

# Gateway Area Agency on Aging and Independent Living Homecare Policy Manual and Standard Operating Procedures

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## Homecare Program

### 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 .

### The purposes of the Homecare Program are:

(1) To provide services which address the needs of individuals in their home; the least restricted 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; and,

(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.

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## Homecare Service Definitions

### DEFINITIONS:

1. **Activities of Daily Living (ADL)** Are activities of self-help: being able to feed, walk, bathe, and dress oneself, transfer, and toilet.
2. **Instrumental Activities of Daily Living (IADL)** These tasks include light housework, preparing meals, taking medications, shopping for groceries, clothes, etc. using telephone, and money management. IADLs are those activities that enable an individual to live independently in the community.
3. **Assessment** the collection and evaluation of information about a person's situation and functioning; an assessment shall identify all needs and resources so that a comprehensive plan can be made with the client.
4. **Cabinet**- The Cabinet for Health and Family Services.
5. **Case Management** is collaborative procedure that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's ongoing needs. Advocacy, communication, and resource management characterize Case Management. Case Management promotes quality and outcomes.
6. **Chore Services** - the performance of heavy house cleaning, minor household repairs, yard tasks and other activities needed to assist in the maintenance of an individual in his/her own home.
7. **Core Services** those services, including, but not limited to, client assessment and case management intended to identify person's needs, develop a plan of care, arrange for services and monitor the provision of services, and to reassess the person's change in status, and support systems-efficiency on a monthly basis.
8. **Escort Services** - Provides transportation and assistance to persons age sixty and over to medical appointments, meal site, and other appoints which require the individual to be present.
9. **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 as separate family units regardless of relationship by blood or law. **For Homecare** – only the income of each separate family unit should be considered to determine whether a client must be charge a fee.

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10. **Functionally Impaired Elderly Person** means a person sixty (60) years of age or older, with physical or mental limitations which restrict individual ability to perform the normal standard activities of daily living and which impede individual capacity to live independently, thus rendering such person at risk of entering an institution. Functional impairment shall be determined through a functional assessment developed by the Cabinet and delivered to each applicant for essential services.
11. **Home Delivered Meals** means the provision of a nutritionally sound meal, which meets at least one-third (1/3) of the current daily recommended dietary allowance, to an eligible person and spouse homebound by reason of illness, incapacity or disability, including, but not limited to, the securing and delivering of special diets and emergency shelf meals. The meal shall be delivered to the home of the client.
12. **Home Repair** the performance of tasks for minor home adaptations including additions to or modifications of the home environment to enable the elderly to maintain independent living in their own homes or to ensure safety or facilitate mobility.
13. **Homecare Services** are those services provided to eligible individuals provided pursuant to KRS 205.201 to KRS 205.204 and KRS 205.455 to KRS 205.465 directed toward preventing unnecessary institutionalization functionally impaired older persons and toward maintaining those eligible for services in the least restrictive environment, excluding residential facilities. "Homecare services shall include the following:
  - (a) Chore services as defined by KRS 205.455 (1)
  - (b) Chore services as defined by KRS 205.455 (2)
  - (c) Escort services as defined by KRS 205.455 (5)
  - (d) Home-delivered meals services as defined by KRS 205.455 (8)
  - (e) Home-health aide services as defined by KRS 205.455 (9)
  - (f) Homemaker services as defined by KRS 205.455 (10)
  - (g) Home repair services as defined by KRS 205.455 (11)
  - (h) Personal care services as established in this manual
  - (i) Respite services as defined by KRS 205.455 (12)
14. The Homecare Program helps adults who are at risk of institutional care to remain in their own homes by providing supports and services to assist with daily needs. This is accomplished primarily by coordinating the help of caregivers and provider agencies, pursuant to KRS 205.201 to KRS 205.204 and KRS 205.455 to KRS 205.465.
15. Participants must be 60 or older and unable to perform two activities of daily living or three instrumental activities of daily living; or a combination of one activity of daily living and two instrumental; activities of daily living. Participants must be at risk of institutionalization; or be in an institution but able to return to a private home environment if needed services are provided.

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- (a) Assessment and case management, home management and personal care, home delivered meals; chore services, home repair, and respite for family caregivers and home health-aide service are among the assistance provided.
  - (b) The program is offered statewide through the Area Agencies on Aging and Independent Living. Contact required with client monthly, Reassessment every 6 months.
16. **Homemaker Service** means general household activities including but not limited to non-medical personal care of individuals in the household, shopping, meal preparation, routine household care, and home management services, provided by a trained individual. A trained care professional comes in the home, to provide assistance. The services provided and the schedule will be found on the plan of care.
- (a) **Personal Care Services** means services directed toward maintaining, strengthening or safeguarding the functioning of a person in his or her own home. These services may include, but are not limited to, Assisting the individual in activities of daily living including, routine bathing, feeding, hair care, mouth care. Assistance with toileting, assistance in dressing and helping to identify and report change in status. These services do not require medical supervision.
  - (b) **Home Management Services** means those 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.
17. **Reassessment** means the formal re-evaluation of the client's situation, functioning, and of the services delivered, to identify changes that may have occurred since the last assessment. Such as, changes in formal and informal support services, self-reported changes in medical conditions, change in status, meeting of goals, how care planed services are meeting clients needs as well as delivery, and the method in which they are being carried out.
18. **Respite Care** means care provided an eligible person by an approved caregiver or agency for a designated time period because of absence or need for relief of the primary caregiver.
19. **Time in time out** – The time in and time out method of documentation shall be used on each case note and charting sheet, by case managers and direct care professional, to record total time spent with the client. The length of the encounter with the client may also be used as a method of recording time spent with a client.
20. **Informal Supports** Are in general families, friends, associates, coworkers, etc. They are not typically organized similar to formal support systems, but they provide assistance as needed when schedules permit.

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21. **910 KAR 1:180** Kentucky Administrative Regulations on Homecare program for the elderly.
22. **Age verification** Participants must make available Age Verification documentation such as birth certificate, driver's license, passport, military ID, and or social security or Medicare care. Users are to exclude those under the age of 60.
23. **Nutrition risk** defines if/when risk is present, illustrates the nature of the problem(s), and assists in guiding decisions about which nutritional services may best fit those needs. It can raise a senior's awareness of nutrition problems and motivate action on the part of the senior, service provider, and caregivers.
24. **Unit(s) of Service** is the measure used to document the provision of service, example: one half hour, one hour, one trip, one contact, one session, etc. 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
  - (d) Project management
25. **Supplies** a limit has been set per fiscal of \$500 per each client's request. The following are examples items may be considered by the case manager as examples of allowable supplies:
  - Incontinence supplies
  - Support hose
  - Nutrition supplements
  - Hearing aide batteries
  - Glasses

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## **Responsibilities of the Service Provider**

The service providers are contracted to provide Homecare services supported in whole or in part from funds received from the Cabinet, and shall agree to assure the provision of Homecare services throughout the geographic area covered under the plan or proposal. The service provider shall treat each client in a respectful and dignified manner, involve each client and caregiver in the delivery of services, provide services in a safe manner, and abide by any applicable licensure requirements and other standards established by the Cabinet.



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## General Requirements, Service Provider

Provider agencies shall:

- (1) Staff of the Cabinet and the Area Development Districts shall monitor and evaluate Homecare services provided
- (2) Each paid or voluntary staff person shall receive initial and ongoing training to meet training standards, if applicable, as well as meet staff qualification standards established for each specific service by the Department for Aging and Independent Living
- (3) Case managers shall receive 14 hours of training within the first 6 months, 16 hours annually
- (4) A policy and procedure shall be in place for assuring clients eligibility and implementation of case management
- (5) A policy and procedure shall be in place assuring the documentation of time in and time out
- (6) A policy and procedure shall be in place to ensure client's referral for services to additional programs and services including but not limited to:
  - (a) Local home health agencies, hospice and public health departments
  - (b) Adult protective service (APS) workers, community based services workers
  - (c) Community action, LIHEAP programs, transportation, weatherizing, and home repair
- (7) A written policy based on sample size of supervisor case-record reviews shall be in place.
- (8) Written method of recording terminations of services, intra – agency case transfers and case closures shall be in place.
- (9) How the wait list is prioritized and purged shall be in place, including a description of the method(s)
- (10) Policy and procedure for volunteer programs utilized shall be in place.
- (11) Policy and procedure for periodic monitoring of clients for the appropriateness of homecare services shall be in place.
- (12) Policy and procedure for voluntary contributions shall be in place.

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- (13) Policy and procedure for reporting abuse neglect or exploitation and compliance with KRS 209.030 (2) and (3) shall be in place.
- (14) Policy and procedure for the manner in which delivery of homecare services shall be provided to an eligible individual shall be in place.
- (15) Written job descriptions for each job category, for each paid staff person, and each volunteer position involved in direct service delivery shall be maintained.
- (16) Develop and maintain written personnel policies and a wage scale for each job classification; and,
- (17) Designate a supervisor to assure that all staff providing Homecare services are receiving supervision.

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## **Responsibilities of the Area Development District**

The Area Development District shall be responsible for planning, organizing, and administrating a district-wide program which complies with statutory intent and which meets all requirements and are to be approved by the Department.

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## Homecare Services

The Area Development District (ADD) may provide services directly or subcontract for any or all of the services. ADDs may provide any of the services through other funding sources, or through voluntary efforts. Regardless of the method, the contracting agency shall assure the provision of the following services based on the approved definitions, service standards, and minimum qualifications of personnel, if applicable.

### (1) Core Services

- (a) Assessment; reassessment
- (b) Case management

### (2) Specific Services

- (a) Homemaker personal care
- (b) Homemaker home management
- (c) Home health aide
- (d) Home delivered meals
- (e) Escort
- (f) Chore
- (g) Home repair
- (h) Respite
- (i) Supplies

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## General Requirements

The Gateway Area Development District shall comply with the following general requirements:

- (1) A staff person employed by the Area Development District shall be designated as the District Homecare Coordinator. This person shall be a full or part-time professional level individual who has been assigned responsibilities to perform Homecare planning, administration, coordination and monitoring.
- (2) If the Area Development District provides direct services such as assessment and case management, the requirements enumerated in Chapter 13, Section 13.3 and Item 13.3.1, Service Provider Responsibilities, shall be met. The Area Development District shall explain, in its area plan and budget, how the District Homecare Coordinator and direct service personnel assure the performance of all duties and responsibilities. The Area Development District shall include the staff who supervise the Homecare Coordinator and the case management staff.
- (3) If the Homecare Coordinator has other Area Development District administrative or direct service responsibilities, the Area Development District shall submit a justification and description of those responsibilities, including the percentage of time for each responsibility. Include description in area plan.
- (4) The Area Development District's subcontractor shall not subcontract for the delivery of services, with the exception of catered meals, home repair services, and escort.
- (5) The Area Development District shall allow staff of the Cabinet access to program fiscal information, provider agencies, and clients served in the Homecare Program.

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## Annual Homecare Plan

In order for a district Homecare Program plan to be approved, the Area Development District shall submit a proposal included in the Area Plan on Aging, which shall contain at least the following:

- (1) Plan submitted in a format provided by the Division;
- (2) An assurance of access for the State agency to all records of the contracting agency pertaining to its contract for delivery of Homecare services;
- (3) A plan for the delivery of Homecare services in the area to be served by the contracting agency containing the identification of services currently provided in the district, and the following assurances:
  - (a) Identification of uniform procedures for certification of eligibility for case management of individuals referred and found eligible for the program using the approved assessment instrument;
  - (b) A policy and procedure for referral for service to other appropriate programs and services;
  - (c) A policy and procedure for volunteer programs to be utilized;
  - (d) Identification of service providers for each specific service;
  - (e) A policy and procedure for the periodic monitoring of clients for appropriateness of service;
  - (f) A number of proposed clients for services to be provided directly or by contract;
  - (g) A policy and procedure for the acceptance of voluntary contributions and assurance that such income will be used to maintain or increase the level of service
- (4) A policy and procedure for the manner in which delivery of Homecare services shall be provided to an eligible individual;
- (5) A policy and procedure for monitoring all subcontracts for direct services;
- (6) A policy and procedure for assuring that any assessment of applicants to determine eligibility for Homecare services shall include, at a minimum assessment by a qualified assessor of the following items;

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- (7) Information should be submitted electronically to the Division in the formats Prescribed by the Aging Services Tracking System:
  - (a) Demographic information including family income;
  - (b) Physical health;
  - (c) Activities of daily living and instrumental activities of daily living (Potential and actual performance);
  - (d) Physical environment;
  - (e) Mental and emotional status;
  - (f) Assistive devices, sensory, impairment, and communication abilities;
  - (g) Formal and informal resources;
  - (h) Summary and judgment
  
- (8) Assurance that assessment of eligibility shall be conducted initially and every six (6) months thereafter

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## **Responsibilities of the Department for Aging and Independent Living**

**The Department for Aging and Independent Living (DAIL)** shall be responsible for the statewide administration of the Homecare Program. In keeping with the statutory mandates and mission of the program, the Department shall be responsible for providing direction to the Area Development Districts in effectively and efficiently administering the program.



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## **General Requirements, DAAL**

The Department shall establish and make available on the statewide basis regulations, policies, and procedures essential for fiscal and program operation. The Department shall solicit and utilize input from the Area Development Districts, advisory councils, agencies, organizations, citizens, advocates and especially recipients of services and their families in the administration of the Program.

The Department shall provide training and maintain a viable working relationship with the district Homecare coordinators and case managers through monitoring and technical assistance functions.

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## **Specific Requirement, DAIL**

The Department for Aging and Independent Living shall:

- 1) Provide a format for the area plan to inform the Area Development District of requirements necessary for a district Homecare Program;
- 2) Allocate funds on an equitable formula to each Area Development District to operate a district Homecare Program;
- 3) Develop and revise, as necessary, program and fiscal reporting requirements for the Program;
- 4) Monitor, at least annually, Area Development District administration of the Homecare Program;
- 5) Monitor, at least annually, the provision of any Homecare service provided directly by the Area Development District and may monitor services provided subcontractor;
- 6) Provide or assist with training, technical assistance in situations where assistance is needed due to problems in coordination with other programs or agencies, assistance in dealing with difficult clients, and processing complaints;
- 7) Develop minimum procurement requirements and model procurement guidelines for the Homecare Program;
- 8) Develop other protocol, guidelines or program requirements when the need has been identified;
- 9) Develop annual reports, program information, needs surveys, budget requests and other information to keep administration, providers and the public aware of the needs and performance.

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## Quality Service

On admission to the Homecare Program, each client shall be given a copy of the Quality Service Agreement (DAS-889). The Agreement shall be read and explained to the client when necessary. The client shall acknowledge receipt when signing the care plan. A copy of the Agreement shall be left with the client.

Documents of investigation and efforts at resolution or service improvement shall be available for monitoring by the Gateway Area Development District and Department of Aging and Independent Living staff. The identity of the complaint shall be kept confidential when requested. A standardized reporting form shall be used (DAS-890).

### **Procedure:**

Each Homecare client is to be given a completed Quality Service Agreement, containing the name, address and phone number of the current case manager and area development district Homecare coordinator.

The GADD will maintain a file of comments, concerns, service suggestions, or complaints, written or verbal, both in the client's file and documented in a centralized log, maintained by the case manager. The file shall contain comments or complaints from Homecare clients and any action taken to assist the client or resolve the complaint.

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## Homecare Eligibility

- (1) A prospective client for homecare services shall:
  - (a) Demonstrate that the prospective client is a person sixty (60) years of age or older; and
  - (b) 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;
    - (c) Have a stable medical condition requiring skilled health services along with services related to activities of daily living requiring an institutional level of care; or
    - (d) Be:
      1. Currently residing in a:
        - a. Skilled nursing facility;
        - b. An intermediate care facility; or
        - c. A personal care facility; and
      2. Able to be maintained at home if appropriate living arrangements and support systems are established
- (2) Eligibility shall be determined by a case manager:
  - (a) Qualified in accordance with Section 5(1) and (2) of this administrative regulation; and
  - (b) In accordance with Section 5(4) of this administrative regulation
- (3) If a client meets eligibility requirements of subsection (1) of this section for homecare services, the client or caregiver shall be informed that the client shall be eligible for services as long as he or she meets eligibility requirements.

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- (4) The case manager shall determine a prospective client's eligibility for:
  - (a) In-home services
  
- (5) The homecare program shall not:
  - (a) Supplant or replace services provided by the client's informal support system.
  - (b) If needs are being met by the informal support system, the client shall be deemed ineligible.
  - (c) An applicant who needs respite services shall not be deemed ineligible as a result of this subsection.

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## Fees and Contributions

The Homecare fee schedule, pursuant to 910 KAR 1:180, as amended, shall be used to determine the fee paying status for each Homecare client. The assessor or case manager shall be responsible for determining fee-paying status. Provider agencies shall collect the fees. No fee shall be assessed for the provision of assessment or case management services.

The assessor or case manager shall consider extraordinary out-of-pocket expenses when determining a client's ability to pay a fee.

Waiver or reduction of fee due to extraordinary out-of-pocket expenses shall be documented on an authorization form.

Contributions from individuals, families or other entities shall be encouraged.

A voluntary contribution is made at the client/family discretion, and is intended to help support the program and expand services. The voluntary contribution is a donation, the client is not issued a bill, and services are not reduced or terminated based on the client not making a voluntary contribution

### **Procedure:**

Fees and contributions (donations) collected shall be budgeted, spent and accounted for by the provider agencies to meet match requirements or increase Services.

- (1) Provider agencies shall make available to the assessors and case managers a unit cost figure for each service. The assessor or case manager shall multiply the unit cost by the client's fee schedule percentage and inform the client of his/her financial obligation.
- (2) Suggested contribution or donation rates may be established; however, no pressure is to be placed upon the client to donate or contribute.
- (3) The GADD shall review and approve the procedures implemented by provider agencies for collecting, accounting, spending and auditing of fees and donations.

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## **Assessment, Reassessment**

A person who meets case manager qualifications as defined by Homecare Regulation, 910 KAR 1:180, shall perform assessments and reassessments every twelve months or as needed.

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## **Forms and Periodicity**

Information developed by the Department for Aging and Independent Living shall be used for assessments and reassessments. Clients shall be assessed initially and reassessed every six (6) months thereafter. After each assessment or reassessment, the Certification of Eligibility (DAS-888) shall be completed. If the client is ineligible, the case shall be closed with the reason documented in the case record, and the client shall be informed of such termination and a notification shall be sent to the client.



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## **Informal Supports**

The Homecare Program shall not supplant or replace services provided by the client's informal support system. If all needs are being adequately met by the informal support system, then the client is deemed ineligible. An applicant who needs respite services shall not be deemed ineligible as a result of this policy.

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## **Case Management**

Case managers shall meet one (1) of the following qualifications:

- (1) An individual who has a minimum of a bachelor's degree in one (1) of the following, no experience required:
  - (a) Social work,
  - (b) Gerontology,
  - (c) Psychology,
  - (d) Sociology, or
  - (e) A field relevant to geriatrics
- (2) An individual with a minimum of a bachelor's degree in nursing with a current Kentucky nursing license, no experience required;
- (3) A bachelor's degree in a field not relevant to geriatrics or listed in Section 1 with two (2) years' experience in working with the elderly;
- (4) A registered nurse with a current Kentucky license and two (2) years' experience working with the elderly; or
- (5) A licensed practical nurse with a current Kentucky license and three (3) years' experience working with the elderly.

## **Case Manager Assignment**

Each client shall be assigned a specific case manager.

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## **Required Staffing Pattern**

Case management providers shall assure a minimum of one (1) full-time equivalent case manager for each 100 Homecare clients. When the case manager also provides assessment services, the caseload shall not exceed seventy-five (75). Time used to provide agency administration or supervision of other staff shall not be counted toward meeting the full-time equivalency requirement. Two (2) Title III-B and Adult Day clients may be counted as one (1)

### **Homecare Supervisor Caseload**

At times, there may be a need for the Homecare Supervisor to carry a case load, the following requirements must be in place to allow the Homecare Supervisors to carry a caseload:

- The supervisor must, at a minimum, meet the qualifications of a case manager.
- Carrying a caseload must not interfere with the supervision duties and the case load may not exceed 30% of the average caseload of all other district managers.
- A staffing plan which reflects managers and caseloads must be sent to DAIL for prior approval.
- An exception to this rule would be when administrative funding provides for a full time Homecare Supervisor. If funding is provided for a full-time supervisor then no case load is allowed.
- A waiver to the rule may be provided by DAIL upon written request by the GAAAIL.

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## Care Planning

Each Homecare client shall receive services in accordance with an individualized care plan (DAS-891) developed cooperatively with the case manager and revised whenever appropriate.

### The plan shall:

- (1) Relate to the assessed problem(s),
- (2) Identify the goal(s) to be achieved,
- (3) Identify the scope, duration and units of service required,
- (4) Identify the source(s) of service,
- (5) Include a plan for reassessment,
- (6) Be signed by the client or the client's representative and case manager, and
- (7) Be documented on the standardized form

### Services shall:

- (1) Be decided upon by the client and the case manager
- (2) Provided by informal supports and other services providers shall be documented
- (3) Clients' individual goals shall be documented and updated according to clients' self-report.

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## **Arranging Services**

The case manager shall be responsible for arranging and documenting those services provided by other funding sources or volunteers. All services shall be documented on page two of the care plan. Every effort shall be made to secure and utilize all informal supports for each client.

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## **Monitoring**

Case managers shall monitor each client monthly, including one (1) home visit dependent on the client (LOC) Level of Care. Phone contact shall occur during any month a home visit does not occur. Each case manager's contact with a client or on behalf of a client shall be documented in the client's case record.

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## **Essential Services**

The following services shall be available within Gateway Area Development District:

- (1) Chore
- (2) Escort
- (3) Home delivered meals
- (4) Home health aide
- (5) Home repair
- (6) Homemaker, Personal Care
- (7) Homemaker, Home Management
- (8) Respite
- (9) Supplies

A decision not to fund one or more of the above-named services will be justified in the GADD area plan including assurance of adequate availability from another funding source. Other services may be provided but shall not be supported by Homecare funding.

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## **Home Delivered Meals**

Meals produced according to the regular menu shall be used in the Home Delivered Meals Program. Home delivered meals shall be provided per 910 KAR 1:190.



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## **Home Repair**

The Homecare contract agency may not allocate Home Repair funds for supplies and equipment to exceed \$250 dollars per home in any (12) twelve months period. This shall include, but not be limited to, materials for devices, security devices, and supplies for elimination of insects or rodents infestation. Waiver of the \$250 limit not to exceed a maximum of \$500, may be granted by the Homecare coordinator on a case-by-case basis when long term benefits are expected to exceed initial cost.

# Gateway Area Agency on Aging and Independent Living Homecare Policy Manual and Standard Operating Procedures

## Supplies

Ten percent of the total Home Care allocations can be designated for in home supplies. A limit has been set per fiscal of \$500 per each client's request. Documentation should be recorded in each client's file that all resources have been exhausted, including Medicaid, before accessing funding from Home Care for these items.

The following are examples items may be considered by the case manager as examples of allowable supplies:

- Incontinence supplies
- Support hose
- Nutrition supplements
- Hearing aide batteries
- Glasses

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## **Respite Care**

Services may be provided in the client's home or at a congregate site such as an adult day care center depending upon the client's individual needs and consideration of cost.

Tasks expected of the Respite Care provider shall be determined by the case manager but shall not exceed the capability, training, and legal prerogative of the provider.

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## Policy for Providing Respite

Respite care is defined as care provided to an eligible person by an approved agency for a designated time period because of the absence or need for relief of the person normally providing the care. Such care may be provided in the individual's home for up to four hours for eligible clients in the Homecare Program.

Procedures for providing Respite:

1. The clients care plan/work order must indicate respite service and units.
2. During the time respite is to be provided, the caregiver or a designated person (upon whom the case manager and client have agreed upon) must be present in the home when the aide arrives to conduct the respite services.
3. If the caregiver is absent, respite services cannot be started. At this time the aide will follow steps 5 and 6.
4. The caregiver or designated person must be present at the end of the respite services to sign the aide time sheet.
5. If either or both of these incidences occur, the aide will contact the Homecare Aide Supervisor and the Case Manager immediately regarding the incident for further instruction.
6. The aide must fill out an incident report and send to the case manager when either or both of these incidences occur.
7. The aide must not leave the client alone at any time during respite services.
8. Aging Service Case Managers will put the caregiver emergency cell number (if available) on the work order.

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## **Reporting**

Homecare service data shall be submitted electronically to the Gateway Area Agency on Aging and Independent Living in formats prescribed by the Aging Services Tracking System.

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## Case Managers Training

Training for Homecare case managers shall include but not limited to safety, Department policies and procedures, and relevant aging topics. GADD staff shall provide or arrange training on local formal and informal resources available to Homecare clients. Case management training shall be required as follows Fourteen (14) hours of initial training within six (6) months of hire, and sixteen (16) hours of in-service training annually.

### Procedure:

- (1) The Department shall schedule training and submit a training agenda to appropriate Area Development District employees.
- (2) The topics that DAAIL will include are an overview of DAAIL and basic information that will assist in preparing case managers in coordinating necessary services and working with the aging population.
- (3) DAAIL shall continue to review training records during the annual onsite monitoring.
- (4) The GADD shall develop training agendas and submit them to The Department for Aging and Independent Living at least two weeks prior to training.
- (5) The GADD shall require appropriate orientation and ongoing training for staff and volunteers of the Homecare subcontract provider agencies and shall indicate in the area plan, training opportunities for homemaker-personal care and homemaker-home management, respite and other service providers if applicable.
- (6) The GADD shall determine that provider agencies have considered training costs in their unit cost or as a line item under applicable service.
- (7) GAAAAIL will document all the trainings of new employees of the Homecare Program. Training shall include but not limited to: in house policy and procedure, case management handbook, time in and time out, documentation, assessment and SAMS.

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## **Termination or Reduction of Services**

During the initial assessment, the case manager shall inform the client that services may be terminated or reduced upon a change in client's condition, increase in support system, or if the care plan cannot be followed. When services must be terminated or reduced due to reasons unrelated to the client's needs and or condition, this process should be handled at the local level in accordance to agency policies and procedures.

### Procedure:

When Homecare services are terminated or reduced:

- (1) The case manager shall inform the client of the right to file a grievance.
- (2) The case manager shall assist the client and family in making referrals to another agency, if applicable.

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## **Homecare Case Records Security**

All homecare case records will be kept in an area of the Gateway Area Agency on Aging and Independent Living office or at a satellite office that is maintained by GAAAIL for the purpose of conducting official business. These offices may include but are not limited to senior centers, churches and other locations that provide a secured office where files can be maintained in a confidential manner.

The address and phone number of each satellite office that is being used will be submitted to the DAIL as a part of the Gateway Area Plan. When offices are relocated, an updated listing will be submitted to DAIL with thirty days of the move.

All satellite offices will be in a secured location where the office is locked and not accessible to anyone not employed by the GAAAIL unless the GAAAIL staff are present. All files must be kept in a locked cabinet. Files may not be kept in personal homes or vehicles.



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Family – Number in Family is recorded as one (1) if the client or (2) if married. Family size is to be recorded as three (3) or more only when there are minor dependent children. Any other adults or couple living in the same house hold are considered as separate family units regardless of relationship by blood or law. For Homecare – only the income of each separate family unit should be considered to determine whether a client must be charged a fee.