



In-Home Services

# Policies & Procedures





<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GRPP-ARP-1104</b>
<b>Accepting Referrals</b>	<b>Revised 11-13-23</b>

### **Policy**

Referrals for services will be accepted from any concerned individual. This may include friends, neighbors, family, physician, or the potential client. All referrals will be received through the Green River Aging & Disability Resource Center.

### **Procedure:**

Upon receipt of the referral, information will be recorded on the DAIL Level One Screening Form. This form shall be completed by the appropriate staff and input into the approved data system by an ADRC Counselor.

A Priority Rating form will also be completed to determine if this is an appropriate referral and to assign a score to be used in scheduling assessments.

If the referral is determined to be appropriate, then it is given to the Case Manager or Assessor who is assigned to the county in which the potential client lives, and he or she is placed on a waiting list to be assessed in order of the priority rating numbers. In addition, the Case Manager will refer the client to other community resources, as appropriate, to ensure the potential client is aware of other options that might be available to meet their needs. The Case Manager or Assessor will schedule an appointment for assessment as soon as feasible, based on the priority score.

The Case Managers will make calls or send a letter, at least quarterly, to those referred and waiting for assessment. If the client no longer needs the services due to death, change in living arrangement, improved condition, etc. then the reason will be noted, and the referral will be removed from the waiting list and will be filed.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMAP-1104</b>
<b>Assessment</b>	<b>Revised: 01/2024</b>

### **Policy**

Initial assessment must be completed on every new client entering the aging programs and for any client who has been terminated and is returning to the system. A qualified Assessor or Case Manager conducts this assessment in the client's home. The client may have a family member or other individual present if desired.

Reassessments shall be completed at least annually to re-evaluate the client's needs and services. Reassessments may also be completed following any significant event, such as the loss of a spouse, prolonged hospitalization, moving, etc.

### **Procedures**

Assessments and re-assessments shall include all forms and information mandated by program regulations. Clients will receive a copy of the Plan of Care, Quality Assurance Agreement, Notification of Eligibility, GRADD Notice of Privacy Practices, Rights and Responsibilities, and GRADD Resolution Process.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMPCB-1020</b>
<b>Pest Control/Bedbug</b>	<b>Revised: 01/2024</b>

## **Policy**

The Green River AAAIL shall ensure service delivery to clients according to the assessed needs and plan of care during the event of a bedbug infestation. Appropriate precautions shall be taken to prevent carrying bedbugs into other homes.

## **Procedures**

1. Each contractor/provider shall have a written policy concerning Bed Bug Infestation. The contractor/provider shall provide Green River AAAIL with a copy of this policy and procedure. The policy shall ensure that the confidentiality and dignity of clients are maintained and follow general procedures for confidentiality.
2. The Case Manager shall inform the In-Home Services Manager when a bedbug infestation has been discovered in a client home and once it has been resolved, as well as all providers. Confidentiality and the dignity of the client shall be maintained, and staff shall follow general procedures for confidentiality.
3. The following precautions are recommended for staff entering the client's home to offer services:
  - Wear paper shoes, gloves, and hair protection
  - Remove all protective wear upon exit from the home and seal in a plastic bag for disposal.
  - Use a lint roller on all clothing and shoes upon removal of protective wear.
4. The contractor/provider should make available to their staff protective garments to assist in reducing the spread of infestation.
5. The Case Manager shall work with the provider to ensure safe delivery of services.

6. The Case Manager shall discuss with the client and /or their designee, the most appropriate method of eradicating the infestation as combating pest infestation is the responsibility of the client or landlord subrogation. Clients are responsible for determining how to combat pest infestation within their own residence.
7. The recommendation of spray supplies is for the family to determine if they want to have the sprays and to use them or if the workers want to have spray for their own use upon leaving the home to spray for their own belongings, car, etc. Providers are not allowed to spray any type of chemicals for pest infestation in a client's home.
8. The use of mattress cover, steam cleaning, and pest control are all items that are at the discretion of the client and the cost of such would be incurred by client/family. The provider agency can suggest these measures to the clients but cannot require them to follow with the purchase or use.
9. Should a client fail to accept responsibility to treat their home for an infestation and attempts have been made and documented by the Provider Agency to assist the client with the infestation problem, corrective action may be put in place in an attempt for the client to eliminate the problem. In the event a client fails to work with an agency to correct the infestation problem, an agency shall seek approval from GRAAAIL to suspend or cease serving that individual and provide resources for other care options.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMCRR-0416</b>
<b>Client Rights and Responsibilities</b>	<b>Revised: 01/2024</b>

### **Policy**

Every Homecare/ESMP and Title III client shall be informed of their rights and responsibilities as a participant of these programs. They will be provided a copy of the process to report a violation of their rights, as well as informed that failure to uphold responsibilities could result in termination of services.

### **Procedure**

At initial assessment and each reassessment, all Homecare/ESMP and Title III clients will be provided a copy of the Client's Rights and Responsibilities form, which will be reviewed with the client by the Case Manager and signed by both parties. The client will also be given the grievance procedure to be used if the client ever feels his or her rights have been violated. Likewise, the client will be informed that failure to uphold responsibilities could result in termination of services.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMCSS-0312-</b>
<b>Client Satisfaction Survey</b>	<b>Revised: 01/2024</b>

### **Policy**

A client satisfaction survey will be conducted annually with all clients who receive Assessment and Case Management services for the Homecare and Title III programs. The responses will be collected, and a report compiled to determine areas of strength and weakness.

### **Procedures**

The annual survey will be mailed to all active assessment and case management clients listed in the SAMS Data Base. A self-addressed envelope will be included.

Upon return of the surveys, they will be counted, and the answers will be compiled on a report and sent to the Director for Social Services. This report will indicate areas of satisfaction by showing how the clients answered the statements, and it will capture their written notes. These survey results will be considered as policies and procedures are revised and developed in the future.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMCRC-1104</b>
<b>Criminal Records Check</b>	<b>Revised: 01/2024</b>

**Policy**

Applicants for the position of Case Manager for the Green River Area Development District shall be required to authorize the release of police records to the ADD using the state approved format. An applicant or volunteer with a felony conviction will not be employed.

**Procedures**

The Executive Director, Director for Social Services, and In-Home Services Manager will select top candidates for employment as a Case Manager. These top candidates will be invited to an interview and required to authorize a criminal records review by completing the required form.

Upon selection for the position, the candidate will be employed contingent on the criminal records review. The Executive Assistant shall maintain the forms and submit the completed form for the top applicant to the Accounting Clerk to be mailed with the payment.

The response letter will be returned to the Executive Assistant, who will inform the In-Home Services Manager of any findings and then file the letter in the employee's personnel record.





<b>AGING &amp; SOCIAL SERVICES</b> <b>In-Home Services</b>	<b>GR-CMMP-1104</b>
<b>Internal Monitoring</b>	<b>Revised: 01/2024</b>

### **Policy**

The In-Home Services Manager will provide formal monitoring once per year with each Case Manager. This annual monitoring shall include observation in two client homes, client interviews, and a review of the client records.

The In-Home Services Manager and Lead Case Manager will also provide case reviews of 10% of each Case Manager's client charts each quarter. Case conferences will be on-going as needed to ensure proper procedures are being followed.

In addition, the In-Home Services Manager and Lead Case Manager reviews every new client chart and every terminated client chart.

### **Procedures**

The In-Home Services Manager will schedule a date with each Case Manager to accompany that employee to two clients' homes for a monitoring visit. The attached form will be used to observe interactions, interview the client regarding satisfaction with services, and to review the case record.

Upon return, the In-Home Services Manager will complete a report to summarize the visits and to report any findings. This will be submitted to the Director for Social Services, and a copy will be given to the Case Manager for review and corrections. Corrections are reviewed and discussed with the Case Manager as needed.

The In-Home Services Manager will be available daily for discussions regarding clients and/or for chart reviews, which also provides monitoring of Case Management Services.

The In-Home Services Manager will use the same chart monitoring tool (the last two pages of the attached monitoring form) to review 10% of client cases each quarter. A summary of findings will be completed and filed in the monitoring binder. The chart is returned to the Case Manager with notations of corrections needed. The Case Manager is responsible for making the corrections as soon as possible. Corrections will be reviewed and noted on the monitoring summary by the chart reviewer.

In reviewing new and terminated charts, the attached lists will be used, and charts will be returned to the appropriate Case Managers for discussion and review of needed corrections/changes.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMCQ-1104</b>
<b>Case Management Qualifications</b>	<b>Revised: 01/2024</b>

## **Policy**

The GRADD AAAIL will provide a qualified Case Management Team to provide Assessment and Case Management services for state and federally funded programs providing in-home services, including meals. These individuals shall meet qualifications, certification, and training requirements as set forth by the Department for Aging & Independent Living. In addition, these professionals will be required to pass a criminal records check and an annual TB skin test or questionnaire.

Qualifications for Case Management, as outlined in the DAIL SOP and Homecare Regulation 910 KAR1:180 include:

- 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;
    - b. A master's degree in a human services field, which shall substitute for the required experience
  4. Possess an associate's degree in 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



<b>AGING &amp; SOCIAL SERVICES</b> <b>In-Home Services</b>	<b>GR-IHSCOE-0704</b>
<b>Code of Ethics</b>	<b>Revised: 01/2024</b>

### **Policy**

All AAAIL employees are required to comply with the GRADD Code of Ethics, as outlined in the GRADD Personnel Policies. In addition, each Case Manager is expected to comply with the Ethics for Case Managers, as set forth in the Kentucky Department for Aging and Independent Living Case Management Handbook. (Both Codes are attached.)

### **Procedures**

The GRADD Personnel Policy Manual is introduced upon hire at the GRADD office. Each employee is required to sign a statement to verify that they have read the manual and agree to the contents.

Each Case Manager is provided access to the DAIL Case Management Manual during training. This manual includes the Ethics for Case Managers.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMCTC-1020</b>
<b>Compiling Terminated Charts</b>	<b>Revised: 01/2024</b>

## **Policy**

Terminated client charts will be stored in such a way to differentiate from active client charts.

## **Procedures**

When a client chart is terminated, it must be transferred from the blue divided folder to a manila folder for storage. The documents should be transferred in the following order.

### **Left Side**

(Bottom)

1. Service Tickets/Letters
2. Case Notes

(Top)

### **Right Side**

1. Referral/priority ratings/initial assessment
2. Reassessments
3. Eligibility/Fee Information
4. Terminating Notification of Eligibility
5. Service Order
6. POC



<b>AGING &amp; SOCIAL SERVICES</b> <b>In-Home Services</b>	<b>GR-HIS-CP-1104</b>
<b>Complaint</b>	<b>Revised: 01/2024</b>

### **Policy**

While staff and providers will work together to ensure clients are satisfied with provided services and treated in a dignified manner, every client shall be given a copy of the GRADD Resolution Process, which directs clients in making a formal complaint if necessary. Written complaints will be filed in the complaint log.

### **Procedures**

In the event a formal complaint is made, the attached complaint form will be completed and filed in both the client's chart and the complaint log.

This form will be used to record the initial complaint, as well as actions taken and the resolution.



<b>AGING &amp; SOCIAL SERVICES</b> <b>In-Home Services</b>	<b>GR-IHSCP-1104</b>
<b>Confidentiality</b>	<b>Revised: 01/2024</b>

**Policy**

All AAAIL employees are required to sign a confidentiality agreement upon hire. All client records shall be kept confidential. Each Case Manager maintains a file for each client he/she serves in a locked file cabinet in his/her office. Client information will be shared only with the client's permission.

**Procedures**

If the Case Manager needs to obtain or share client information with other agencies, he/she will ask the client's permission.

The preferred procedure for requesting client permission is for the Case Manager to visit the client and obtain the client's signature on a Release of Information form. This form includes who can share information and has a date of expiration. As needed, this form can be faxed or copied for another agency's review.

If an in-person visit is not feasible for obtaining permission in a timely manner, the client's permission can be obtained by phone. The case manager will document exactly what information the client has agreed to share and note that permission was obtained by phone.





<b>AGING &amp; SOCIAL SERVICES</b> <b>In-Home Services</b>	<b>GR-IHSCSSCMC-1214</b>
<b>County Senior Services/Case Management</b> <b>Communication</b>	<b>Revised: 01/2024</b>

### **Policy**

The staff of each County Senior Services will provide written or verbal communication to the Case Manager/Green River Area Agency on Aging and Independent Living within two (2) business days of becoming aware of a client need or issue.

### **Procedures**

The County Aging Coordinator or designated staff person will call or send an email with the client information and client need to the appropriate Case Manager.

Upon receipt of the phone call or email, the AAAIL Case Manager will have two (2) business days to contact the client and begin the process to address the need/and or make referrals to needed resources on behalf of the client.

The Case Manager will also ensure the initial communication and all correspondence will be documented via case note in the client record. The case note will include date/time of the referral, client need, and action taken to assist the client.

Should the situation be an emergency or of urgent need, the Senior Services staff will notify the Case Manager and AAAIL In-Home Services Manager immediately. Upon receipt of the referral, the Case Manger is to contact the client immediately to provide case management addressing the urgency of the client needs.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMDHS-0308</b>
<b>Delivery of Homecare Services</b>	<b>Revised: 01/2024</b>

## **Policy**

The Green River Area Development District Area Agency on Aging & Independent Living will provide Assessment and Case Management Services for the Homecare Program throughout the Green River Area. All eligible Homecare clients will be assigned a Case Manager to coordinate and provide monthly monitoring of their plan of care.

In addition to Assessment and Case Management, Homecare funds are utilized to provide Homemaker, Personal Care, Respite, and Home Delivered Meals. These direct services are provided by local subcontract agencies. Subcontract agencies are responsible for hiring, training, and scheduling personnel to provide services. All staff utilized to provide Homecare services shall meet the education and training requirements as set forth by the Homecare regulations. Staff qualifications and delivery of service shall be monitored both internally and by AAAIL staff.

## **Procedures**

After a thorough assessment, the Case Manager determines eligibility for services and sends a service order to the direct services provider indicating when services are to begin. The Case Manager will work closely with services providers to ensure services are being provided according to the individual plan of care.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMDCE-1104</b>
<b>Determination of Client Eligibility</b>	<b>Revised: 01/2024</b>

## **Policy**

Following a thorough assessment of the client's needs and existing support, the Assessor or Case Manager will work with that individual to determine eligibility for various programs and services. If a client is eligible for services from another source or if the needs would be better served by another agency, a referral will be made, with the client's permission. To determine eligibility for contracted services, the eligibility criteria must be met according to each program's regulations.

## **Procedure**

Eligibility criteria for Homecare and Title III are listed in the corresponding regulations and will be followed. A Certification for Eligibility form will be completed for Homecare services.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMDP-0905</b>
<b>Documentation</b>	<b>Revised: 01/2024</b>

### **Policy**

Case Managers will document all contacts in the client chart within five (5) business days of the encounter. All assessments, reassessments, and case notes will be completed on the required forms and filed in the chart within this five-day window. All case notes shall include the amount of time spent completing the service and service documentation.

### **Procedures**

All Case Managers will be instructed and trained regarding documentation and forms requirements for assessment and case management. This instruction will include documentation of time in and time out for each case management contact. Case Managers are expected to document all contacts as soon as possible to ensure the integrity of the documentation. A deadline of five (5) business days following the contact will be enforced.

The Lead Case Manager and the In-Home Services Manager will randomly review charts to monitor compliance. A Case Manager may request approval for late documentation due to extenuating circumstances. However, if documentation is completed after the five-business day deadline without approval, disciplinary procedures, as noted in the GRADD Personnel Policies and Procedures, will be followed.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMEA-0308</b>
<b>Electronic Assessment</b>	<b>Revised: 01/2024</b>

## **Policy**

The Green River Area Development District Area Agency on Aging and Independent Living assures that client assessment information shall be submitted electronically to the Department for Aging and Independent Living in the formats prescribed by the Aging Tracking System. This information shall include:

- a. Demographics information, including family income;
- b. Physical health;
- c. Activities of daily living and instrumental activities of daily living;
- d. Physical environment;
- e. Mental and emotional status;
- f. Assistive devices, sensory impairment, and communication abilities;
- g. Formal and informal resources ;

## **Procedures**

The state-approved data collection system and Mobile Assessments will be utilized to collect, analyze, and store client assessment data. The Case Manager uses a laptop computer to take into the client's home during assessments and reassessments. The completed assessment, which includes the required information listed above, is entered into the laptop computer via Mobile Assessments. Upon return to the office, the Case Manager will sync the Mobile Assessments Software with the state-approved data system by connecting the laptop to the secure GRADD network. This will update the client's information and provide access to reports electronically for DAIL and GRADD program staff.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMHDM-0905</b>
<b>Home Delivered Meal</b>	<b>Revised: 01/2024</b>

**Policy**

Home Delivered Meals will be served to clients by a provider in their county of residence. For purposes of meal delivery, the county of residence is defined as the county where that client pays taxes. Meal delivery providers will not be permitted to serve clients in a neighboring county.

**Procedures**

Assessment for home delivered meals will be conducted by a GRADD Assessor or Case Manager who is assigned to a particular county. If a referral is received and there is a question regarding which county is the actual county of residence for that client, then the client will be contacted to determine where they pay taxes. The county to which they are a taxpayer shall be the county from which the provider will be responsible for serving meals.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMHVD-0919</b>
<b>Home Visit &amp; Home Visit Documentation</b>	<b>Revised: 01/2024</b>

### **Policy**

The case manager will complete home visits per client's assigned level. Home visit documentation will be completed in the state-approved database system within 10 days of the home visit.

### **Procedures**

Clients will be visited as follows:

- Level 3- Home visit once every 6 months
- Level 2- Home visit once every 4 months
- Level 1- Home visit every other month

During a home visit the following will be discussed and documented in the client's case notes:

- CM should review current Plan of Care (POC) while completing the visit and bring an incomplete POC in the event changes are determined during the home visit.
- Review and ensure goals remain the same, if not a new POC will be completed.
- Assess the client's physical condition and follow up on previous health concerns.
- Address the state of the client's home/living arrangements.
- Review services currently provided, including frequency, or address needed services client has identified an interest in receiving.
- Provide a statement in case note justifying the provision of services.

Time in/out, travel time, and funding source shall also be documented. Once completed, the case note shall be printed, signed in ink and placed in client chart.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMRHHS-1104</b>
<b>Referrals for Home Health Services</b>	<b>Revised: 02/2024</b>

## **Policy**

If a referral for home health services is determined necessary by the Case Manager and agreed upon by the client, a list of home health agencies who serve the county in which the client lives will be presented. The client will choose which home health agency the referral will be given to.

## **Procedures**

Upon termination of a client case, the Case Manager shall complete the required termination procedures and place the closed case record in the In-Home Services Manager's office for review. This file is then maintained in a locked filing cabinet, designated for terminated charts, until the end of the fiscal year.

Clients will be provided with a verbal or physical listing of home health agencies in the county. The client will be provided with contact information, or the client will give verbal or written consent for a referral to be completed. The case manager will document in the case record that a choice was given, and which agency was chosen.





<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMIVP-0312</b>
<b>Income Verification</b>	<b>Revised: 01/2024</b>

### **Policy**

All Homecare clients must provide verification of their income during each assessment and reassessment. The source of verification shall be documented in the client's chart.

### **Procedures**

Verification of income can be accomplished by showing the case manager a bank statement, award letter, or other verification document. The Case Manager shall review the document and note the amount of income and the source of the verification on the Income Worksheet form in the client's chart. This will be done during the initial assessment and at each reassessment.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMIDP-1104</b>
<b>Infectious Disease</b>	<b>Revised: 01/2024</b>

**Policy**

Any employee contracting an infectious disease will be required to take sick leave or will be temporarily reassigned to duties that do not involve direct client contact. The employee shall not be allowed to return to work with clients until their attending physician provides a statement that they are no longer contagious.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMISPC-0312</b>
<b>Interruption of Services/Provider Change</b>	<b>Revised: 01/2024</b>

### **Policy**

GRADD is committed to providing consistent, quality services to all clients. Case Management services will continue to be provided regardless of emergencies, staff vacancies, or other situations which may occur.

### **Procedures**

During inclement weather or a natural disaster, the Case Managers will contact clients in the affected areas to offer needed assistance and support. If a Case Manager is unable to do so, the supervisor or other designee will check on the clients.

In the case of a loss of facilities, the GRADD agency will use the Senior Community Center of Owensboro and Daviess County as an alternate space for contacting clients and conducting business. The computer system has a back-up capacity that will make most files available in the event of a catastrophe.

In the event of a case manager resigning from employment or being unavailable to provide services at any given time, one of the other trained, qualified case managers will be assigned to that client.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMNOE-0919</b>
<b>Notification of Eligibility</b>	<b>Revised: 01/2024</b>

### **Policy**

The case manager will complete the Notification of Eligibility form at the initial assessment and at any point there is a change in services.

### **Procedures**

The case manager will complete the Notification of Eligibility at the initial assessment. One copy will be left with the client; the other copy will be filed appropriately in the client's chart.

Notification of Eligibility will also be completed with any change in services. This will include terminations (both voluntary and involuntary) or the addition of waiting list services. One copy will be mailed or delivered to the client; the other will be placed appropriately in the chart. A case note will also be entered into SAMS and filed in the client chart.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMDSOP-0312</b>
<b>DAIL Standard Operating Procedures</b>	<b>Revised: 01/2024</b>

### **Policy**

It is the policy of the Green River Area Development District Area Agency on Aging & Independent Living to follow the DAIL Standard Operating Procedures in administering the programs they have funded and for which they have oversight.

A current copy of the DAIL SOP will be maintained within the GRADD Social Services Department to provide reference as questions arise.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMPCM-1104</b>
<b>Provision of Case Management</b>	<b>Revised: 01/2024</b>

## **Policy**

The GRADD AAAIL will provide Assessment and Case Management services for the Homecare and Title III programs throughout the seven counties of the Green River District. The office will be open and staffed at least thirty-seven and one-half (37.5) hours per week, during normal work hours. After office hours, there is a voice mail system to accept any client calls and/or program referrals.

Case Managers shall be responsible for completing client assessments and providing on-going monitoring and revision of services. A reassessment of the client's needs and plan of care will be planned and provided at least annually. The Case Manager will work with the client and/or caregiver to develop an appropriate plan of care to address assessed problems and goals. The care plan will also identify the scope, duration, and units of services required. Case Managers will track units of services provided to each client by documenting their arrival and departure times at the home, and service provided and inputting into the data system.

A Case Manager will be assigned to each client. Each client will receive face-to-face visits according to the DAIL approved leveling system. The leveling form will be used to determine if the client is a level one, two, or three. This will determine how often clients will be seen and/or called to monitor their situation and services. Arranging and documenting services provided, including all case management contacts, will be the responsibility of the Case Manager. He/She will work with service providers to assure services are received in a safe manner and in accordance with the plan of care. The client and caregiver shall be involved in the delivery of services and will be treated in a respectful and dignified manner.

Case Managers shall notify all clients of their right to file a complaint and the resolution process that will be used by GRADD. Staff of the Department for Aging & Independent Living (DAIL) shall be allowed to monitor and evaluate services as requested. The DAIL Standard Operating Procedures shall be followed in providing



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMRM-1104</b>
<b>Records Maintenance</b>	<b>Revised: 02/2024</b>

## **Policy**

Client records, which include case management notes, shall be maintained for a period of five (5) years after all matters pertaining to the agreement are resolved in accordance with applicable federal and state laws, regulations, and policies. These will be maintained in a secure off-site location.

## **Procedures**

Upon termination of a client case, the Case Manager shall complete the required termination procedures and place the closed case record in the In-Home Services Manager's office for review. This file is then maintained in a locked filing cabinet, designated for terminated charts, until the end of the fiscal year.

After the close of the fiscal year, the client records are boxed, labeled, and moved to a locked storage facility for the duration of the required five years. At the end of that time, they will be shredded, with the date of disposal documented and kept on file.



<b>AGING &amp; SOCIAL SERVICES Case Manager</b>	<b>GR-CMMR-1104</b>
<b>Making Referrals Policy</b>	<b>Revised: 01/2024</b>

### **Policy**

GRADD AAAIL staff strive to be aware of resources in each of the GRADD communities and to maintain a positive working relationship with those programs.

If an active client is in need of services provided by another agency or program, the Case Manager will obtain permission to refer that individual to the appropriate agency. ADRC and Case Management Staff shall also provide resource/referral information to all potential clients who will be placed on a waiting list.

### **Procedures**

Referrals will be accomplished by documenting verbal permission or by completing the Release of Information Form. Upon receipt of permission, the case manager will share the needed information with the referral agency via phone, fax, or secure mail. If a client or potential client is capable and prefers to contact the program themselves, then appropriate contact information will be provided, and assistance offered.





<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMRANE-1104</b>
<b>Reporting Abuse, Neglect, and Exploitation</b>	<b>Revised: 02/2024</b>

## **Policy**

Any employee who suspects abuse, neglect, or exploitation of an adult shall immediately make an oral or written report to the Cabinet, as consistent with KRS 209.030. The report will be logged in the appropriate referral log.

## **Procedures**

As soon as abuse, neglect, or exploitation is suspected by a case manager, or reported to a case manager, he or she will contact the Adult Protection office in the county where the client resides. The following information will be given, if known:

- Name and Address of the adult, or of any other person responsible for the adult's care.
- Age of the adult
- Nature and extent of the abuse, neglect, or exploitation
- Any evidence of previous abuse, neglect, or exploitation
- Identity of the perpetrator, if known
- Identity of the complainant, if appropriate
- Any other information that might be helpful in the investigation

This report will be recorded, in detail, in the client record. In addition, it will be noted in the APS Referral Log (attached).



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMRCMU-0312</b>
<b>Reporting Case Management Units</b>	<b>Revised: 02/2024</b>

**Policy**

All aging Case Managers for the Green River Area Development District shall report units of assessment and case management provided to each client assigned to their caseload, for each month.

**Procedures**

Each GRADD Case Manager carries a caseload that may consist of Homecare and Title III clients. The Case Manger is responsible for tracking the time they spend providing service to each client via home visit, phone call, paperwork, etc. This will be accomplished by converting that time into the appropriate unit calculation for each program and then entering those units on the appropriate date, for the particular service, on their Client Service Roster in the state-approved data system. Units may be entered as half or whole units. No other fraction of a unit will be accepted.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMTBST-0602</b>
<b>TB Skin Tests</b>	<b>Revised: 01/2024</b>

## **Policy**

All Aging Case Managers for the Green River Area Development District shall be required to have an annual TB Skin Test. For those who have a history of a positive reaction to the skin test, an annual questionnaire will be answered to help determine if symptoms are present.

## **Procedure**

GRADD will contract with a local healthcare provider to provide annual TB skin testing for appropriate employees. The testing will be paid for by GRADD and no cost will be incurred for the employee.

Any Case Manager who has a history of positive reaction to TB skin testing shall complete the "GRADD Current Health Status Report - TB Skin Test Reactors" form each year. If symptoms appear to be present, the employee will be asked to see their physician to obtain a statement regarding the presence of TB.

A copy of the Tuberculin Skin Test Certificate, the questionnaire, or the physician's statement shall be maintained on file with the In-Home Services Manager.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMTRS-0312</b>
<b>Termination or Reduction of Services</b>	<b>Revised: 02/2024</b>

### **Policy**

Services may be reduced or terminated at any time it is determined a client no longer meets eligibility requirements due to a change in their condition or support system; or upon client request; or if it is determined the plan of care cannot be followed for a specified reason.

### **Procedures**

During the initial assessment for any services, the Case Manager shall inform the client their services may be reduced or terminated for any of the above listed reasons. When a reduction or termination is necessary, the Case Manager will notify the client of the impending change and will send a "Notification to Client" form; the Quality Assurance form; and a copy of the local Resolution Process. The Case Manager will also work with the client and their family to make any necessary referrals to other community resources/programs. A case note shall be written in the client chart to explain the actions taken and to state how the client's needs will be met after the services are discontinued.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMTP-1104</b>
<b>Training Policy</b>	<b>Revised: 02/2024</b>

**Policy**

Each Case Manager will be trained in how to complete their job responsibilities upon hire. Upon completion of any orientation and/or training sessions, each Case Manager is responsible for maintaining a DAIL training log. All Case Managers must complete 16 hours of training annually. All online training must be submitted to DAIL to be considered for the required 16 hours.

Case Managers will complete a minimum of sixteen hours of on-going training per year.

**Procedures**

All trainings attended(both virtually and in person) by Case Managers will be logged on the DAIL training log.



<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMVI-0308</b>
<b>Volunteers and Interns</b>	<b>Revised: 02/2024</b>

**Policy**

The Green River Area Development District Area Agency on Aging and Independent Living provides volunteer opportunities for students who need a placement for an internship in social work or a related field. The AAAIL also welcomes student volunteers who need observation hours or a limited number of community service hours.

All volunteers/students who interact with clients or have access to client charts will be required to sign a statement of confidentiality. Interns will also be required to submit to a criminal background check. All volunteers will be supervised by AAAIL staff.

**Procedures**

Volunteers will be utilized for tasks such as shredding, filing, updating resources, making phone calls regarding a particular issue, etc. All documentation will be reviewed and signed by staff.



<b>AGING &amp; SOCIAL SERVICES</b> <b>Case Management</b>	<b>GR-CMIHWL-0602</b>
<b>Waiting List</b>	<b>Revised: 01/2024</b>

### **Policy**

Referrals for services will be accepted from any concerned individual. This may include, but is not limited to, friends, neighbors, family, physician, or the potential client. The GRADD Area Agency on Aging and Independent Living will use the DAIL-GA-01 Priority Screening Tool to determine the order in which a client referral will be assessed.

Names will be removed from the waiting list for assessment when an assessment is completed, or if an individual is contacted and is no longer interested or no longer has a need for services.

Upon completion of the Initial Assessment, services will begin immediately if units are available. However, if units are not available, the client will be placed on a waiting list for services. These individuals have been determined to meet program criteria and will receive services according to greatest need. Individuals on the waiting list will be contacted quarterly to verify continued need.

### **PROCEDURES:**

All referrals will be filtered through the Green River Aging & Disability Resource Center. Upon receipt of a referral, information will be recorded on the ADRC Level One Screening form and the Priority Screening Tool, and input into the SAMS 3 database. When all needed information has been collected, the referral will be given to the In Home Services Manager who will assign to the Assessor or Case Manager, based on county of the referral, to complete assessment. If the potential client did not make the referral, the Case Manager will call the client to notify him/her of the referral. The individual will then be placed on a waiting list for assessment to be completed as soon as possible. The Case Manager will be responsible for ensuring each person on the waiting list is contacted quarterly to determine continued need for services.

Each Case Manager is responsible for keeping their list of clients waiting for services in each county. When units become available, the Case Manager will determine, based on the priority rating, which client is in greatest need of assessment to utilize those units.



<b>AGING &amp; SOCIAL SERVICES</b> <b>In-Home Services</b>	<b>GR-CMHP-0717</b>
<b>Client Hold</b>	<b>Revised: 01/2024</b>

### **Policy**

Client services may be placed on hold for up to 30 days due to hospitalization, rehab, etc. At the end of thirty days, the client may continue active status, receiving only Case Management services, for up to 90 days. This provides 120 days during which a client may receive no in-home services but remain active prior to termination.

### **Procedures**

Case Managers will contact the client, or client support, to determine if a hold order is appropriate. If a hold order is appropriate, then Case Manager will notify client, or client support, that services can be on hold up to 30 days. The Case Manager will follow up on the client status the following month. A Client Service Status form will be sent to the appropriate service providers to place the client services on hold.

At the end of 30 days, the client must either resume services or have a definite date of discharge scheduled to return home. If there is a discharge date scheduled, the hold on services can be extended up to another 30 days. If the client does not have a scheduled discharge, but has plans to return home, the in-home services will be terminated, and the client may continue active status, receiving only Case Management service, for up to 90 days. This provides a total of 120 days during which a client can remain active prior to termination. If a client returns home during this 120 days, then services will be resumed as soon as units are available.

Case Manager will terminate client chart after 120 days, if client does not resume services.





<b>AGING &amp; SOCIAL SERVICES Case Management</b>	<b>GR-CMALEP-0124</b>
<b>Accessibility for Limited English Proficiency</b>	

## **Policy**

Case Managers will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services. The policy of GRAAAIL is to ensure meaningful communication with LEP participants and representative. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being services, and the participants will be notified of the availability of assistance free of charge.

## **Procedure**

GRAAAIL provide an in-person interpreter or use the Language Line Personal Interpreter phone service.

### **TO ACCESS THE LANGUAGE LINE PERSONAL INTERPRETER SERVICE**

1. Dial **888-808-9008**
2. Enter your 8-digit pin number **42921028**, clearly state the language you need (ex. Spanish)

You'll be asked if you need to dial a third party, if so, say yes to be connected to an agent who will dial the number for you. If no, you will be sent straight to a professional interpreter.

## **FOLLOW THESE EASY STEPS TO CONNECT USING THE APPLICATION**

1. Download the application from the app store for iOS or Android, or visit <https://insight.languageline.com/> on your browser.
2. Enter this authentication code:  
**XYW-BTT-47GF**
3. Choose the language, then select the video or audio option.

## **HELPFUL TIPS**

1. Professional interpreters are available in 36 languages including American Sign Language for video and 240 languages in audio.
2. You can download [Tips for Working with an interpreter](#) as well as the [Language Identification Poster](#) which lists the top 20 languages.
3. Visit the [Self Service Portal](#) where you can view usage reports, update your payment details, and more!



