

Barren River Area Agency on Aging and Independent Living
Standard Operating Procedures

HEMOCARE

Table of Contents

<u>Homecare Policy</u>	<u>Page #</u>
Introduction	4
Definitions	5
Eligibility	8
Case Management Qualifications and Requirements	10
Medicaid Eligibility and Transition Policy	12
Assessment/Reassessment	13
Nutrition screening/Assessment/Referral	14
Nutrition/MST Risk Survey Instructions	16
Service Planning	17
Natural Supports	18
Coordinating Services	19
Quality service	20
Fees and Contributions	22
Training Responsibilities	24
Staffing Pattern	25
Service Provider Responsibilities	26
Participant Contact	27
Budgeted Services	28
Unit of services	29
Home Repair	30
Supplies	31

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

<u>Homecare Policy</u>	<u>Page #</u>
Respite Care	32
Incident/Accident Reporting for Homecare agencies	33
Incident/Accident Reporting for BRADD Staff	35
Waiting List	37
Participant Rights and Responsibilities	38
Termination or Reduction of Homecare services	40
Appeals	41
Denial, Suspension, or Reduction of services	42
Safe and Healthy Working Environment	45
Monitoring Homecare Participants for Health and safety	47
Intra-Agency Case Transfers	48
Case Records Security	49
Follow Up and Monitoring of Homecare Client Services	50
Policy on Time In/Out Documentation	51
Monitoring Homecare Client Files	52
Homecare Supervisor Caseload	53
Policy on Time In/Out Documentation for Homecare Providers (AIDES)	54
Clients on Hold for Services	55
Past Due Accounts for Homecare Services	57
Contractor Responsibilities	58
Mandatory Reporting of Abuse, Neglect, and Exploitation	62

Barren River Area Agency on Aging and Independent Living
Standard Operating Procedures

HEMOCARE

Complaint Policy

63

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMECARE

Introduction

The Department for Aging and Independent Living is directed by statute (KRS 205.455 to 205.465) and by Kentucky Administrative Regulation (910 KAR 1:180) to promote and aid in the establishment of local services for older Kentuckians, including the provision of in-home services designed to prevent the unexpected incidents of unnecessary institutionalization of functionally impaired elderly persons and aging Kentuckians.

Purpose

(1) To provide services which address the needs of individuals in their home; the least restrictive environment.

- (a) To stimulate coordination between the state and local community in the planning, organization, and delivery of in-home and community-based services.
- (b) To facilitate the development of a community-based informal support system.

(2) To provide in-home services as an alternative to more costly institutional services where appropriate.

- (a) To promote the request for the aging population to age in place.
- (b) Provide coherent, easily accessible and affordable services to assist and support homebound seniors to remain in their homes.
- (c) Identify needs and sources of information and assistance to aging Kentuckians.
- (d) Provide relief as well as information and assistance to caregivers.

Mission

To allow aging Kentuckians to remain living at home, comfortable among familiar surroundings in the least restrictive environment with quality services provided upon a sliding fee scale. This is accomplished through coordination of programs and services to aid in early interventions and evaluation of strategies, programs, and agencies to decrease unnecessary institutionalization.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Definitions

Policy:

To provide a consistent definition of terms used in the homecare program.

Procedure:

- (1) **Activities of Daily Living-** defined by KRS 194A.050(1), 205.204(2)
- (2) **Age verification** – The process in which the age of a participant is verified using official documentation including birth certificate, driver's license, passport, military ID, and/or Social Security or Medicare card. Persons under the age of sixty (60) years are not eligible for the Homecare Program.
- (3) **Area Plan-** means the plan that:
 - (a) Is submitted by a district for the approval of the department; and
 - (b) Releases funds under contract for the delivery of services within the planning and service area.
- (4) **Assessment-** Means the collection and evaluation of information about a person's situation and functioning to determine the applicant's or recipient's service level and development of a plan of care utilizing a holistic, person-centered approach by a qualified case manager.
- (5) **Case Management-** means a process, coordinated by a case manager, for linking a client to appropriate, comprehensive, and timely home or community-based services as identified in the plan of care by:
 - (a) Planning.
 - (b) Referring.
 - (c) Monitoring.
 - (d) Advocating; and
 - (e) Following the timeline of the assessment agency to obtain:
 - (1.)Service level; and
 - (2.)Development of the plan of care.
- (6) **Case Management Supervisor-** means an individual:
 - (a) Meeting the requirements of Section 5(1)(a) of this administrative regulation; and
 - (b) Who has four (4) years or more experience as a case manager.
- (7) **Case Manager-** means the individual employee responsible for:
 - (a) Coordinating services and support from all agencies involved in providing services required by the plan of care.
 - (b) Completing the initial assessment, plan of care, and annual assessment.
 - (c) Ensuring all service providers have a working knowledge of the plan of care; and
 - (d) Ensuring services are delivered as required.
- (8) **Case Record-** means the collection of information, documents, demographics, and required information maintained in the Aging services tracking data system.
- (9) **Department-** means the Department for Aging and Independent Living.
- (10) **District-** is defined by KRS 205.455(4).

Barren River Area Agency on Aging and Independent Living
Standard Operating Procedures

HEMOCARE

- (11) **Eligibility** - A prospective client for Homecare services shall be over sixty and need assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADL's) to remain safely in the home.
- (12) **Extraordinary out-of-pocket expenses**- means medical expenses not covered by insurance including:
 - (a) Copays
 - (b) Deductibles
 - (c) Prescriptions
 - (d) Premiums for medical insurance; or
 - (e) Other medical, dental, or vision costs incurred as a result of medically necessary treatments or procedures.
- (13) **Family** - Number in family is recorded as one (1) if the client is single or (2) if the client is married. Family size is to be recorded as three (3) or more only when there are minor dependent children. Any other adults or couples living in the same household are considered a separate family unit regardless of relationship by blood or law.
- (14) **Fee determination** - The income of each separate family unit should be considered to determine whether a client must be charged a fee; all other income from separate family units in the same household shall be excluded from this determination.
- (15) **Home management services** - Services ordinarily involved with housekeeping necessary to maintain a person in his or her own home. Such services may include, but are not limited to shopping, meal preparation, laundry, cleaning, sweeping, mopping, and dusting, as well as additional household responsibilities.
- (16) **Homecare Services**- means services that:
 - (a) Are:
 - (1) Provided to an eligible individual who is a "functionally impaired elderly person" as defined by KRS 205.455(7); and
 - (2) Directed to the individual established in subparagraph 1 of this paragraph toward:
 - Prevention of unnecessary institutionalization; and
 - Maintenance in the least restrictive environment, excluding residential facilities; and
 - (b) Include:
 - (1) "Chore services" as defined by KRS 205.455(1).
 - (2) "Core services" as defined by KRS 205.455(2).
 - (3) "Escort services" as defined by KRS 205.455(5).
 - (4) "Home-delivered meals" as defined by KRS 205.455(8).
 - (5) "Home-health aide services" as defined by KRS 205.455(9).
 - (6) "Homemaker services" as defined by KRS 205.455(10).
 - (7) "Home repair services" as defined by KRS 205.455(11).
 - (8) "Personal care services" as defined by subsection (16) of this section;
and
 - (9) "Respite services" as defined by KRS 205.455(12).
- (17) **Informal support**- means any care provided to an individual that is not provided as part of a public or private formal service program.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMOCARE

- (18) **Instrumental activities of daily living**- is defined by KRS 194A.700(7).
- (19) ~~**Natural supports**—assistance without pay from a friend or family member.~~
- (20) **Natural Supports**- means a non-paid person or community resource who can provide, or has historically provided, assistance to the consumer or, due to the familial relationship, would be expected to provide assistance if capable.
- (21) **Nutrition risk assessment** – If and/or when malnutrition risk is present, the assessment is used to illustrate the nature of the problem(s), raise awareness of nutrition problems and assist the individual, service provider, and caregivers in guiding decisions about which nutritional services may best fit those needs and motivate them to action.
- (22) **Personal care service**- means assistance with activities of daily living.
- (23) **Person-centered planning**- means a process:
 - (a) For selecting and organizing the services and supports that an older adult or person with a disability might need to live in the community and is directed by the person who receives the support; and
 - (b) That is directed by the person who receives the support.
- (24) **Reassessment**- means reevaluation of the situation and functioning of a client.
- (25) **Service level**- means the minimum contact required through face-to-face visits and telephone calls by the case manager or social service assistant.
- (26) **Social service assistant**- means an individual who:
 - (a) Has at least a high school diploma or equivalent;
 - (b) Works under the direction of the case manager supervisor;
 - (c) Assists the case manager with record keeping, filing, data entry, and phone calls;
 - (d) Helps determine what type of assistance their clients need;
 - (e) Assists the client in getting services to carry out the plan of care;
 - (f) Coordinates services provided to the client;
 - (g) Assists clients in applying for other services or benefits for which they may qualify; and
 - (h) Monitors clients to ensure services are provided appropriately.
- (27) **Time in/time out** – This is the method that shall be used by case managers and direct care professionals for documenting time spent with the client by recording time in (i.e. start time) and time out (i.e. end time) on each case note and charting sheet. Alternatively, the total length of the encounter may also be used as a method of recording time spent with a client.
- (28) **Unit(s) of service**- the measure used to document the provision of a service. For Homecare, a unit of service is one half hour. For example: one half hour of sweeping, mopping, or dusting.

The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) Review, update or maintenance of resource or agency files;
- (b) Travel time incurred in the delivery of the service;
- (c) Training, staff meeting; or
- (d) Project management.

These activities should be billed as administrative costs.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMOCARE

Eligibility

Policy:

The Barren River Area AAAIL shall ensure services for the aging and disabled populations are available as funding allows and in compliance with 910 KAR 1:180.

Procedure:

1. A prospective client for homecare services shall:

(a) Verify that the prospective client is a person sixty (60) years of age or older using the age verification procedure;

1. The Barren River AAAIL requires age verification that the applicant for services is at least sixty (60) year of age. The individual's age shall be verified utilizing one of the following documents:

a) Birth certificate;

b) Driver's License;

c) School Record;

d) Passport;

e) Military/Veteran identification card;

f) Letter of "No Record" issued by the State with individual's name, date of birth, year in which there was a search for a birth record but there was no birth certificate found on file, and as many of the following as possible.

1. Baptismal certificate;

2. Hospital birth certificate;

3. Census record;

4. Early school record;

5. Family bible record;

6. Doctor's record of post-natal care

(b) The case manager will determine that the participant is not eligible for the same or similar services through Medicaid unless the individual is:

1. Considered inappropriate for person directed services due to:

(a.) An inability to manage the individual's own services; and

(b.) A lack of availability of a person to act as the individual's representative; or

2. Unable to access the Home and Community Based Waiver through a traditional provider; and

(c.) Meet one (1) of the following criteria:

1. Be functionally impaired in the performance of:

a. Two (2) activities of daily living;

b. Three (3) instrumental activities of daily living; or

c. A combination of one (1) activity of daily living and two (2) instrumental activities of daily living

2. Have a stable medical condition requiring skilled health services; or

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

3. Be: (a.) Currently residing in:
 - (i) A skilled nursing facility;
 - (ii) An intermediate care facility; or
 - (iii) A personal care facility; and(b.) Able to be maintained at home if appropriate living arrangements and support systems are established.
2. Eligibility shall be determined by a case manager who meets the qualifications for the Homecare Program.
3. Clients who meet eligibility requirements must be informed of their eligibility for Homecare services.
4. The case manager shall determine a prospective client's eligibility for:
 - (a) 1. In-home services; or
 2. Respite for the unpaid primary caregiver; and
 - (b) Service level of case management as determined on the DAIL-HC-01, Scoring Service Level.
5. (a) The Homecare program shall not supplant or replace services provided by the client's natural support system.
(b) Except as established in paragraph (c) of this subsection, if needs are being met by the natural support system, the client shall be deemed ineligible.
(c) An applicant who needs respite services shall not be deemed ineligible because of this subsection.
6. An applicant who is eligible for services and for whom funding is not available shall be placed on a waiting list for services

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMECARE

Case Management Qualifications and Requirements

Policy: BRADD will employ a case manager according to the qualifications and requirements for a Homecare Case Manager.

Procedure:

(1) A district shall employ a case manager to assess the eligibility and needs for each client and provide case management.

(2) A case manager shall:

(a) Meet one (1) of the following qualifications:

1. Possess a minimum of a bachelor's degree in at least one (1) of the following:

- a. Social work;
- b. Gerontology;
- c. Psychology;
- d. Sociology; or
- e. A field related to geriatrics.

2. Possess a bachelor's degree in nursing with a current Kentucky nursing license;

3. Possess:

a. A bachelor's degree in a field not related to geriatrics with two (2) years of experience working with the elderly; or

b. A master's degree in a human services field, which shall substitute for the required experience.

4. Possess an associate degree in a health or family services field and two (2) years of experience working with the elderly, which shall substitute for a bachelor's degree;

5. Be a Kentucky-registered nurse with a current Kentucky license and two (2) years of experience working with the elderly; or

6. Be a licensed practical nurse with a current Kentucky license and three (3) years of experience working with the elderly. and

(b) Be supervised by a case management supervisor.

(3) Each client shall be assigned a case manager.

(4) The case manager shall assess the eligibility and needs of individuals:

(a) Initially; and

(b) At least annually thereafter.

(c) If the client is ineligible, the case manager shall close the case, document the reason in the case record, provide a list of potential resources, and notify the client or caregiver by mail.

(5) Case management services shall not be provided to individuals on a waiting list for homecare.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

(6) The case manager shall:

(a) Be responsible for coordinating, arranging, and documenting those services provided by:

1. Any funding source;
2. A volunteer; or
3. Formal or informal supports;

(b) Make reasonable effort to secure and utilized informal support for each client; and document the reasonable effort in the client's case record;

(c) Monitor each client by conducting a home visit according to the assessed service level and through telephone contact between home visits. Clients shall be contacted at a minimum as follows:

1. Level 1, a home visit shall be conducted every other month;
2. Level 2, a home visit shall be conducted every four (4) months; and
3. Level 3, a home visit shall be conducted every six (6) months;

(d) Document in the case record each contact made with a client, as established in paragraph (c) of this subsection, or on behalf of the client.

(e) Practice cultural humility with awareness and respect for diversity and inclusion; and

(f) Provide a copy of the Rights and Responsibilities form to the client, in his or her preferred language; and

1. Explain the rights and responsibilities to the client; and
2. Document receipt of form in the client record.

(7) A social service assistant may be assigned to Level 3 clients to assist with meeting the assessed needs.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Medicaid Eligibility and Transition Policy

Policy:

The Homecare program for the elderly was established to assist eligible individuals to receive in-home services. The program is designed to assist individuals to remain in their own home as long as possible and to prevent premature placement in a long-term care facility.

Homecare funding is not available for individuals that qualify for the same or similar services through other programs.

Procedure:

1. The Barren River Aging and Disability Resource Center (ADRC) Coordinator or case manager/assessor shall screen for the Medicaid eligibility of each individual applying for or receiving services through the Homecare program for the elderly under 910 KAR 1:180.
2. When the Homecare applicant or participant is eligible for Medicaid services, the Barren River AAAIL staff shall provide contact information and assistance with applying for Medicaid services available to meet the client's needs.
3. Any Homecare applicant or current participant that qualifies for services through Medicaid shall obtain services through Medicaid unless the needed services are not available in the region where they reside, or there is no service provider able to provide the services.
4. When there are no Medicaid services or providers available in the region where the individual live, the Barren River ADRC Coordinator or case manager/assessor shall obtain documentation of unavailability from Medicaid prior to referring the individual into the Homecare program.
5. When the services through Medicaid are unavailable due to the lack of provider agencies, wait list, or ineligible for Medicaid and funding is available through homecare an eligible individual may receive service through the homecare program until the individual becomes eligible for Medicaid or the services become available through Medicaid.
6. When Medicaid services are available and a provider agency is able to meet the services provisions, service through the Homecare program are denied.
7. Services that are needed and unavailable through Medicaid may be provided through the Homecare program as long as the services are not duplicative of what Medicaid provides.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Assessment/ Reassessment

Policy:

The assessment or reassessment shall be conducted by the case manager/assessor to establish the functional ability and needs of an applicant or current participant of the Homecare program.

Procedure:

Initial Assessment

1. Upon receipt of a referral for assessment, the case manager shall review the referral and contact the individual to schedule an appointment.
2. The collection of information shall be based on interviewing the individual and through observation of what task the individual and their natural supports can complete. It is acceptable to have an individual demonstrate their abilities.
3. The case manager shall determine the individual's eligibility for services as required in 910 KAR 1:180 Section 4 and the standard operation procedure DAIL SOP HC-13.1 Eligibility.
4. After the initial assessment is completed the case manager refers the individual to the case manager for follow up.

Reassessment

1. A reassessment is conducted annually or more often if a documented need shows there is the reason to conduct an assessment prior to the one year date.
2. The process for a reassessment is the same for an initial assessment.

HEMOCARE

Nutrition Screening/Assessment/Referral

Policy: The Nutrition program for the elderly shall provide participants with a screening to assess their risk of nutritional deficiencies and provide a nutritional assessment, counseling, or other interventions when necessary to assist the individual with their nutritional health.

Procedure:

1. The Barren River AAAIL shall screen, using the questions from the nutrition screening initiative checklist.
2. The checklist will be completed on each participant at least annually.
3. The results from the completion of the checklist are to be used to report to the BRADD and DAIL the following:
 - a. Identification of participants at nutritional risk.
 - b. Identification of when nutrition assessment and counseling are appropriate.
 - c. Identification of process for obtaining nutrition assessment and counseling when warranted.
 - d. Identification of participant characteristics as a group.
 - e. Comprehensive and coordinated nutrition service program planning.
 - f. Nutrition service interventions.
 - g. Evaluation of nutrition services.
4. The following may be done if an older individual is determined to be at risk nutritionally:
 - a. Referral to a local nutrition project dietician for further screening and/or nutrition counseling.
 - b. Referral to other health professions or services such as the Food Benefit Program (formerly Food Stamps Program), Simplified Assistance for the Elderly (SAFE).
 - c. Increased frequency of meal delivery, provide a second meal or weekend meals.
 - d. Referral for a support group such as a diabetic support group or to a physical activity program.
 - e. Caregiver Training.
 - f. Meal supplements such as nutritional drinks.
5. Nutritional risk data that is available through the nutrition screening will be addressed in the area plan.
6. BRADD/AAAIL will monitor for compliance for completed screenings.
7. Aggregate nutrition data that is available through the data collection system may be also used to develop nutrition education plans, menu modification, or development of interventions.

HEMOCARE

Nutrition Screening

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

- Nutrition Counseling
- Social Services and Nutrition Counseling
- Nutrition Education and Counseling
- Education, Counseling, and Treatment Programs
- Oral Health & Nutrition Counseling
- Social Services
- Social Services and Mental Health Programs
- Nutrition Counseling
- Nutrition Education and Counseling
- Social Services and Nutrition Counseling

HEMOCARE

Nutrition Risk Survey Instructions

1. Complete nutrition risk assessment every year on all clients.
2. Nutrition score of 6 +, the Case Manager should do the following steps:
 - a) Discuss the nutritional survey with the client.
 - b) Request that the client take the survey with them to the Doctor next time they go to ensure that the Doctor is aware of their nutritional status.
 - c) Discuss with the client other services available, such as senior center services, home delivered meals, frozen meals, shopping, meal preparation.
 - d) Discuss and add additional services if needed.
 - e) Provide a copy to the client to take to the physician.
3. The Case Manager should complete the follow-up with the client regarding the Nutrition Risk Assessment and document in the client's chart.
4. The Case Manager will ensure that documentation is noted in the client's record if these steps are taken and will complete a follow-up with the client.
5. Independent Case Manager will complete the Nutrition Risk Assessment in SAMS.

MST Instruction: A participant shall receive a follow up regarding their nutrition and malnutrition screening within three (3) months of the assessment date to address the needs or concerns. The case manager will document at three (3) months of the assessment asking the client if they talked to the physician about their scores and documenting results of the discussion.

The project roster should be completed every Initial assessment and reassessment completed noting which type of assessment was completed and if the client is at risk.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMOCARE

Service Planning

The BRADD case manager shall utilize a person-centered approach in the assessment and development of a plan of care with the client or client's representative.

Procedure:

- (1) The client shall participate in the assessment and development of a person-centered plan of care with the case manager, natural supports, and other formal or informal service providers as available.
- (2) Upon the receipt of a referral the case manager shall:
 - (a) Contact the client or client's representative and schedule the initial assessment;
 - (b) Perform the assessment through:
 1. Interviews with the client, existing care givers, and natural supports;
 2. Direct observation of the client's abilities and deficits; and
 3. Discovery of the client's cultural preferences, practices, and beliefs;
 - (c) Determine the client's eligibility;
 - (d) Document all activities and determinations in the case record;
 - (e) Meet with the person-centered planning team and identify:
 1. The assessed needs of the client;
 2. The services that will address the identified needs; and
 3. Goals that support the client's needs and preferences; and
 - (f) Compose the plan of care.
- (3) The plan of care shall:
 - (a) Relate to an assessed problem;
 - (b) Identify a goal to be achieved;
 - (c) Identify a scope, duration, and unit of service required;
 - (d) Identify a source of service;
 - (e) Include a plan for reassessment; and
 - (f) Be signed by the client or client's representative and case manager, with a copy provided to the client.
- (4) The client shall be reassessed at least annually, and more frequently if there is a documented change in status that indicates a need for adjustment to the service level or plan of care.

HEMOCARE

Natural Supports

Policy:

The care and support provided by the natural support system is vital in meeting the needs of the frail and elderly population. The Homecare program is designed to assist the natural support of clients by providing services that the support system is unable to manage.

Procedure:

1. An application for the Homecare program shall be accepted by all individuals that meet the eligibility criteria.
2. The applicant, caregivers, and natural support shall participate in the assessment and care planning to determine what services are provided and by whom, as well as additional service needs to assist in the individual remaining in the home.
3. The natural supports shall continue providing care that is already being delivered; the Homecare program may provide additional support and service when funding and providers are available.
4. The Homecare program shall not supplant or replace services provided by the client's natural support system. If all needs are being adequately met by natural support, then the applicant/client is deemed ineligible.
5. An applicant who needs respite services shall not be deemed ineligible because of this policy; respite is to provide relief to the primary caregiver.
6. When a natural support has a change in status; i. e. they become ill, move away, etc., a reassessment may be conducted and a change in service provision can be made to the plan of care to address the gap in services.

HEMOCARE

Coordinating Services

Policy:

Participants of the Homecare program may have multiple services and service providers to assist in their care. To be good stewards of the limited state funds available for the Homecare programs, case management and coordination of services is a priority to ensure the individual gets the services needed and services are not duplicative or unnecessary.

Procedure:

1. The participant shall be assigned one case manager or social services assistant to coordinate services across programs, provider agencies, and services provision.
2. The case manager or social service assistant shall know the individual's plan of care and assist in arranging the service provider.
3. The case manager or social service assistant shall work with the service provider to understand the plan of care and the role they have in meeting the needs of the participant.
4. The case manager or social service assistant shall work with the service provider to establish a schedule that works for the participant and the provider. The case manager or social service assistant shall monitor to ensure the services are being provided according to the schedule and the plan of care.
5. When a service provider is unable to meet the schedule or plan of care the case manager shall work with the participant to identify a new service provider.
6. The case manager or social service assistant shall notify the service provider supervisor when the plan of care is not being met or the participant needs have changed to resolve the issue. If the issue cannot be resolved, the case manager or social services assistant will notify the Program Services Coordinator.
7. The case manager shall schedule a reassessment to establish a new plan of care.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Quality Service

Policy:

The BRADD strives to provide quality services for the aging and disabled population and provide every participant the right and responsibility to participate in their service provision and the ability to file a complaint.

Procedure:

1. Upon determining a client eligible for Homecare services, the case manager provides a copy of the DAIL –HC-02 Quality Service agreement. Use of the standardized form is required, and no change or alteration can be made to the form.
2. The DAIL-HC-02, Quality Service Agreement shall be read and explained to the participant upon enrollment.
3. Document the client's acknowledgement of receipt in the case record.
4. Maintain the original document in the client's case record.
5. Provide a copy of the completed agreement to the client. The copy shall contain the name, address, and telephone number of:
 - (a) The current case manager;
 - (b) A designated representative of the district; and
 - (c) A representative of the department.
6. The client will be informed of his or her right to file a complaint regarding services and provide any needed assistance as requested.
7. A copy of the DAIL-HC-03 Report of complaint or Concern containing written complaints and detailed reports of telephone or verbal complaints, concerns or home care services suggestions is maintained in the client's case record and documented in a centralized log.
8. The identity of the complainant shall be kept confidential when requested.
9. Document investigation and efforts at resolution or service improvement that shall be available for monitoring by the district and department staff.

Barren River Area Agency on Aging and Independent Living
Standard Operating Procedures

HEMOCARE

DAIL-HC-02 Quality Service Agreement
Rev 7/2016

QUALITY SERVICE AGREEMENT

The goal of the _____, _____, _____, Program is to provide the best possible services. The Case Manager wants to make every effort to provide the services listed in your plan of care. To help meet your needs, your advice is valued. If at any time you have a problem, concern, question, or want to comment on the services you receive, you should contact your case manager, Social Service Assistant or (if you prefer) your Area Agency on Aging and Independent Living (AAAIL) representative, named below:

Case Manager /Social Service Assistant

AAAIL Representative

Name of Person: _____ Name of Person: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Every effort will be made to protect your privacy and confidentiality while resolving any problems or concerns. If, for some reason, your problem cannot be resolved at the local level, contact the Cabinet for Health and Family Services. Call or write:

Department for Aging & Independent Living OR
275 East Main Street, 3E-E
Frankfort, Kentucky 40621
Phone: 502-564-6930

OFFICE OF THE STATE OMBUDSMAN
275 East Main Street, 1st Floor East
Frankfort, Kentucky 40621
Phone: 1-800-372-2973 (Toll Free)

Be assured that _____, _____, _____, Program services cannot be eliminated or reduced because you decide to contact any agency listed on this agreement.

Client	Date	Case Manager	Date
---------------	-------------	---------------------	-------------

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMECARE

Fees and Contributions

Policy:

The Homecare program strives to provide quality, affordable services to an individual that assists them in remaining in their own home. Homecare services are offered based on eligibility and a fee scale.

Procedure:

- (1) The case manager shall be responsible for determining fee paying status, using the criteria established in this subsection.
 - (a) A fee shall not be assessed for the provision of assessment, case management services, or home-delivered meals.
 - (b) The case manager shall:
 1. Consider extraordinary out-of-pocket expenses to determine a client's ability to pay; and
 2. Document in a case record a waiver or reduction of fee due to the extraordinary out-of-pocket expenses.
 - (c) A fee shall not be assessed to an eligible individual who meets the definition of "needy aged" as defined by KRS 205.010(6).
 - (d)
 1. SSI income or a food stamp allotment shall not be deemed available to other family members.
 2. The applicant receiving SSI benefits, or a food stamp allotment shall be considered a family of one (1) for the purpose of fee determination.
- (2) An eligible person shall be charged a fee determined by the cost of the service unit multiplied by the applicable percentage rate based upon income and size of family using 130 percent the official poverty income guidelines published annually in the Federal Register by the United States Department of Health and Human Services. Service unit cost shall be determined by the state agency or contracting entity in accordance with its contract. The copayment amount shall be based on the household's percentage of poverty, as follows:

Percentage of Poverty	1 Person	2 Person	3 Person or More
0 – 129%	0%	0%	0%
130% - 149%	20%	0%	0%
150% - 169%	40%	20%	0%
170%-189%	60%	40%	20%
190%-209%	80%	60%	40%
210%-229%	100%	80%	60%
230%-249%	100%	100%	80%
250% and above	100%	100%	100%

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

- (3) (a) A contribution from an individual or family with a zero percent copay shall be encouraged.
- (b) Suggested contribution or donation rates may be established, without pressure shall not be placed upon the client to donate or contribute.
- (c) Homecare services shall not be withheld from an otherwise eligible individual based upon the individual's failure to voluntarily contribute to support services.
- (4) The district shall review and approve or deny, based on the contracted agency's district policies, the procedure implemented by a service provider for the collecting, accounting, spending, and auditing of fees and donations

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMECARE

Training Responsibilities

Policy Statement:

Having well trained staff and volunteers is essential to the provision of safe, effective, and essential services to the aging and disabled population.

Procedure:

- a. The provider agency shall develop training agendas and submit them to the Barren River Area Development District Area Agency on Aging and Independent Living (BRADD/AAAIL) at least three weeks prior to the scheduled training.
- b. The BRADD/AAAIL shall require orientation and ongoing training for staff and volunteers of the Homecare provider agencies and include:
 - i. How to safely provide personal care and home making services to participants;
 - ii. How employees can remain safe in difficult situations;
 - iii. DAIL, contract agency, and provider agency policy and procedures;
 - iv. The aging process which may be available for review;
 - v. Other relevant aging and disability topics; and
 - vi. Arranging local formal and informal resources.
- c. The BRADD/AAAIL shall indicate in the area plan, training opportunities for:
 - (a) Homemaker-personal care providers;
 - (b) Homemaker-home management providers;
 - (c) Respite providers; and
 - (d) Other service providers as applicable.
4. The BRADD/AAAIL shall provide training for case managers and social services assistants (as applicable) to include:
 - (a) Fourteen (14) hours in initial training within six (6) months of hire, and
 - (b) Sixteen (16) hours of in-service training annually.
5. The BRADD/AAAIL shall determine that provider agencies have made provisions for training of staff through:
 - (a) Including training costs in their unit cost; or
 - (b) Included training as a line item under applicable service.
6. The BRADD/AAAIL may request, as necessary, technical assistance from the Department of Aging and Independent Living.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMECARE

Required Staffing Pattern

Policy:

The operation of a safe and effective Homecare program is essential for the participants and the staff providing services. Providing adequately trained staff is essential to the program operations.

Procedure:

1. The contract agency shall have a policy and procedure in place describing the staffing patterns and duties.
2. The BRADD/AAAIL shall have sufficient case manager's social services and social service assistants (as applicable) to meet the needs and demands of the homecare participants.
3. The BRADD/AAAIL shall have a case management supervisor that shall:
 - a) Meet the qualification requirement established pursuant to 910 1:180.
 - b) Be capable of providing supervision and guidance to case managers and social service assistants.
 - c) Conduct at east quarterly monitoring of case records for:
 1. Quality; and
 2. Completeness, and
 - d) Handle complaints regarding staff or program issues.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMECARE

Service Provider Responsibilities

Policy: The Barren River Area Agency on Aging and Independent Living shall ensure contract with provider agencies that offer and provide services in compliance with the requirements of the specific programs.

Policy: A service provider contracting with a district to provide homecare services supported in whole or in part from funds received from the cabinet shall:

Procedure:

The Barren River Area Agency on Aging and Independent Living shall contract with a service provider that provides homecare services supported in whole or in part from funds received from the ADD. The contractor shall:

1. Assure the provision of homecare services throughout the geographic area covered under its plan or proposal.
2. Review the provision of homecare services to assure safety and consistency.
3. Treat the client in a respectful and dignified manner and involve the client and caregiver in the delivery of homecare services.
4. Allow staff of the cabinet and the district to monitor and evaluate homecare services provided.
5. Assure that each paid or voluntary staff member meets qualification and training standards established for each specific service by the department.
6. Maintain a written job description for each paid staff and volunteer position involved in direct service delivery.
7. Develop and maintain written personnel policies and a wage scale for each job classification; and
8. Designate a supervisor to assure that staff providing homecare services are provided supervision.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMECARE

Participant Contact

Policy:

Participants of the Homecare program shall receive individualized case management and services based upon their assessed needs.

Procedure:

1. The case manager completes the assessment and determine the level of care based on the assessment and DAIL-H-01 Scoring Service Level form.
2. The case manager will develop the plan of care utilizing person centered planning.
3. A case manager shall be assigned to all individuals meeting the requirements of 910 KAR 1:180(5) and score at a Level I or Level II criteria according to the DAIL-HC-01.
4. A case manager or social service assistant shall be assigned to all individuals meeting the Level III criteria according to the DAIL-HC-01.
5. Home visits, telephone contacts, and collateral contacts are made, at least as required by the level and more often as needed, as follows:
 - a) Level I – A home visit shall be conducted every other month and a telephone contact between home visits.
 - b) Level II – A home visit shall be conducted every four months and telephone contact between home visits.
 - c) Level III – A home visit shall be conducted every six months and telephone contact between home visits.
6. When the case manager or social services assistant suspects that the individual's condition has changed (improved or declined) to the point of needing a change in Level, a reassessment should be conducted, and a new plan of care and Level Determination shall be completed.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Budgeted Services

Policy:

Homecare services that are necessary to keep a participant in their own home and prevent premature placement in a long-term care facility shall be provided responsibly throughout the fiscal year and all funds' sources utilized to continue needed services.

Procedure:

1. The contract agency shall have a policy in place that requires all services to be budgeted for operation throughout the fiscal year.
2. The contract agency shall have funding from sources other than the Barren River AAAIL to operate the Homecare program. State funding is seed money and not the sole support for service provisions.
3. The Contract agency shall submit the agency's budget and all backup documents as instructed annually for Department approval.
4. The back-up documentation shall be true and accurate reporting of time spent providing Homecare services.
5. The contract agency shall ensure Homecare services are provided to the participants based on the individualized plan of care.
6. In the event the contract agency is not able to provide Homecare services as established in the area plan and budget, the Department shall be notified immediately of the agency' s inability to meet the contractual requirements.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMOCARE

Unit of Services

Policy:

To assure consistency of the Homecare program, services are provided in units. One unit of service shall equal thirty (30) minutes.

Procedure:

1. The service provider shall record the time of arrival and departure to accurately reflect the amount of time services were provided to a participant.
2. When more than one service is being provided to an individual on the same day and during the same visit the agency staff shall document the time each service took to complete.
3. Only direct service provision shall be recorded as a unit.
4. The following activities shall be reported as units of service:
 - a) Review, update, or maintenance of resource or agency files;
 - b) Travel time incurred in the delivery of the services;
 - c) Training, staff meeting; or
 - d) Project management.
5. The units of services provided shall match the plan of care;
6. Assessment and Case Management services follow the service definition.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMOCARE

Home Repair

Policy

Allow for the provision of home adaptations, additional or modifications to enable the participant to live independently, safely, or to facilitate mobility, including here appropriate, emergency response system. The Homecare program shall be the payer of last resort to allow a participant to remain safely and/or independently in their home.

Procedure:

1. A specified home repair, additional, adaptation or modification is considered one activity.
2. Each home repair or adaptation (activity) shall be documented in the participant's file.
3. Any approved activity that is not able to be provided due to the unavailability of resources shall be documented in the participant's file.
4. All providers and subcontracted agencies that provide home repairs or adaptations shall have a policy and procedure on how funding is appropriated; services are delivered and verified prior to payment for such services.
5. Funding shall not exceed \$250 dollars per home in any twelve (12) month period. This shall include, but not be limited to, materials for devices, security devices, and supplies for elimination of insects or rodents' infestation.
6. A waiver of the \$250 limit may be requested by the contract agency to the department's Homecare program coordinator, for a maximum expenditure of \$500.
7. A waiver will be reviewed and determined on a case-by-case basis. The waiver may be granted when the long-term benefits is expect to exceed the initial cost of the repair.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Supplies

Policy:

The purchase of supplies for eligible participants of the Homecare program shall be to assist individuals to remain safely in their own home.

Procedure:

1. No more than ten (10) percent of the total Homecare allocation can be designated for supplies.
2. The maximum expenditure per participant per fiscal year is \$500.00.
3. Each purchase shall be recorded in the participant's file that receives supplies as one (1) contact.
4. Documentation shall be recorded in each participant's file that receives supplies with assurance that all other resources have been considered and/or exhausted prior to providing Homecare funding for supplies.
5. Supplies shall be recorded in the state data system as a service of Homecare when Homecare funding is utilized; and
6. Supplies are provided only for the use and wellbeing of the individual Homecare participant; no other person(s) shall knowingly be provided supplies funded by the Homecare program. (Homecare Program is a program of last resort)

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMECARE

Respite Care

Policy:

Respite services are available to provide short-term relief from caregiving. Respite shall be available through in-home services.

Procedure:

1. The case manager/assessor shall determine a participant's eligibility for Alzheimer's respite care services pursuant to 910 KAR 1:160.
2. Respite for the unpaid primary caregiver shall be determined based on the assessment and reassessment of the participant.
3. If the Case Manager determines a change in status of the participant that may require an increase or decrease in the amount of respite is needed, the Plan of Care shall be updated to reflect the need and changes in service delivery.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Incident/Accident Reporting for Homecare agencies

Policy:

All contract agencies and providers shall take immediate steps to report, investigate, and prevent incidents and accidents from occurring.

Procedure:

1. All Homecare contracted agencies and any sub-providers/subcontracts for Homecare services shall have a policy and procedure (P & P) for reporting, investigating, and preventing incidents/accidents.
2. The P&P shall include how to report incidents/accidents, including:
 - a. To whom the report shall be made.
 - b. The timeframe for making the report.
 - c. Documentation required; and
 - d. Measures put into place to eliminate any immediate concerns such as;
 - 1) Threatening behavior toward staff or participants.
 - 2) Potential safety hazards.
 - 3) Abuse or neglect of a participant.
3. Provide how incidents will be investigated, resolved, and followed up on for further actions needed such as reporting to other entities, i.e., law enforcement, adult protective services, Office of Inspector General, etc.
4. All incidents/accidents are to be documented, submitted to the Homecare supervisor/manager, filed in the participant's record, and recorded in an incident/accident log.
5. All significant incidents/accidents associated with Homecare services, personnel, clients, or the public will be documented and reported to the Homecare supervisor/manager and a copy forwarded to the Barren River AAAIL and DAIL.

A significant incident is defined as any incident that is unexpected or has an unexpected outcome.

6. The incident documentation shall include:
 - a. Who was present at the time of the incident.
 - b. What caused the incident to occur, if known.
 - c. Description of environment at the time of incident.
 - d. Condition of participant at time of incident.
 - e. Action taken to stabilize participant after incident.
7. Provider agencies shall monitor to ensure they are following the contract agency's policy and procedure for handling and reporting incidents, including but not limited to:
 - a. Injuries to an employee, client, or family members resulting from accidents or errors.
 - b. Participant falls, if:

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

- 1) Fall is observed (whether injury noted or not) with date, time, location and follow-up; and
- 2) Fall is reported by participant or family (only if participant and/or aids believe injury has occurred).
- 3) Health, safety or welfare of a participant or staff if placed in jeopardy; or
- 4) Neglect, abuse, exploitation, abandonment, theft, or other events that inhibit the health, or care of a participant or staff.

Incident/Accident Reporting BRADD Staff

Policy:

All significant incidents/accidents with the BRADD/AAAIL and services providers, personnel, volunteers, client or the public will be documented and report to the worksite supervisor/manager and a copy forwarded to the Program Director of the program.

Procedure:

A significant incident/accident is defined as any incident that is unexpected or has an unexpected outcome. All employees, contract personnel, volunteers and or agents of the Barren River AAAIL will follow the Incident Reporting Policy.

1. Incidents/accidents that are minor in nature would be reported to the Program Director within 24 hours; and be reported to the guardian or POA (if applicable). The Program Director would then decide if the incident warranted an Incident/Accident Report, and call to the BRADD/AAAIL Program Coordinator/Case Manager.
2. Incidents/Accidents that are very minor in nature and does not create a serious consequence (nobody is injured, no physical harm, no police, Adult Protective Services involvement was not necessary, and incident did not require an investigation) would not require an incident report. This will be documented in the chart.
3. *The Incident/Accident Report that are significant are defined as any incident that is unexpected or has an unexpected outcome.*
 - a. Incident/Accident that is significant must be reported to the Program Director within 24 hours of discovery; and be reported to the guardian or POA if applicable.
 - b. An Incident/Accident Report will be completed within 48 hours of discovery. The Program Director will provide the report to the Barren River AAAIL Program Coordinator within 48 hours of discovery.
 - c. All incidents/accidents will be investigated, resolved, and followed up on for further actions needed.
 - d. All incidents that are considered significant would be documented in the chart, and a copy forwarded to DAIL.
4. The incident/Accident that is considered grave or life-threatening needs an immediate response to proper authorities such as calling law enforcement, and/or 911 would be completed immediately, and then staff would follow steps ABCD above.

Incidents/Accidents will be investigated, resolved, and followed up on for further actions needed such as report to other entities: i.e. law enforcement, adult protective services, Office of Inspector General.

Barren River Area Agency on Aging and Independent Living
Standard Operating Procedures

HEMOCARE

All Significant incidents/accidents and life-threatening events associated with Homecare services, personnel, clients, or the public will be documented and reported to the homecare supervisor/manager and a copy forwarded to Barren River AAAIL and DAIL.

**Barren River Area Agency on Aging and Independent Living
Incident Report Form**

Date of Incident: ____ / ____ / ____ Time: _____

Location: _____

Nature of the Incident: _____

Responsible Person in Charge of the Activity When Incident Occurred: _____

Name of witness (es): _____

Name of Any Injured Parties and Injuries: _____

Actions Taken: _____

Other Facts Pertinent to the Incident Not Included Above: _____

Notifications were made to: _____

Signature of Responsible Person: _____

Date: _____

HEMOCARE

Waiting List

Policy:

The BRADD/AAAIL is committed to serving eligible individuals in need of services to assist them in remaining in their own home when funding and providers are available. When services are needed but there is no funding or providers, the eligible individuals shall be placed on a waiting list and prioritized based on need.

Procedure:

1. Individuals requesting services shall be screened by the Aging and Disability Resource Center (ADRC) utilizing the DAIL Priority Screening tool, for needed services and eligibility.
2. The waiting list shall be managed by providing services to the individual determined to be in the greatest need at the time funding becomes available.
3. The waiting list shall be purged based on the timeframe and policy established by the contract agency.
4. Prior to being placed on the waiting list for Homecare funded services the individual must meet the eligibility requirement for Homecare including providing documentation of being ineligible or denied for Medicaid services.
5. Individuals denied by Medicaid and placed on the Homecare waiting list shall be confirmed as ineligible for Medicaid again prior to being placed on Homecare funded services.
6. The individual shall be screened for Medicaid eligibility at least annually and at any time they become Medicaid eligible services shall be obtained through Medicaid and Homecare funding reduced or eliminated based on the availability of services through Medicaid.
7. Individuals on the waiting list shall be contacted no less than annually to ensure continued eligibility and need for services. Individuals that no longer meet the eligibility or no longer need services shall be removed from the waiting list.
8. Other service options are to be explored with individuals on the waiting list.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMECARE

Participant Rights and Responsibilities

Policy:

Participants of the Homecare program have rights and responsibility for participation in the program and shall be informed of their requirements as well as the requirements of the providers.

Procedure:

1. The participant shall be informed in writing of his/her rights which shall include the right to:
 - a) Be treated in a considerate and respectful manner.
 - b) Be treated with respect.
 - c) Have property and personal belonging treated with respect.
 - d) Know the name, work telephone number, and duties of any staff person providing the client with services.
 - e) Participate in the decisions made to develop and implement the plan of care and services.
 - f) Know the cost of services prior to accepting services.
 - g) Designate a power of attorney, family member, or other individual to act on the client's behalf in participating in the plan of care.
 - h) Be provided with services without discrimination as to age, race, religion, sex, national origin, sexual orientation, or source of payment.
 - i) Voice grievances and suggest changes in service or staff without fear of restraint or discrimination.
 - j) Privacy; and
 - k) Confidentiality of records, unless the client signs for the release of information, or the staff have reason to believe the client is being abused, neglected, or exploited and must report the situation to the Department for Community Based Services or law enforcement.
2. Each client shall be informed in writing of the responsibilities required to remain in the Homecare program which shall include:
 - a) Treating all workers, provider agency, and AAAIL staff members with respect. Physical or verbal abuse toward AAAIL staff members or their providers is prohibited. Failure to follow this may result in the termination of services.
 - b) Provide all information necessary to determine eligibility for the Homecare program.
 - c) Allowing the AAAIL staff to complete the required home visits to assess the client's ongoing needs and eligibility for services and to update annual paperwork, including, but not limited to the Financial Assessment Form.
 - d) Participate in the decisions involved in developing and implementing the plan of care and services.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

- e) Sign forms upon receiving a full explanation as to their content and purpose.
 - f) Provide any needed documents.
 - g) Submit payment of the client's share of the cost of the services.
 - h) Responsible for the behavior of the designated power of attorney, family member or other individual to act on the client's behalf in participating in the client's plan of care.
 - i) Informing the client's Case Manager or Social Service Assistant and provider agency when the client will be away from his/her home on dates of scheduled services.
 - j) Informing the client's Case Manager or Social Service Assistant and provider agencies of any plans to relocate or move from the client's current residence.
 - k) Refraining from offering gifts, tips, donations, or bribes to the workers who provide Homecare services to the client.
 - l) Reporting inappropriate behavior of provider agency staff, including:
 - 1) Consuming alcoholic beverages in the client's home or appearing to be intoxicated.
 - 2) Smoking in the home.
 - 3) Use of the client's phone to make personal calls or request the use of the client's automobile.
 - 4) Solicit money or goods from the client for any purpose or cause.
 - 5) Treating the client disrespectfully or in any other manner the client feels is inappropriate or offensive.
 - m) Pursuing all other funding sources for similar services for which the client may be eligible.
 - n) Refusal to pursue or participate in services provided by other funding sources may result in termination of Homecare services.
3. The AAAIL shall have a policy stating the information above. The contracting agencies should follow this process.
4. A copy of the client's rights and responsibilities should be signed off on by the client and a copy placed in the client's file.

HEMOCARE

Termination or Reduction of Homecare Services

Policy:

State funded services such as the Homecare program are available only to the extent that funding is available, and the participant qualifies for services.

Procedure:

(1)

(a) A case manager or client may terminate or reduce homecare services.

(b) Homecare services shall be terminated if:

1. The program can no longer safely meet the client's needs.

2. The client does not pay the copay for services as established in Section 9(2) of this administrative regulation.

3. The client refuses to follow the plan of care; or

4.

a. The client or family member has exhibited abusive, intimidating, or threatening behavior; and

b. The client or representative is unable or unwilling to comply with the corrective action plan.

(2) Homecare services may be reduced if:

(a) The client's condition or support system improves.

(b) Program funding has been reduced; or

(c) The client refuses to follow the plan of care for a particular service

(3) If homecare services are terminated or reduced, the case manager shall:

(a) Inform the client of the right to file a complaint.

(b) Notify the client or caregiver of the action taken; and

(c) Assist the client and family in making referrals to another agency if applicable.

(4) If homecare services are terminated or reduced due to reasons unrelated to the client's needs or condition, the Associate Director or program coordinator in conjunction with the case manager shall determine reduction or termination on a case-by-case basis based on the requirements established in this administrative regulation.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Appeals

Policy: A client may request an informal dispute resolution or an appeal according to the following procedures:

Procedures:

- (1) An informal dispute resolution shall be limited to the denial, reduction, or termination of services.
- (2) An informal dispute resolution shall not be accepted if services are unavailable due to:
 - (a) The program not having funding to provide the services; or
 - (b) The individual does not meet the eligibility requirements pursuant to Section 4 of this administrative regulation.
- (3) A request for an informal dispute resolution shall:
 - (a) Be submitted to the department's homecare program coordinator within thirty (30) days following the notification of an adverse decision; and
 - (b) Contain the:
 1. Name, address, and telephone number of the client;
 2. Decision being disputed;
 3. Justification for the dispute;
 4. Documentation supporting the dispute; and
 5. Signature of person requesting the dispute resolution.
- (4) The dispute resolution shall be heard by three (3) employees of the departments Division of Quality Living. One (1) of whom shall be the division director or the division director's designee.
- (5) The complainant shall be provided an opportunity to appear before the dispute resolution team to present facts or concerns about the denial, reduction, or termination of services.
- (6) The dispute resolution team shall inform the complainant, in writing, of the decision resulting from the dispute resolution within ten (10) business days of the review.
- (7) A complainant may request an appeal for an administrative hearing conducted in accordance with KRS Chapter 13B:
 - (a) Within thirty (30) calendar days of the notice regarding the results of the dispute resolution;
 - (b) Within thirty (30) calendar days of the notice regarding the adverse action by the cabinet; or
 - (c) By submitting a written request for appeal to the Office of the Ombudsman and Administrative Review, Quality Advancement Branch, 275 E. Main St, 2 E-O, Frankfort, Kentucky 40621.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Denial, Suspension, or Reduction of Services

Policy:

State funded services such as the Homecare program are available only to the extent that funding is available, and the participant meets the qualifications to received services as established by the Department of Aging and Independent Living.

Procedures

1. In the event services for a client or participant are denied, suspended, or reduced, one (1) of the following situations shall be present and documented:
 - a. Funds are no longer available or are reduced;
 - b. The service level is no longer needed;
 - c. Prioritization and needs determination indicate the client no longer meets the criteria established for receiving services; or
 - d. Services may be suspended immediately if the service provider or case manager deems that a worker shall be at imminent risk or danger. The DAIL will be informed of this action immediately.

2. The Division shall receive written notice of actions other than those listed in A through D which may result in the denial of access to a program to an eligible participant.

The following plan shall be utilized by the Barren River Area Agency on Aging and Independent Living when services to eligible persons are denied or suspended.

1. Case managers and/or Area Agency on Aging Director will request a written incident report from the service provider agency that is requesting services to be put on hold.
2. Participant services shall not be put on hold by a provider agency until the case manager; agency director and Area Agency on Aging Director has determined that provisions of the care plan cannot be met.
3. The Barren River Area Agency on Aging and Independent Living Director will review the case manager's and service provider's written reports which documents the grounds requiring services to be put on hold.
4. The Area Agency on Aging Director and case manager will conduct a home visit with the participant to further investigate circumstances and make a final determination.
5. In all cases the participant will be informed verbally and by written notice that the participant may file a grievance under the fair hearing procedures. In addition the participant will be

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

informed that the Barren River Area Agency on Aging and Independent Living will assist in the filing of a complaint or grievance if requested by the participant.

6. If participants' services are denied or suspended, the case manager will assist the participant in making referrals to other agencies.

The following plan shall be utilized by the Barren River Area Agency on Aging and Independent Living when services are suspended because of imminent danger or an unhealthy or unsafe environment.

The following items or situations are considered to be a threat to the safety of the Barren River Area Agency on Aging and Independent Living Network Staff and service providers:

- a. Infestation of rodents and insects
- b. Structure and surrounding premises are unsafe
- c. Vicious animals
- d. Contagious diseases
- e. Out in the open firearms or lethal weapons that cause the staff to feel threatened
- f. Uncontrollable substance abuse
- g. Uncontrollable sexual harassment and advances

1. If a service provider or case manager deems that a worker is in imminent danger or is in an unhealthy or unsafe environment, services will be immediately put on hold until the Area Agency on Aging Director can investigate the situation and make final determination.
2. If deemed necessary case manager; service provider and/or Area Agency on Aging Director will call the appropriate local law enforcement, Department of Social Services/ Adult Protection Services, and other appropriate agencies.
3. The Barren River Area Agency on Aging and Independent Living will refer to and follow the steps; 1 through 6 of the procedures taken in the Denied or Suspended of Services Plan.

The following plan shall be utilized by the Barren River Area Agency on Aging and Independent Living when services are reduced because funds are no longer available or funds will be diminished before the end of the Fiscal Year if services are not reduced.

1. Participant will be informed by case manager verbally and provided with written notice why services are being reduced.
2. Participant will be provided with written notice their right to file a grievance under the fair hearing procedures. In addition, the participant will be informed that the Barren River Area

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Agency on Aging and Independent Living will assist in the filing of a complaint or grievance if requested by the participant.

The following plan shall be utilized by the Barren River Area Agency on Aging and Independent Living when conflicts or disagreement occur involving either staff or participants regarding mutual respect or the care plan cannot be met due to the behavior of the staff, participant, and the participant's family members.

1. The Barren River Area Agency on Aging and Independent Living Director will review all incident reports and documentation concerning the incident. After careful investigation and interviewing all parties involved, the following steps shall be followed if deemed necessary:
 - a. A verbal warning to the staff or participant for the first conflict;
 - b. A written warning for a second conflict along with stated conditions if applicable;
 - c. Suspension;
 - d. In situations of suspension, a written report which documents the grounds requiring suspension, attempts to resolve the situations and a copy of the written notice that was provided to the participant stating that he or she has the right to file a grievance under the fair hearing procedures shall be forwarded to the Division of Aging Services.
 - e. Case manager will assist the participant in making referrals to other agencies for services;
 - f. Detailed written records shall be maintained.

BRADD/AAAIL Case Managers and service providers will follow all Homecare, Adult Day, and other State and Federal funded programs Policies and Procedures regarding the denial, suspension, and reduction of services to eligible persons.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMOCARE

Safe and Healthy working environment

Policy:

The Barren River Homecare Program shall ensure a safe and healthy working environment for all workers (staff and volunteers) and clients.

Procedure:

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:

1. 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.
2. 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.
3. 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.
4. Illegal drugs or drug paraphernalia (suspected) are openly present in the home etc.
5. Unrestrained animals are present and may cause a hazard.
6. Unknown person are present in the home at the time of services 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:

1. 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.
2. Notify supervisors or agency immediately.
3. Request a review of the situation by agency staff.
4. In some cases, referral of the client to DCBS may be appropriate and should be made by the worker. See the Section on Mandatory Reporting of Abuse, Neglect and Exploitation.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

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

1. Worker and/or client shall be notified in writing by the appropriate Homecare staff person of the unacceptable behavior and shall be offered one opportunity to correct a situation.
2. If the situation is not corrected to the satisfaction of the worker or client, the agency may discontinue services provision to an offending client or reassign another worker (or two) to provide the client's services; or, in the case of an offending worker, the agency may reassign or dismiss the offending staff.
3. The worker or client shall have the right to the customary appeal process, if desired.
4. The Homecare program will make every effort to assist the worker or client to resolve the situation so that services can continue to be provided.
5. In the event an acceptable resolution is accomplished after services have been discontinued, the client may be placed back on the program when an opening exists.
6. No person shall be discriminated against due to race, sexual orientation, gender identity, nationality, religion, ethnicity, age, gender, and disability.

HEMOCARE

Monitoring Homecare Participants for Health and Safety

Policy:

The health and safety of the participant in the Homecare program is essential to the participant's ability to remain in the community with services.

Procedure:

Barren River AAAIL shall monitor the provision of case management /social services assistant to Homecare participants to include:

1. Review of each case manager/social services assistant case load to ensure compliance with the home visit and other contact requirements determined by the level of case management services;
2. Review of written documentation and data system entries to ensure proper and descriptive documentation that reflects the needs of the individual and that the services are or are not meeting the needs, and how the needs will be addressed.
3. Verify that any sub provider invoice matches the number of units billed and the number of clients that services are provided monthly.

HEMOCARE

Intra-Agency Case Transfers

Policy

BRADD/AAAIL will provide continuous case management services to clients receiving services through the AAAIL. Appropriate procedures will be followed in the instance that the client receives a new case manager.

Procedure

1. The current case manager or if unavailable, the Homecare Coordinator or new case manager will call the client to inform them of the change.
2. SAMs will be updated to reflect the change in case management.
3. The current case manager will document in the case note the case transfer.
4. The current case manager will continue providing assistance to the client during the transition from one case manager to another.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMECARE

Case Records Security

Policy:

Barren River AAAIL case records will be kept secured at the BRADD/AAAIL offices.

Procedures:

1. All case records must be centrally located in the offices of Barren River Area Development District at all times. Files shall be maintained in a secured location where the office is locked and not accessible to anyone not employed by Barren River Area Development District unless BRADD staff are present.
2. All files must be kept in a locked file cabinet or locked and may not be kept in personal homes or vehicles.
3. All closed Homecare case files are kept in a secured locked location and after five years are shredded or burned.
4. The BRADD/AAAIL also follows the State Archives and Records Commission records retention schedule when storing and destroying records.

HEMOCARE

Follow Up and Monitoring of Homecare Client Services

Policy:

Follow-up and monitoring are the continuing contacts the case manager has with service providers and clients to ensure that services are being provided in accordance with the care plan and to ascertain whether these services continue to meet the client's needs.

Procedure:

It is the responsibility of the case manager to:

1. Follow up with the client to assure that the services ordered are being provided as ordered and are appropriate.
2. Request that the client advise him or her if a provider fails to arrive or if services are not being performed satisfactorily.
3. Note any changes in the client's situation and make to services if necessary.
4. Monitor each client monthly by providing a Home Visit according to the level assessed. The Independent Care Coordinator will call on months that a home visit is not conducted to monitor services.
5. Document in the case record each contact with a client or on behalf of a client.
6. Make any necessary adjustment to the care plan, or if there are changes of a greater magnitude the case manager may determine a need for a reassessment.

HEMOCARE

Policy on Time In/Out Documentation

Policy:

Barren River Area Agency on Aging Case Managers and Direct Service Providers shall document time in and out of the client's home to assist with accountability, supervision, and standardization.

Procedures:

Case Management:

1. The time that a case manager spends with a client should be recorded as the total amount of time spent.
2. The total time spent and case management task will be documented in case note.

Direct In-Home Service Provider

1. Encounters by providers shall be recorded by time in/time out with task documented in each case note.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Monitoring Homecare Client files

Policy:

Barren River Area Agency on Aging and Independent Living will maintain and manage a comprehensive Quality Assurance System that include Homecare file monitoring and review.

Procedure:

1. The Barren River Area Agency on Aging and Independent Living Director and/or Homecare Coordinator will monitor Homecare case files quarterly. A minimum of 10% of each Case managers Homecare case load will be monitored each quarter utilizing the Barren River Case Record Review Sheet.
2. Case Managers will receive copies of all completed monitoring of files and be given a deadline for corrective action if deficiencies are noted. Case Mangers then have a specified amount of time to make the necessary corrections to the file.
3. Homecare Case Files Monitoring will review:
 - a. Eligibility
 - b. Income Verification
 - c. Age Verification
 - d. Completed Assessment/Reassessment
 - e. Care Plan is appropriate for identified problems.
 - f. Care Plan identifies formal/informal providers, community providers and funding of services.
 - g. Care Plan addresses individualized goals.
 - h. Case management duties are performed and documented monthly.
 - i. Assessment, Reassessment and Care Plan is properly entered into the SAMS System.
 - j. Services are being provided on a regular basis
 - k. Proper forms are utilized throughout the process.

HEMECARE

Homecare Supervisor Caseload

Policy:

Barren River Area Agency on Aging Homecare supervisor will maintain a caseload of no more than 30 % of the average caseload of all other district case managers.

The Barren River AAAIL will follow these requirements to allow for Homecare supervisors to carry a caseload.

1. The supervisor must, at a minimum meet the qualifications of a Case Manager
2. Carrying a caseload must not interfere with the supervision duties and the caseload may not exceed 30 % of the average caseload of all other district case managers
3. A staff plan which reflects managers and case managers must be sent to DAIL for prior approval in the Area Plan
4. An exception to this rule would be when administrative funding provides for a full time Homecare supervisor. If funding is provided for full time supervisors then no caseload is allowed.
5. A waiver to this rule may be provided by DAIL upon written request by the AAAIL.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMECARE

Policy on Time In/Out Documentation for Homecare Providers (Aides)

Policy: BRADD/AAAIL requires that all aides document time in and out for every client where a service is performed.

Procedure:

1. Encounters by aides will be recorded time in/time out with task documented on narrative sheet.
2. The total time spent and task should be documented on the narrative time sheet.
3. This documentation is required for each client that services are provided for.

HEMOCARE

Clients on Hold for Services

Policy:

Clients who are not present in the home to receive services on a regular basis will be placed on hold.

Procedures:

The BRADD/AAAIL case managers and appropriate service providers will follow these procedures.

1. Services will be put on hold by the **Case Manager** when a client will not be present to receive services.

The following is a list of reason that a client's services would be put on hold.

- A. Hospitalization with extended stay transfer to rehabilitation temporarily transfer to nursing home temporarily
- B. Extended Vacation
- C. Process of Being Transferred to Day Care.
- D. Stay with a relative temporarily
- E. Family member or caregiver moves in temporarily to assist the client
- F. Client temporarily moves to a warmer climate due to health reasons (For a maximum of three months)
- G. Client is receiving personal care services from Home Health due to an open area on the skin.
- H. Client is not home to receive services 3 times.

2. A case manager may keep a client on hold for 30 days or less due to the above reasons. After 30 days, the case manager will review the case for needed extension.

3. The service provider must be notified by the case manager verbally as soon as they are aware that a client will not be present to receive services.

4. The case manager will notify the service provider through verbal phone call, and send a written work order when client is placed on hold longer than two weeks.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMOCARE

5. During the time that a client's services are put on hold, the case manager will continue to monitor the case monthly. After 30 days the case manager will review the case for any needed extensions for service to be kept on hold, to restart services, or to close client's services.

6. The case manager may determine that the services will need to be put on hold for as long as 90 days. If the client remains on hold for longer than 90 days approval must be received by AAAIL Director and documentation must be in client's file for the extension. Documentation for the extension may be used such as from doctor or medical facility indicating that client will be able to begin services within the 90 days period and the reasons stated for the extension. If the client is staying with family or friends, a statement must be obtained indicating the reason why, and indicate that client will be able to begin services within the 90 days. The case manager will continue to make contact with the client on a monthly basis and document the process.

7. The Homecare Coordinator will monitor all clients on hold to ensure proper procedures are being followed. A list of all clients on hold will be provided to Homecare Coordinator monthly. The Homecare Coordinator will monitor SAMS data system for case management services being provided to clients on hold.

8. The Case Manager may determine that the services will need to be put on hold for as long as 90 days. During this time, the Case Manager will continue to monitor the cases monthly (for Homecare and Title III), for any changes in the client's condition or situation. After 90 days the client will be notified by the Case Manager and will be sent a notification to close the case. The Case Manager will inform the client of his/her right to file a client complaint. The client's chart is marked noting that a ten-day waiting period is in place for a response from the client regarding filing a complaint. Once the ten days has passed the chart is closed.

*A client's services should not be put on hold when the client chooses to switch to home health agency for the same services that they could have received through the Homecare. When the Case Manager is notified that a client is switching to home health due to client's choice, the Case Manager should inform the client that services would NOT be put on hold because the client made the choice to go with a home health agency that will be providing the same services.

All documentation regarding clients on hold status will be documented in the client's chart and work orders will be updated and sent to service providers.

HEMOCARE

Past Due Accounts for Homecare Services

Policy:

Fee paying Homecare clients shall submit a payment upon receipt of their bill. Clients who fail to submit payment for one month after proper billing may be terminated from the program.

Procedures:

1. The Homecare Provider Agency will submit past due account lists immediately to the Director of Aging Services and/or the Homecare Coordinator.
2. The Aging Director and/or the Homecare Coordinator will notify the case manager of record.
3. The Case Manager will contact the client to discuss the overdue account and discuss any circumstances that prevent the client from paying. If there are no special circumstances, the Case Manager will discuss with the client how and when the client intends to pay the overdue service fee. The Case Manager shall inform the client of possible termination if payment does not occur. However, if a special circumstance arises, the Case Manager will reassess the client, re-determine the fee-paying status and waive the fee.
4. The Case Manager will document in the case note the date the client was notified of the past due account and what occurred regarding the issue.
5. If the fee is waived, the service provider will be notified immediately, and a special meeting would be set up between BRADD/AAAIL staff and service provider to ensure billing is corrected and the service provider will be paid for service provided.
6. If no special circumstances exist and the client refuses to pay, the Case Manager shall notify the client in writing of possible termination and include a form to appeal against the decision. The notice will also inform the client that they will be removed from the program if payment is not received within 10 days, or arrangements for payment are made with the Case Manager of the payment plan.
7. If payment arrangements are arranged, the Case Manager will notify the in-home service provider of the expected payment arrangements.
8. If termination occurs, the client may file an appeal regarding the termination decision; however, services will continue until a hearing can be held.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMECARE

Contractor Responsibilities

Policy:

The contract agencies for Homecare Services that are supported in whole or in part from funds received by the BRADD/AAAIL and the Cabinet for Health and Family Services agrees to the following:

Procedures:

The successful applicant will agree and provide assurances to the following:

1. Ensure compliance with any and all requirements mandated by a particular funding source. The applicant shall ensure that all services provided under this contract are provided in accordance with any applicable state or federal statutes or regulations; any commitments and assurances set forth in grant awards with respect to goals, strategies, funding, and outcomes made by the BRADD/AAAIL and DAIL.
2. Ensure compliance to all requirements of the DAIL Standard Operating Procedures (SOPs) applicable to all services provided.
3. Ensure that all services made available under this Contract are provided and maintained on a continuing basis throughout the fiscal year, subject to availability of funds provided by DAIL. Upon award of contract, the second party shall develop a policy and procedure that addresses how interruption of services shall be managed.
4. Ensure that client eligibility has been determined, according to each program regulation, prior to the provision of services and that required client information including eligibility, is entered into the appropriate program database.
5. Ensure that clients meeting program eligibility requirements are only removed or denied services if said client meets the requirements of 910 KAR 1:220 Section 7(4)(b).
6. Ensure client records are transferred appropriately, when necessary. Upon termination of this contract, copies of all appropriate records of all active clients and/or participant data shall be provided to the new service provider in accordance with policy.
7. Maintain written personnel policies and procedures, including salary, conditions of employment, and job descriptions relative to all personnel, including those who provide services other than on a full-time basis and/or secured by processes other than direct employment.
8. Assure the retention of client-specific clinical records, in a secured location, for five (5) years after the last date of service and ensure their subsequent destruction by shredding or burning.
9. Ensure the agency will provide information, upon request of the BRADD/AAAIL and DAIL, concerning all activities performed pursuant to this requirement, including but not limited to; periodic data reporting and data system input concerning program activities or any data that is required by applicable state or federal law.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMOCARE

10. Ensure volunteers working with the programs are trained and those working as required staff meet all qualifications and maintain volunteer records including training, total number of volunteers, and the training hours provided.
11. Provide or arrange for appropriate insurance coverage to protect volunteers from personal liabilities.
12. Ensure that a training plan will be developed and implemented for FY 2018, which will include who is to be trained, who will provide training, subject of training, and possible dates. Plan shall include procedures for staff orientation, in-service, and training and must be applicable to programs. Training must comply with BRADD/AAAIL and DAIL requirements. This plan must be submitted to the BRADD/AAAIL for review and approval at a later date to be determined by BRADD/AAAIL.
13. Report all incidences or suspected incidences of abuse, neglect, and exploitation to the appropriate agencies, within 24 hours of learning of such incidences.
14. Ensure back up documentation will be submitted as required by DAIL and the BRADD/AAAIL for any and all expenditures and revenue claimed on all invoices including but not limited to detailed payroll reports, invoices, financial system generated reports, and any additional requested documentation.
15. Ensure that all reports required by the BRADD/AAAIL are submitted correctly and within a timely manner. Reports shall be submitted accurately on the appropriate dates specified in the contract. Failure to comply with these requirements may result in immediate termination of the contract.
16. The provider shall make all records available for inspection (e.g. any information requested by the BRADD/AAAIL and DAIL), as well as permit staff of DAIL, Federal Officials, and BRADD/AAAIL to monitor and evaluate services provided.
17. Applicant agrees to carry adequate liability insurance, including product liability, bodily injury, property damage liability and automotive liability in such amounts that are acceptable to the program. Applicant agrees to procure and maintain Worker's Compensation Insurance on employees as prescribed by laws of Kentucky.
18. Ensure the service provider will meet as needed with the BRADD/AAAIL staff to ensure service needs are met, discuss concerns, and other items deemed necessary for the provision and coordination of services.
19. Applicant must agree to provide services for the time period as specified in the Request for Proposal. Ensure the successful applicant will be ready to begin operation on July 1.
20. Ensure that prior approval will be obtained from the BRADD/AAAIL before any form of donations, solicitations, or fees are requested of any program participants.
21. All employees and volunteers are required to undergo a criminal records check. As stated in KRS 216.785 to 216.793, a criminal record check is required for all employees and volunteers, or potential employees and volunteers, who will apply direct services to a senior citizen or vulnerable adult. Applicants shall adhere to this policy. The BRADD requires employees and volunteers that lived in another state to undergo a criminal record check in the state that they last resided in and also in the state of Kentucky.
22. An annual client satisfaction survey must be completed by the Second Party and reported to the BRADD/AAAIL by January 31st of each year. Submit any changes to approved satisfaction survey by November 30 of each year.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMOCARE

23. Applicant must ensure BRADD the right to a pre-award survey of the financial records and accounting system of the applicant organizations, which is being considered for a contract. Applicant will make all financial and accounting records available for such a survey and will cooperate with BRADD staff or representative conducting such reviews.
24. Maintain effective control over and accountability for all funds, property, and other assets. The second party shall safeguard all such assets and shall ensure that they are used solely for authorized purposes in the provision of functions/services under this Contract. Funds in financial institutions in excess of the FDIC insured amount shall be collateralized.
25. Provide assurance that information on program income, fees, and donations will be provided to program participants and other interested parties. Any donations collected must be accounted for and submitted monthly to the BRADD with budgets.
26. Monitor and respond to any fiscal and/or program exceptions established by evaluation, monitoring and/or auditing of this Contract, and resolve promptly any monitoring, fiscal and program audit exceptions by making direct payment or reduction of future reimbursement, or by other methods approved by the BRADD/AAAIL and/or DAIL.
27. Ensure that no other funds or assets of the Second Party shall be co-mingled with the funds provided for the programs to be provided under this Contract to any other program account, and that these funds shall not be utilized for any purposes except those specifically identified herein.
28. Execute a Fidelity Bond properly to ensure that the employee(s) who are authorized to receive or deposit funds, issue financial documents, checks, or other instruments of payment for program costs shall be bonded against loss of funds. The bond shall be sufficient to cover maximum sums handled quarterly under the contract with BRADD/AAAIL.
29. Must submit data electronically to the BRADD/AAAIL, on the schedule and in the format prescribed by the BRADD/AAAIL as specified in this agreement. All program/service data, including service units, are required to be entered into the SAMS State Data, and must be entered by the 10th of the month following the month of service on forms prescribed by the BRADD/AAAIL.
30. Review service delivery objectives, accomplishments and expenditures, and submitting to the BRADD/AAAIL a detailed analysis of accomplishments, service utilization levels and expenditures on a monthly basis on forms prescribed by BRADD by the 10th of each month.
31. Ensure that if awarded the proposal, applicant follow the approved disaster plan in accordance with DAIL and BRADD/AAAIL's Disaster Plan which shall include: **1.—**A plan to maintain communications between BRADD/AAAIL and the Second Party staff during the time of a disaster unless telecommunication devices are rendered inoperable. **2.—**A plan to contact all homebound clients in the designated disaster area within 48 hours of the initial disaster to ensure health, safety, and welfare. Biweekly contact will occur thereafter until the Second Party resumes services for the client. Documentation of each contact shall be entered into SAMS.
32. Designate a Director to ensure staff and volunteers are providing services, and are provided professional supervision and monitor the timeliness and quality of service delivery. Director must have completed criminal records check with a clean record prior to hire. The

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

director will be the contact and the responsible person for all of the delivery of the applicable services.

33. Applicant must participate in BRADD/AAAILs Aging and Disability Resource Center (ADRC) process, a quality improvement project designated to create a "one-stop-shop" to enhance the identification of appropriate resources for potential consumers of aging and independent living programs and provide a single coordinated entry into the Social Assistance Management System (SAMS).
34. Assure that service provider will meet as needed with the BRADD staff and Assessment/Case Management team to assure service needs are met, discuss concerns, and other items deemed necessary for the provision and coordination of services.
35. Provide assurance that effort of coordination and collaboration will be made with other community agencies and programs that provide similar services.
36. Assure that in cases where program may transfer to new provider, all associated cost will be the responsibility of the applicant. Copying cost for the transfer of any required client records shall be borne by the new subcontractor.
37. Assure that each older person will be given an opportunity to voluntarily contribute to the cost of the service.
38. Assure that prior approval will be obtained from the BRADD/AAAIL before any form of donations, solicitations, or fees are requested of any program participants.
39. Service provider must assure that the director or designated staff person will attend required quarterly and as scheduled Aging Council and Service Provider meetings.
40. Assure that staff and volunteers will maintain a training log on a form required by DAIL.
41. Second Party shall be certified pursuant to 906 KAR 1:180 Section 2 (1) through (4) and KRS 216.710 (8) as a Personal Service Agency (if providing in home services).
42. Agency must maintain an office within the BRADD District.
43. Successful applicant will provide assurance that clients will be called when scheduled visit are not made, and services will be rescheduled promptly or within two business days by office staff.
44. Successful applicant will be required to provide aides a schedule to follow, and clients informed of the schedule visit.
45. Assure that BRADD/AAAIL clients will not be charged a fee for service after the case manager has determined that the client is a no-fee participant. In the event that the funds are reduced and clients' services are reduced, service providers cannot solicit the BRADD/AAAIL clients to become private pay clients while the clients are still enrolled under the Barren River Aging Program.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

Mandatory Reporting of Abuse, Neglect and Exploitation

Policy: BRADD/AAAIL staff and all contractors will follow the KRS Chapter 209 Protections of Adults Laws.

Procedures:

These procedures will be followed by the Barren River Area Development District Area Agency on Aging and Independent Living staff, case managers, and service providers when there is reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation.

1. Any aging services staff, case manager, or service provider having “reasonable cause to suspect” that an adult has suffered abuse, neglect, or exploitation shall report or cause reports to be made in accordance with the provisions of the KRS Chapter 209/Protection of Adults. Death of the adult does not relieve one of the responsibilities for reporting the circumstances surrounding the death.
2. A report shall be made immediately to the Community Based Services Department for Protection and Permanency Division Adult Protective Services upon knowledge of the occurrence of suspected abuse, neglect, or exploitation of an adult. Staff will provide the following information in accordance with the KRS Chapter 209/Protection of Adults: name and address of the adult, or of any other person responsible for his /her care; the age of the adult; the nature and extent of the abuse, neglect, or exploitation, including any evidence of previous abuse, neglect, or exploitation; the identity of the perpetrator, if known; any pertinent information that the person believes might be helpful in establishing the cause of abuse, neglect, or exploitation.
3. Whenever the service provider staff has been informed by a client that abuse, neglect, or exploitation has occurred to the client, they are required to call Adult Protective Services and Barren River Aging Services Case manager immediately. The service provider will provide the incident report to the Aging Services manager who will document the incident in the client files. **All procedures should be completed within 24 hours.**
4. Case managers being informed by a client that abuse, neglect, or exploitation has occurred are required to follow the same procedures as above. The case manager will call Adult Protective Services and document all pertinent information in the client file. Once all procedures have been completed, a final follow-up with the client involved will be completed.

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMECARE

Complaint Policy

Policy: The Barren River Area Agency on Aging and Independent Living (BRADD/AAAIL) has assured the Department for Aging and Independent Living and the Cabinet for Health Services through contractual agreements, that it shall comply with the provisions of the Civil Rights Act of 1964, as amended, Section 504, Rehabilitation Act of 1973, as amended, American Disabilities Act of 1990 and with 45 CFR 205.10.

The BRADD/AAAIL hereby affirms its compliance and expects its staff to act accordingly. The BRADD/AAAIL shall not on the basis of race, color, national origin, sex, sexual orientation, gender identity, age, religion or disability:

1. Deny any individual aid, care, services or other benefits of the BRADD/AAAIL, either directly or through contractual or other agreements.
2. Provide any aid, care, services, or other benefits to an individual which is different or is provided in a different manner from that provided to others. (Different procedures will be utilized if deemed necessary.)
3. Subject an individual to segregation or separate treatment in any matter related to his/her receipt of any aid, care, services, or other benefits.
4. Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving aid, care, services, or other benefits.
5. Treat an individual differently from others in determining whether he/she satisfies Eligibility or other requirements or conditions which individuals shall meet in order to receive aid, care, services, or other benefits; and,
6. Deny an individual an opportunity to participate in the program through the provision of services or otherwise afford him an opportunity to do so which is different from that afforded others.

Procedures:

1. The client grievance procedure is an informal process that gives the complainant the opportunity to discuss his/her complaint. The purpose of the process is to clarify the issues; resolve informally those issues which can be resolved.
2. After receiving the request, the BRADD/AAAIL Case Manager and/or the Director of Aging Services will contact the client to clarify the issues of the complaint.

Barren River Area Agency on Aging and Independent Living

Standard Operating Procedures

HEMOCARE

3. The client will be informed again by the Barren River Case Manager and/or the Director of Aging Services that all information received will be confidential and information will not be shared with others without the client's consent and written permission to release information.
4. The Director of Aging Services may solicit information from all involved parties in an attempt to resolve the complaint in a manner that is acceptable to the complainant. The solicitation of information may include, but is not limited to, interviews with the complainant, case managers, service providers and review of relevant case materials.
5. All complaints shall be in writing or filed on the Complaint Form and contain:
 - a. Specific allegations or complaints against the BRADD/AAAIL or subcontractor agency;
 - b. Name of BRADD/AAAIL or subcontractor staff person or persons involved, if known;
 - c. Circumstances under which the alleged act occurred; and,
 - d. Date and place of alleged act.
6. The complainant or legal guardian shall sign the request and submit it to the BRADD/AAAIL. Upon request, the BRADD/AAAIL and subcontractor staff shall assist individuals in preparation and submission of a complaint. Staff shall not assume responsibility for mailing request.
7. Requests shall be filed with BRADD/AAAIL 177 Graham Avenue, Bowling Green, KY 42101, within thirty (30) days after the alleged act or notice of a decision affecting services. If the notice is mailed, the date of the notice shall be the date mailed; otherwise it shall be the date of delivery. In cases where the request is filed after the thirty (30) day period, a decision as to acceptance or denial of the complaint for action shall be made by the Executive Director of the Area Development District or a designee named by the Executive Director.
8. Within five (5) working days of the receipt of the complaint, the BRADD/AAAIL shall notify the complainant of the receipt of the request and the BRADD/AAAIL's policy of attempts at local resolution.
9. The results of the BRADD/AAAIL or subcontractors efforts to achieve local resolution of the complaint shall be mailed to the Executive Director not more than thirty (30) days. The report shall contain:
 - a. Nature of the Complaint (with specific issues);
 - b. Date of Resolution;
 - c. Persons involved in the complaint;

Barren River Area Agency on Aging and Independent Living Standard Operating Procedures

HEMOCARE

- d. The results of the resolution;
10. A copy of the local resolution report which will include a specific statement of any issues not resolved shall be sent to the complainant and involved staff. If the complaint is resolved, the complainant shall sign an acknowledgment to be attached to the report.
 11. All clients will be informed that they have a right of appeal to the Cabinet's Department for Aging and Independent Living if the grievance or complaint is not resolved to the client's satisfaction by the Barren River Area Agency on Aging and Independent Living.

Barren River Area Agency on Aging and Independent Living
Standard Operating Procedures

HEMOCARE

CONCERN OR COMPLAINT REPORTING FORM

Page ___ of ___

ORGANIZATION _____ LOCATION _____

DATE REPORT RECEIVED _____ STAFF TAKING REPORT _____

PROGRAM(S) _____

REPORTING PERSON'S NAME _____ PHONE NO. _____

ADDRESS _____

RELATIONSHIP TO CLIENT _____ MAY WE USE YOU'RE NAME? _____

CLIENT'S NAME _____ PHONE NO. _____

ADDRESS _____

REPORT DESCRIPTION - If written concern or complaint received, attach to this report. Note if continued to another page.

INVESTIGATION STAFF ASSIGNED _____

SOURCES CONTACTED, DATES & RESULTS _____

FURTHER ACTION NEEDED _____

CONCERN OR COMPLAINT RESOLUTION & DATES _____

INVESTIGATION STAFF SIGNATURE _____ DATE _____