charts being updated on current RA.

Monthly updates can be generated for the HomeCare, Title III, and Adult Day Programs by the reporting system, email alerts, etc.

CASE NOTES AND DOCUMENTATION

Case notes and supportive documentation serve as verification of client contact. Notes shall be made for each significant client contact. Documentation shall be written in a manor that will describe the client's issues /concerns, changes in living conditions, financial status and emotional and physical concerns. Notes should also indicate the appropriateness of the client's care plan. Clear and concise documentation is necessary to adequately describe the client's circumstances and to document their progression as they participate as a client of the LTAAAIL.

Client contact shall be documented and recorded in the client file.

Case note documentation shall include time in and time out information. Time in and time out shall be used on each case note and charting sheet to record time spent with and on behalf of a client

All documentation shall be made in ink or typed.

Case notes shall be signed and dated.

Case notes shall be documented in SAMS.

Case note corrections shall be corrected with a single strike through the erroneous information, correction made over the error, and initialed at the site of the correction.

Chart Storage and Portability

Chart Storage protocol shall assure client information is protected. No charts are to be taken outside of the LTADD office. Client information is accessible in SAMS and should be accessed from the secured staff laptops or I-Pads unless previously approved by the Homecare/In-Home Services Supervisor of AAAAIL Director. In all cases staff shall uphold HIPAA (Pub. L. 104-191) regulations protecting personal information.

Information collected from applicants for service and those receiving service are stored in a secured data system. Any hard copy record containing protected information is maintained in locked files within the LTADD, or, if secured off-site, in an approved secure location.

File cabinets within the department are locked each evening. The key for each file is labeled in a non-identifying manner and the key is maintained in a metal box located in the department. Files are opened in the morning by ICC or ADRC staff. The keys are kept in the file lock during the day and as each cabinet is locked at the end of the business day, the key is then secured in the key box.

The ADRC staff take the lead on securing the file cabinets, in their absence, and ICC assures the security of the files.

All documents with personal identifying information will be shredded when it is no longer needed.

Quality Assurance – Internal Review

Policy: The LTAAAIL shall assure that staff and volunteers provide quality services during the course of their work. While this agency supports, encourages and must operate with a high degree of autonomy within our Department, the need to assure quality care and appropriate service delivery requires a strong internal monitoring process.

Procedure:

The Home Care /In -Home Services Supervisor or designee will monitor files quarterly. Files will be selected randomly providing an assortment of charts from each funding source assessed and representing each case manager's caseload.

The DAIL chart review may be used as the guide for a consistent review of each chart.

Peer review will assure that all staff are reviewed and that bias is limited.

Identification of errors or omissions are to be documented and brought to the attention of the supervisor or AAAIL Director.

Timeframes for improvement will be established commensurate with the identified shortfall.

Ongoing non-compliance will result in the development of a corrective action plan and further punitive measure up to and including dismissal.*

Participant evaluation processes also provides a quality assurance opportunity. Participant reviews will be utilized to provide additional input both for service provision and quality.

*The LTADD Policy and Procedures for staff review serves as the guide for addressing staff performance.

INCIDENT AND COMPLAINT FORMS

Complaint Form

When an ICC becomes aware of a complaint sufficiently critical to warrant notification of the contractor, the following steps will be taken:

1. Complaint will be discussed with Homecare/ In-Home Services Supervisor to see if complaint warrants the contractor being notified.
2. If so, Homecare/In-Home Services Supervisor will instruct ICC to complete Complaint Form for forwarding to contractor. ICC will record Contractor notification on SAMS program and place copy in chart that will be kept in locked file cabinet.
3. Upon receipt of the contractor's response, ICC will discuss response with Homecare/ In-Home Services Supervisor and file response in client chart and attach to original complaint. All follow-ups and discussion must be recorded on SAMS/chart and put in client's chart.
4. All follow-ups shall be made by an ICC and will keep Homecare/ In-Home Services Supervisor informed, as needed.

Incident Form

When ICC becomes aware of an incident that is sufficiently critical to warrant notification of the contractor, ie: things stolen or missing, the following steps will be taken:

1. Incident will be discussed with Homecare/ In-Home Services Supervisor and then, in turn, Homecare/ In-Home Services Supervisor will discuss incident with Director of Area Agency on Aging, as needed.
2. ICC will be instructed to fill out Incident Report Form and forward it to Homecare/ In-Home Services Supervisor and Director of Area Agency on Aging. Case Manager will also record incident details in SAMS/chart with copy of Incident Report Form placed in chart.
3. Upon receipt of response from contractor, the response will be discussed with Homecare/ In-Home Services Supervisor and instructions for follow-up will be advised, if needed. All follow-ups and discussion are to be recorded on SAMS and put in chart. Case Manager will also attach copy of response to chart copy.
4. All follow-ups will be made by ICC and will inform Homecare/ In-Home Services Supervisor of status, as needed.

CASE CONFERENCE

1. Homecare/ In-Home Services Supervisor shall be responsible for scheduling case conferences.
2. A Case Conference will be held as needed at request of contractor(s), ICC's, family or any party involved in the client care etc.
3. The case will be selected from cases provided by ICC's, Homecare/In-Home Services Supervisor, contractors, etc.
4. A Case Conference is documented in the SAMs system by the Homecare/ In-Home Services Supervisor or ICC.
5. Demographic information is documented as required by SAMs.
6. **Medical Problems** should be documented as well as age, living conditions, health conditions, and all applicable information relating to the situation.
7. Documentation should include other problems not related to health; such as, condition of home, client's appearance, reason for the conference, etc.
8. **Services** should be documented to include all services being provided by HomeCare/Title III. This information can be found on client's Plan of Care in the chart.
9. Those attending the meeting: ICC, HomeCare/In-Home Services Supervisor, Director of Area Agency on Aging (as needed), Aide Supervisor (as needed), and occasionally the Aide (when needed), and representatives of other involved agencies, if appropriate. Attendance should be documented with the narrative on the conference.
10. At the meeting, the specific problems are presented by the ICC. The goals and resolutions of the case are determined by those attending. (For instance, a goal may be to maintain condition of the home and the resolution may be how to accomplish this goal.)
11. The ICC then documents this information in the SAMs System.

12. On occasion, a corrective action plan is developed. In these cases, the client or person involved in the situation signs the Corrective Action Form which is filed in the client's record.

PROCESS FOR HOME VISIT CALENDAR

Each ICC will maintain a monthly calendar. This calendar shall be provided to the Aging Director, Intake Specialist, and HomeCare/ In-Home Services Supervisor. While scheduling is at the discretion of the Case Manager, a review will be conducted to assure clients are seen and plans for the month are feasible. A copy of calendar is to be kept on bulletin board in the Aging section.

Program staff are encouraged to complete home visits as early in the month as possible, avoiding the potential of missing a visit due to scheduling issues, inclement weather, and other factors that may be out of the control of the client or staff.

Case notes are to be completed, documented in the SAMs System.

HOME VISIT

1. One week prior to home visit, sign out a staff car. Refer to calendar for county to be visited and clients to be seen.
2. On the day of the visit, get appropriate paperwork together.
3. Make visit list with client's names and telephone numbers in order that visits will be made. Provide the list to the intake specialist.
4. Sign out utilizing the office "in and out" board located at the reception area of the LTADD.
5. During the home visit, the ICC gets the following information from the client:
 - a. Changes in health status
 - b. Adequacy of service
 - c. Discuss any problems or concerns
 - d. If client situation has changed, determine whether further service or resources would benefit client
 - e. Whenever possible, ICC shall document the visit while in client's home
 - f. Any issues of concern are discussed with the HomeCare/In-Home services supervisor.

When you return to the office, return keys and sign back in.

6. Make referrals for further resources and services or any follow-up needed from home visit.
7. Note home visit on Consumer Roster and on client list.
8. File paperwork in appropriate chart.
9. HomeCare and Title VIII home visits are made in accordance with program guidelines and as determined by the leveling sheet. Extra home visits can be made if deemed by the ICC to be needed to assure the health, safety and welfare of the client.

TELEPHONE CONTACTS

1. Each client is contacted by telephone on months between home visits. HomeCare and Title III clients are contacted in accordance with the leveling guidelines.
2. Work from the client list to determine who is due a telephone call.
3. Record date and telephone call (TC) on client lists as you make calls.
4. When making telephone contact, have client information available and follow-up on previous contacts.
5. Chart telephone contact at time of call.
6. Add telephone call and units to Consumer Roster.
7. During a case ICC phone call, the ICC should inquire about the client's services, health, needs, and changes and then handle responses accordingly.
8. In the event that a client is hard of hearing, confused or is otherwise unable to communicate by phone, the ICC shall make family contacts following the format listed above; or, where practical, shall make monthly home visits.

When clients call the office, calls will be directed to the appropriate ICC/support broker by the Intake Specialist. Client calls shall be handled by the Intake Specialist or another ICC/support broker if the client's assigned ICC/SB is unavailable. Calls requiring follow up shall be considered priority and attention will be paid to getting back with callers as soon as possible.

Client calls may be made by the Social Work Assistant or Social Work Intern (for meal only clients) and documented in SAMs. All issues of concern are reported to the ICC assigned to the case.

CLIENT DAILY CONTACT

All clients assessed as eligible for Homecare/Title III and Adult Day Care services will be assigned an Independent Care Coordinator (ICC) to be responsible for arranging and documenting appropriate needs and services. In the event that the ICC identifies clients in need of daily contact, efforts shall be made to secure and utilize informal supports to provide this level of care. Volunteers utilized for this service shall comply with the Volunteer requirements of this manual. The Social Work Assistant may be used in this capacity.

The ICC shall monitor each client with alternating face-to-face home visits and a telephone calls as outlined in the leveling tool. Additional home visits or phone calls shall be conducted as warranted.

The case manager shall include the input of the volunteer/Social Work Assistant working with the client as they determine ongoing needs for this level of intensive service. Contact with the team shall be documented in the client's chart.

ICC's shall comply with all current and approved Policies and Procedures as required by the Department for Aging and Independent Living.

The ICC shall conduct a reassessment with each consumer a minimum of every twelve (12) months.

TITLE III-B/HOMECARE
Home Repair

1. Determine need during assessment through ICC visit or by request.
2. Determine if need is covered by another program (ie: Medicare or Medicaid).
3. After need is determined or requested from client, the ICC will complete a purchase order (PO). The PO is to be given to the Aging Director for approval. Once approved the PO is provided to the administrative assistant to process.
4. Vendors will bill LTADD and deliver equipment to client. When necessary, the ICC is responsible for delivering equipment to client.
5. Sometimes bulk equipment, such as shower sprayers, Depends, etc. are purchased with funds available from programs. Bulk purchases must be approved HomeCare/In-Home Services Supervisor, Director of Aging, and coordinator of Budget and Contracts.
6. Home Repair Forms must be filled out for every client and filed in Home Repair binder on bookshelf. This form is used for reports and entered into the SAMS program. The report must include the type of equipment provided.

Equipment Loans:

Due to infection control issues and liability concerns, no equipment is loaned to clients.

HOMECARE/TITLE III CLIENT ROSTERS

1. All Assessment/Case Management units are to be recorded monthly on SAMS program client rosters by each Case Manager individually by end of month.

Average unit scale/based on time spent with each client and recording notes, etc.

Initial Assessment	2-4 units
Reassessment	1-2 units
Home Visit	1-2 units
Telephone Calls	1-2 units
Recording time and all other entered units	1-4 units (depending on actual time spent)

NOTE: All unit utilization is client specific. Unit charges should be based on services provided to the client, ie: "time spent" providing a service.

2. Data collection is required for State Quarterly Reports.
3. All new clients and case closures are to be entered in or deactivated from SAMS.
4. All social, economic need, etc. are recorded on each client when entered into the SAMS system at time of assessment.

WAITING LISTS

Intake Specialist maintains the waiting list. **At the time of this contact the Intake Specialist is to determine priority rating changes, if indicated, as well as to purge the list of any applicants no longer interested in remaining on the waiting list.**

1. Waiting for Services – Defined as a waiting list for services. ADRC staff has completed a thorough priority screening process and information is updated with changes in condition.

Clients receive a phone call quarterly to assure no changes are needed in their status. During the contact with the applicant information and referral assistance is provided. Clients covered under list #2 and #3 are contacted by the ICC in accordance with their leveling specification.

2. Assessed and Waiting – A client who has been assessed and qualifies for services that are not available at this time (due to budget) will be placed on the Assess and Waiting list.
3. Underserved – An open client who is receiving services, but is in need of additional services, that are not available due to budget constraints, will be placed on this list. The ICC manages their underserved list. As units become available, services are added based on priority.

Applicants are encouraged to contact the ADRC as needed and if condition changes.

*Documentation of contacts shall be written and maintained with each applicants file. For clients on the waiting list, reporting of contacts shall not be billed as case management within the SAMS reporting system.

Persons interested in receiving services when services are unavailable will be placed on a prioritized waiting list. A standard tool is used for HomeCare and Title III In-Home Service applicants.

In addition to priority based on applicant need, the LTAAAIL utilizes a fair- share formula for service in the region. This formula is established to assure a fair and equitable distribution of services throughout the region.

A number value is assigned to the assessment of need and a re-evaluation of needs are completed quarterly.

At the time a service becomes available, the waiting list is reviewed to determine who is in greatest need. The applicant is contacted to assure they are interested in an assessment and that they continue to be appropriate for the requested service. Once this is determined the applicant is assigned to an assessor who will schedule a home visit for an assessment within three (3) days of receiving the referral.

Persons who refuse to be assessed once they have been selected for review may remain on the waiting list.

All applicants for service will be given other options for care including the opportunity to privately pay for service, if available.

DEFINITIONS

Participant information definitions are to be recorded as follows:

Race: American Indian/Alaskan Native (AI/An)
Asian/Pacific Islander (A/PI)
Hispanic (H)
Non-minority (N-M)

Greatest Economic Need:

The need resulting from an annual income level at or below the poverty threshold established by the Bureau of the Census.

PL 98-459
Sec. 306(a) (5) (A)

Household	Yearly Income Levels	Monthly Income Levels
1 Person	\$	\$
2 Persons	\$	\$
3 Persons	\$	\$

This scale is to be revised as revisions are made by the Bureau of the Census.

ICC should ensure they receive an updated poverty guideline sheet each year.

Greatest Social Need:

PL 98-459
Sec. 306(a) (5) (A)

The need caused by non-economic factors which include physical and mental disabilities, language barriers, cultural or social isolation, including that caused by racial or ethnic status which restrict an individual's ability to perform tasks or which threaten his/her capacity to live independently. To be in the "greatest social need", an individual should be in two of the following categories or clearly be within the above definition.

- Minority individuals
- Persons that live in outlying rural areas
- Persons age 75 and older
- Persons who live alone
- Persons who have chronic physical or mental disability that restricts their daily activities

MISCELLANEOUS

IN-HOME SERVICES CONTRACTOR POLICY
(supplemental)

To: All AAA's Contracting with Lifeline Homecare
From: Jim Simpson, Executive Director
Subject: Bedbugs
Date: September 21, 2010

As you are aware the state's new guidelines mandate that you, the AAA, create policies for servicing clients infested with bedbugs. Since both the Case Managers and our staff bear the brunt of exposure to bedbugs in the client's home I thought I would spell out some of our thoughts on this issue.

1. Sprays – We are extremely concerned about allowing our staff to spray potentially harmful chemicals inside of our client's homes. This is compounded by the fact that in a majority of our contract areas we do not receive the Case Managers Assessment/Reassessment information and notes which documents relevant client information such as breathing problems, allergens, immune deficiencies, etc. As a provider we already face increasingly high liability risks in this type of work and this can only add to those risk factors. Therefore, to mitigate any liability I am proposing that when a bedbug infestation is confirmed, and a Case Manager orders spraying, that your Case Manager obtains a written release of liability for such spraying from the client. Not to obtain this release will undoubtedly cause dramatic and immediate increases in both the AAA's and Lifeline's liability insurance as well as open both the AAA and Lifeline and those specific Case Managers to potential litigation, should damages occur. **Ideally we would actually prefer that the client/family member conduct all spraying.**
1. Confidentiality – This issue concerns the donning of protective paper outerwear in order to stem the transfer of bedbugs to our staff's clothing – which I agree with. However the issue has been raised in this office that by changing into this protective clothing, both prior to and after exiting the client's home, we will in fact have breached client confidentiality, not to mention the potential for embarrassment and humiliation. I am not sure if there is a good response to this issue – but it is worth noting.
1. Carriers – As stated above I agree with the use of protective paper outerwear however I am still not convinced that this process will be totally adequate since these bedbugs can hop off and on at will – even during the process of removing the paper outerwear. This then would lead to the possibility of our Aides being “carriers” of this infestation from one home to another – which is something we absolutely do not want. Furthermore we know that this also opens up our Aides to potential infestation – in their own homes. This has occurred to one of our staff in Northern Kentucky and this Aide incurred hundreds of dollars worth of damage to her house as well as her car. We are currently working with our Worker's Compensation Insurance Carrier to see if coverage exists for this particular situation. (And note, if coverage does exist – I am sure the premiums will increase

accordingly.) As with the confidentiality issue noted above there is not a whole lot that I know of that we can do to prevent this (above what you have previously stated) however I do wish to point out the potential for increased liability and the associated cost of insurance.

1. Client Responsibility – This is one area that I do feel is important. I don't see any burden at all being placed on the client and other household members or their family to address this issue. In my opinion I would like at a minimum clients be mandated to the following actions:
 1. Allow for the Case Manager to work with the local health department and insure that the client/family follow their recommendations (if possible) on how to remove the infestation.
 2. Provide (and in an ideal situation – conduct all spraying) any sprays which are to be used by our Caregiver staff – subject to written orders by the Case Manager and a release of liability signed by the client.

1. Housing Authority/Landlord Subrogation – should the client live in subsidized housing or rent from a landlord I would recommend that the Case Managers work with those entities in order to access infestation assistance from them – FIRST – prior to accessing any AAA funding to address the problem.

1. Cost – lastly is the issue of cost which impacts all providers as this is simply another unfunded mandate. The cost of protective garments, plastic mattress covers, steam cleaning, etc. all of which were not considered by any provider in the state, when we submitted a fixed unit cost rate. Based upon preliminary inquires the protective garments will cost approximately \$1.05 per **visit**. Should your Case Managers order protective mattress covers the AAA's should be prepared to spend at least \$50 per cover from Home Repair funds (assuming this is an actual Home Repair cost).

In summary Lifeline Homecare has been and will continue to provide support mechanisms that assist in the eradication of bedbug infestations. However we are of the opinion that we alone cannot stop the infestation without assistance from the client as well as other sources. Also please realize that our staff does not relish the thought of making visit after visit to an infested home where there is simply no action taken by anyone, other than Lifeline, to eradicate the problem. Please realize that Lifeline is not a pest control company. We realize that these efforts on a state and AAA level will mature as we work out the best solutions. It is because of this that I have offered my voice in this email. I do though think that uniformity in this one particular area is paramount and hope that the AAA's address this with a uniform policy.