

HEMOCARE Eligibility	DAIL – HC – 13.1
Effective Date: December 30, 2009 Revised Date: February 16, 2016	Page 1 of 2

Policy

The department shall ensure services for the aging and disabled population are available as funding allows and in compliance with 910 KAR 1:180.

Legal Authority

910 KAR 1:180

Procedure

- (1) The homecare program requires age verification that the applicant for services is at least sixty (60) years of age. The individuals age shall be verified utilizing one of the following documents:
 - (a) Birth Certificate;
 - (b) Driver's license;
 - (c) Passport;
 - (d) Military ID;
 - (e) Letter of "No Record" issued by the State with individuals name, date of birth, which years were searched for a birth record and that there is no birth certificate 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
- (2) The homecare provider verifies the applicant is not eligible for the same or similar services through Medicaid as required by 910 KAR 1:180 Section 4.(b)1-2
- (3) Ensure the applicant meets one (1) of the following criteria:
 - (a) Be functionally impaired in the performance of:
 1. Two (2) activities of daily living;
 2. Three (3) instrumental activities of daily living; or
 3. A combination of one (1) activity of daily living and two (2) instrumental activities of daily living.
 - (b) 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
 - (c) 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.

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- (4) Eligibility shall be determined by the Independent Care Coordinator (ICC) for the following services:
 - (a) Adult day health services;
 - (b) Alzheimer's respite care services;
 - (c) In-home services; and
 - (d) Respite for the unpaid primary caregiver.
- (5) The homecare program shall not supplant or replace services provided by the client's natural support system.
- (6) An applicant is eligible for homecare services but funding is not available shall be added to a waiting list for services. The applicant shall be screened and prioritized prior to being placed on the waiting list.

Homecare Medicaid Eligibility and Transition Policy	DAIL-HC-13.1.1
Effective Date: February 15, 2016	Page 1 of 1

Policy Statement

The Homecare program for the elderly was established to assist eligible individual to receive in-home services. The program is designed to assist individuals to remain in their own home for 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.

Legal:

910KAR1:180

Procedure:

- (1) The AAAIL or Independent Care Coordinator (ICC) 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 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 lives, the ICC obtains documentation of unavailability from Medicaid prior to referring the individual into the homecare program.
- (5) When the services through Medicaid are unavailable due to lack of provider agencies, wait list or ineligible for Medicaid and funding is available through homecare and eligible individual may receive services 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 service provisions, services 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.

HEMOCARE Assessment, Reassessment	DAIL – HC – 13.2
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Policy Statement

An assessment and reassessment shall be conducted by the Independent Care Coordinator (ICC) to establish the functional ability and needs of an applicant or current participant of the Homecare program.

Legal Authority

910 KAR 1:180 Section 5(3)

Procedure

Initial Assessment

- (1) Upon receipt of a referral for assessment, the ICC 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 are capable of completing. It is acceptable to have an individual demonstrate their abilities.
- (3) The ICC shall determine the individual's eligibility for services as required in 910 KAR 1:180 Section 4 and standard operating procedure DAIL -HC-13.1 Eligibility.
- (4) After the initial assessment is completed the ICC 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 reason to conduct an assessment prior to the one year date.
- (2) The process for a reassessment is the same for an initial assessment.

Home Care Nutrition Screening/Assessment/Referral	DAIL-HC-13.2.1
Effective Date: August 1, 2014 Revised Date: February 16, 2016	Page 1 of 1

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 provider agency shall establish and maintain a policy and procedure regarding how each participant is screened, using the questions from the nutrition screening initiative checklist.
- (2) The checklist shall be completed on each participant at least annually.
- (3) The results from the completion of the checklist are used to report to the Department for Aging and Independent Living the following:
 - (a) Identification of participants at nutritional risk and how the risk is addressed;
 - (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) Aggregate nutrition risk data available through the data collection system shall be utilized in the develop nutrition education plans, menu modification, and development of interventions for the most commonly identified needs.
- (5) Nutrition screening shall be addressed in the area plan.
- (6) AAAIL shall monitor for compliance.

HEMOCARE Plan of Care	DAIL – HC – 13.3
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Policy Statement

Participants in the Homecare program shall have a plan of care that reflects their needs, provision of services, and provider of services and frequency of services to assist the individual in safely remaining in their own home.

Legal Authority

910 KAR 1:180

Procedure

- (1) The Homecare applicant / participant shall participate in the assessment and development of an individualized plan of care with the case manager, natural supports and other care or service providers (person centered planning team).
- (2) The person centered planning team shall determine the service needs of the participant.
- (3) The person centered planning team shall develop the plan of care that shall identify the assessed needs of the individual and the services needed to assist with the identified needs.
- (4) The plan of care shall:
 - (a) Relate to the assessed problem(s);
 - (b) Identify the goal(s) to be achieved;
 - (c) Identify the scope, duration and units of service required including services provided by informal supports;
 - (d) Identify the source(s) of service, including natural or informal supports;
 - (e) Include a plan for reassessment;
 - (f) Be signed by the client or the client's representative and case manager; and
 - (g) Be documented on the standardized form.
- (5) Clients' individual goals shall be documented and updated according to clients' self-report.

HEMOCARE Natural Supports	DAIL – HC – 13.4
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Policy:

The care and support of 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 supports by providing services that the support system is unable to manage, for individuals that meet the eligibility requirements.

Legal:

910 KAR 1:180

Procedure:

- (1) An application for the homecare program shall be accepted for all individuals that meet the eligibility criteria.
- (2) The applicant, care givers, and natural supports shall participate in the assessment and care planning to determine what services are currently being 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 supports and services 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 the natural supports, then the applicant/client is deemed ineligible.
- (5) An applicant who needs respite services shall not be deemed ineligible as a result 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 made to the plan of care to address the gap in services.

HEMOCARE Coordinating Services	DAIL – HC – 13.5
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Policy:

Participants of the homecare program may have multiple services and service providers to assist in their care. In order 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 get the services needed and services are not duplicative or unnecessary.

Legal:

910 KAR 1:180

Procedure:

- (1) The participant shall be assigned one case manager or social service assistant (SSA) to coordinate services across programs, provider agencies and service provision.
- (2) The case manager or SSA shall know the individuals plan of care and assist in arranging service providers.
- (3) The case manager or SSA works with the service providers to understand the plan of care and the role they have in meeting the needs of the participant.
- (4) The case manager or SSA works with the service providers to establish a schedule that works for the participant and the providers. The case manager or SSA 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 or SSA shall work with the participant to identify a new service provider.
- (6) The case manager or SSA shall notify the Independent Care Coordinator (ICC) when the plan of care is not being met or the participant needs have changed.
- (7) The ICC shall, based on a referral from the case manager or SSA, schedule a reassessment to establish a new plan of care.

HEMOCARE Quality Service	DAIL – HC – 13.6
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Policy:

The Department for Aging and Independent Living (DAIL) strives to provide quality services for the aging and disabled population and provides every participant the right and responsibility to participate in their service provision and the ability to file a complaint.

Legal:

910 KAR 1:180 Section 6 – Quality Service

Procedure:

- (1) Upon enrollment into the Homecare Program, each participant shall be given a copy of the DAIL-HC-02 Quality Service Agreement. Use of the standardized form is required and no changes or alterations can be made to the form.
- (2) The DAIL-HC-02 shall be read and explained to the participant upon enrollment.
- (3) The participant shall acknowledge receipt of the DAIL-HC-02 by signing a copy of the form.
- (4) A copy of the DAIL-HC-02 shall be provided to the participant, and the original placed in the participants file.
- (5) Participants shall be informed of their right to file a complaint utilizing the DAIL-HC-03 report of Complaint or Concern.
- (6) The identity of the complainant shall be kept confidential when requested.
- (7) A copy of the DAIL-HC-03 shall be maintained in both the participants file and in a centralized log.
- (8) Documentation of any investigation and efforts to resolve a complaint or service improvement efforts shall be documented in the participant's file and centralized log.
- (9) The centralized log and participant's files shall be available for monitoring by the Department and the contracted agency.

HOMECARE Fees and Contributions	DAIL – HC – 13.7
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Policy Statement:

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

Legal Authority:

910 KAR 1:180 Section 8 Fees and Contributions
KRS 205.460 Essential services – Funding – Collection of fees and contributions
KRS 205.010(6) – Needy aged

Procedure:

- (1) Homecare services are determined based on the financial eligibility pursuant to 910 KAR 1:180.
- (2) Verification of income shall be documented in the participants file.
- (3) The homecare fee schedule shall be used to determine the fee paying status for each Homecare participant.
- (4) SSI income and food stamp allotment shall not be counted as income.
- (5) The Independent Care Coordinator (ICC) shall be responsible for determining fee-paying status.
- (6) Provider agencies shall collect the fees. No fee shall be assessed for the provision of assessment or case management services.
- (7) The ICC shall consider only extraordinary out-of-pocket expenses as listed in 910 KAR 1:180 Section 1(9) when determining a participant's ability to pay a fee.
- (8) Waiver or reduction of fee due to extraordinary out-of-pocket expenses shall be documented on an authorization form.
- (9) Persons considered to be "needy aged" as defined by KRS 205.010(6) shall not be required to pay a fee.
- (10) Voluntary contributions from a participant or participant's family with zero percent co-pay shall be encouraged, but is not required for the eligible participants to receive services. The voluntary contribution is a donation, the client is not issued a bill, and services shall not be reduced or terminated based on the client not making a voluntary contribution.
- (11) A voluntary contribution is made at the client/family discretion, and shall be utilized to help support the program and expand services.
- (12) The contributions are recorded as program income and can be counted as match.

HEMOCARE Responsibilities of the Contract Agencies Training	DAIL – HC – 13.8
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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.

Legal Authority:

910 KAR 1:180 Section 2(5)

Procedure:

- (1) The contract agency shall develop training agendas and submit them to The Department for Aging and Independent Living (DAIL) at least two weeks prior to the scheduled training.
- (2) The contract agency shall require orientation and ongoing training for staff and volunteers of the Homecare provider agencies and include:
 - (a) How to safely provide personal care and home making services to participants;
 - (b) How employees can remain safe in difficult situations;
 - (c) DAIL, contract agency and provider agency policy and procedures;
 - (d) The aging process;
 - (e) Other relevant aging and disability topics; and
 - (f) Arranging for local formal and informal resources.
- (3) The contract agency 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) Case management agencies shall provide training for case managers and social service assistants (as applicable) to include:
 - (a) Fourteen (14) hours of initial training within six (6) months of hire, and
 - (b) Sixteen (16) hours of in-service training annually.
- (5) The contract agency 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 contract agency may request, as necessary, technical assistance from the Department.

HEMOCARE Required Staffing Pattern	DAIL – HC – 13.9
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Policy Statement

Operation of a safe and effective homecare program is essential for the participants and the staff providing services. Providing adequate trained staff is essential to the program operations.

Legal Authority

910 KAR 1:180

Procedure

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

HEMOCARE General Requirements, Service Provider	DAIL – HC – 13.10
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Policy:

The Department for Aging and Independent Living (DAIL) shall ensure contact with provider agencies that offer and provide services in compliance with the requirements of the specific programs.

Legal Authority:

910 KAR 1:180 – Homecare program for the elderly;
910 KAR 1:190 – Nutrition program for older persons; and
910 KAR 1:220 – General administration, programs for the elderly.

Procedure

- (1) Contract agencies shall review the contract between DAIL, and the agency to ensure the agency can and will comply with the requirements of the contract.
- (2) Contract agencies shall review and be knowledgeable of the federal and state regulations that govern the programs that the agency is contracting to provide.
- (3) Contract agencies shall maintain a written policy and procedure to include at least the following:
 - (a) Monitoring and evaluation of Homecare services provided.
 - (b) Staff (paid and unpaid) shall meet the qualification standards established for each specific service by the Department for Aging and Independent Living
 - (c) Staff (paid and unpaid) shall receive initial and ongoing training to meet training standards, as applicable;
 - (d) Determining participants eligibility to receive case management and the agency's implementation of case management;
 - (e) Documentation of time in and time out in case notes;
 - (f) Referral for services according to the participants Plan of Care as developed during the person centered planning process by the Independent Care Coordination Agency;
 - (g) Case-record reviews including:
 1. Who conducts the case record review;
 2. The percent of cases per case manager to be reviewed;
 3. How often a case record review will be conducted;
 4. All case managers will have their records reviewed within agency's timeframe.
 - (h) Written method of recording and implementing termination of services, intra-agency case transfers and case closures ;
 - (i) Utilizing the DAIL Priority Screening Tool to prioritize and purge the wait list;
 - (j) Volunteer programs utilized;

HEMOCARE General Requirements, Service Provider	DAIL – HC – 13.10
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- (k) Periodic monitoring of participants for the appropriateness of homecare services and the level of case management including supporting documentation in the participants file;
- (l) Voluntary contributions;
- (m) Reporting abuse neglect or exploitation and compliance with KRS 209.030 (2) and (3);
- (n) The manner in which delivery of homecare services shall be provided to an eligible individual;
- (o) Maintain written job descriptions for each job category, for each paid staff person, and each volunteer position involved in direct Homecare service delivery;
- (p) Develop and maintain written personnel policies and a wage scale for each job classification;
- (q) Designate a qualified supervisor for all staff providing Homecare services;
- (r) Approve and submit invoices and back up documentation to DAIL , including but not limited to program and financial data for department review and approval;
- (s) Each budgeted line included on the budget is receiving a satisfaction survey; and
- (t) Priority rating for waiting list, excluding first come/first served.

HEMOCARE Participant Contact	DAIL – HC – 13.11
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Policy Statement:

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

Legal Authority:

910 KAR 1:180

Procedure:

- (1) The Independent Care Coordinator (ICC) shall complete the assessment and determine the level of care based on the assessment and DAIL-HC-01 Scoring Service Level form.
- (2) The ICC will develop the plan of care utilizing person centered planning and refer the individual to the case management agency/supervisor for assignment of a case manager or a social service assistant.
- (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 a telephone contact between home visits.
 - (c) Level III – A home visit shall be conducted every six months and a 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 referral made to the ICC.
- (7) The ICC conducts a reassessment and develops an appropriate plan of care and level determination.

Homecare Budgeted Services	DAIL-HC-13.12
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Policy Statement

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 funding sources utilized to continue needed services.

Legal Authority

910 KAR 1:180 Section 3

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 DAIL 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 home care services are provided to the participants based on the individualized plan of care.
- (6) If the contract agency is not able to provide home care 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.

Homecare Unit of Service	DAIL-HC-13.13
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Policy Statement

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

Legal Authority

910 KAR 1:180

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 not 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 service;
 - (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.

HEMOCARE Home Repair	DAIL – HC – 13.14
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Policy Statement:

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

Legal Authority:

910 KAR 1:180 Homecare program for the elderly
KRS 205.455

Procedure:

- (1) A specified home repair, addition, 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 participants file.
- (4) All providers and subcontracted agencies that provide for 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 benefit is expected to exceed the initial cost of the repair.

HEMOCARE Supplies	DAIL-HC-13.15
Effective Date: July 1, 2014 Revision History: February 16, 2016 Revised: June 15, 2022	Page 1 of 1

Policy Statement

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

Legal Authority

910 KAR 1:180

Procedure

- (1) No more than ten (10) percent of the total Home Care allocation can be designated for supplies;
- (2) The maximum expenditure per participant per fiscal year is \$700;
- (3) Each purchase of supplies shall be considered one (1) activity recorded as one (1) contact;
- (4) Documentation shall be recorded in each participants 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 home care funding is utilized; and
- (6) Supplies are provided only for the use and well-being of the individual Homecare participant; no other person(s) shall knowingly be provided supplies funded by the Homecare program.

HEMOCARE Respite Care	DAIL – HC – 13.16
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Policy Statement:

Respite services are available to provide short term relief from caregiving. Respite shall be available through in-home services or at an Adult Day Care Center.

Legal Authority:

910 KAR 1:160

910 KAR 1:180

Procedure:

- (1) The Independent Care Coordinator (ICC) 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 or reassessment of the participant.
- (3) The case manager or social service assistant (SSA) shall report to the independent care coordinator (ICC), any change in status of the participant that may require an increase or decrease in the amount of respite needed.
- (4) When the ICC determines a change in the amount of respite is needed the plan of care is updated and provided to the case manager and/or SSA.

HOMECARE Incident/Accident Reporting	DAIL-HC-13.17
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Policy Statement

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

Legal Authority

910 KAR 1:180.

Procedure

- (1) All Homecare contracted agencies and any subproviders/subcontractors 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 and filed in the participants 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 contract agency Director 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 time of the incident;
 - (b) What caused the incident to occur, if known;
 - (c) Description of environment at time of incident;
 - (d) Condition of participant at time of incident;
 - (e) Action taken to stabilize participant after incident.
7. Provider agencies shall be monitored 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 employee, client, or family members resulting from accidents or errors;
 - (b) Participant falls, if:

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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 or aids believe injury has occurred).
- (c) Health, safety or welfare of a participant or staff if placed in jeopardy; or
- (d) Neglect, abuse, exploitation, abandonment, theft, or other events that inhibit the health, or care of a participant or staff.

Home Care Waiting List	DAIL-HC-13.18
Effective Date: March 31, 2015 Revised Date: February 16, 2016	Page 1 of 1

Policy Statement:

The department 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.

Legal:

910 KAR 1:180

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 waitlist shall be contacted based on the contract agency's policy 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.

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Policy Statement

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

Legal

910 KAR 1:180

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 participant 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 their behalf in developing and 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 participant signs for the release of information to a specific individual, agency or entity, or the staff have reason to believe the participant is being abused, neglected or exploited and then the staff shall report the situation to the Department for Community Based Services or law enforcement.
- (2) The participant shall be informed in writing of the responsibilities required to remain in the Homecare program which shall include:

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- (a) Treating all workers, provider agency and case management, Aging and Disability Resource Center (ADRC) or other staff members with respect. Physical or verbal abuse toward others, by the participant, participants family members or guests or of the participant is prohibited. Violations of this may result in the termination of services;
- (b) Provide all information necessary to determine eligibility for the Homecare program;
- (c) Allowing the case manager, social service assistant or independent care coordinator to complete the required home visits.
- (d) Participating in the assessment of ongoing needs and eligibility for services, provide information to update annual paperwork, including, but not limited to the Financial Assessment Form;
- (e) Participate in the decisions involved in developing and implementing the plan of care and services;
- (f) Sign forms upon receiving a full explanation as to their content and purpose;
- (g) Provide any needed documents;
- (h) Submit payment of the participant's share of the cost of the services;
- (i) Informing the Case Manager or Social Service Assistant and provider agency when the will be away from home on dates of scheduled services;
- (j) Informing the Case Manager or Social Service Assistant and provider agencies of any plans to relocate or move from the current residence;
- (k) Refraining from offering gifts, tips, donations or bribes to the workers who provide homecare services;
- (l) Reporting inappropriate behavior of provider agency staff , including:
 1. Consuming alcoholic beverages in the home or appear to be intoxicated;
 2. Smoking in the home;
 3. Use of the participant's phone to make personal calls or request the use of the participant's automobile;
 4. Solicit money or goods from the participant for any purpose or cause;
 5. Treat the participant disrespectfully or in any other manner the participant feels is inappropriate or offensive.
- (m) Pursuing all other funding sources for similar services for which the participant may be eligible.

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- (n) Refusal to pursue or participate in services provided by other funding sources may result in termination of Homecare services;
- (3) The contract agency and sub contract agencies shall have a policy stating the information above.
- (4) A copy of the participant's rights and responsibilities shall be signed off on by the participant and a copy placed in the participant's file.

HEMOCARE Termination or Reduction of Services	DAIL – HC – 13.20
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Policy Statement

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

Legal Authority

910 KAR 1:180

Procedure:

- (1) The Independent Care Coordinator (ICC) shall inform the individual during the initial assessment that services are subject to termination or reduction based on:
 - (a) Funding reductions;
 - (b) Change in participant's condition;
 - (c) Increase in support system;
 - (d) Eligibility for Medicaid funded services;
 - (e) Inability to obtain a provider;
 - (f) Inability or unwillingness to follow the plan of care; or
 - (g) Unresolved safety issues.
- (2) The client may terminate all or part of the services being provided according to the plan of care at any time.
- (3) The case management agency shall have a policy and procedure for:
 - (a) Non-paying clients;
 - (b) Participants needs exceeding available services;
 - (c) Health, safety and welfare of participant or
 - (d) Participant behavior and corrective action on behavior.
- (4) If homecare services are reduced or terminated for reasons other than a reduction in state funding the case management agency shall:
 - (a) Inform the participant of the right to file a complaint;
 - (b) Notify the participant or caregiver of the action taken;
 - (c) Assist the participant and family in making referrals to another agency if applicable;
 - (d) Provide the participant with an updated plan of care created by the ICC; and
 - (e) Adjust the services in the aging data system (SAMS).

Home Care Social Service Assistant	DAIL-HC-13.21
Effective Date: February 16, 2016	Page 1 of 1

Policy Statement:

The contract agency may employ a social service assistant to assist a case manager with clerical duties, follow up with participants and monitoring of service provision.

Legal:

910 KAR 1:180 Section 1(19)

Procedure:

- (1) Contract agencies employing social service assistants shall ensure they meet the qualifications pursuant to 910 KAR 1:180 Section 1 (19).
- (2) Social service assistants shall work under the direction of a qualified case manager supervisor.
- (3) The social service assistant may assist with the following:
 - (a) Record keeping;
 - (b) Filing;
 - (c) Data entry;
 - (d) Phone calls;
 - (e) Getting services to carry out the plan of care;
 - (f) Coordinating services provided to the participant;
 - (g) Helping the participant in applying for other services or benefits for which they may qualify;
 - (h) Monitoring to ensure services are provided appropriately;
 - (i) Providing telephone contacts and home visits to participants assessed as level.

HEMOCARE Monitoring Homecare Participants for Health and Safety	DAIL – HC – 13.22
Effective Date: December 30, 2009 Revision Date: February 16, 2016	Page 1 of 1

Policy Statement

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

Legal Authority

910 KAR 1:180 Homecare program for the elderly

910 KAR 1:220 General Administration, programs for the elderly

Procedure:

- (1) The case management agency shall monitoring the provisions of case management to Homecare participants to include:
 - (a) Review of each case manager/social service assistant case load to ensure compliance with the home visit and other contact requirements determined by the level of case management services;
 - (b) 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.
 - (c) Verify that any sub-provider invoice matches the number of units billed and the number of clients that services are provided monthly.
- (2) The department shall :
 - (a) Annually, or more often as needed, conduct monitoring of the case management agencies case records to ensure the required contacts have been maintained and services have been monitored; and
 - (b) Provide technical assistance and desk top monitoring of data entered into the state data system.