

SCOPE OF SERVICES

SUBCONTRACTOR will administer all programs in accordance with the Georgia Department of Human Services Division of Aging Services Policies and Procedures Manuals.

SUBCONTRACTOR will use the On-line Directives Information System (ODIS) to stay informed on the current DHS policies and procedures. The system can be accessed anytime at www.odis.dhr.state.ga.us. The manuals may periodically be amended by the Georgia Department of Human Services Division of Aging Services.

Section 208 – IN-HOME SERVICES REQUIREMENTS

<p>208.1 SUMMARY STATEMENT</p>	<p>This chapter establishes the requirements to be followed when Area Agencies on Aging (AAA) directly provide or contract for the delivery of in-home supportive services to frail, elderly people, and/or their caregivers, when present, supported by all non-Medicaid funding sources.</p>
<p>208.2 SCOPE</p>	<p>These requirements apply, except where noted, to:</p> <ul style="list-style-type: none"> - Homemaker - Personal care - Respite care - Home modification/repair service - Chore service - Related service activities provided to or on behalf of eligible persons and/or their caregivers, in their places of residence <p>Specific program requirements can be found in each service's corresponding chapter.</p>
<p>208.3 DEFINITIONS</p>	<p>Frail - (As defined by the Older American's Act) unable to perform at least three activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.</p> <p>Activities of Daily Living (ADLs) – are the basic tasks of everyday life that are required for self-care and independent living, including: eating, bathing, grooming, dressing, transferring, and continence.</p> <p>Instrumental Activities of Daily Living (IADLs) – are the more complex series of life functions necessary for maintaining a person's immediate environment including: managing money, telephoning, preparing meals, laundry, housework, outside home, routine health, special health, and being alone.</p> <p>Personal Care Services – Providing personal assistance, stand-by assistance, supervision or cues for persons having difficulties with one or more activities of daily living (eating, dressing, bathing, grooming, toileting, and transferring).</p>

Homemaker Services – Assistance such as preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

Home Modification/Home Repair Services – Provision of housing improvement services designed to promote the safety and well-being of adults in their residences, to improve internal and external accessibility, to reduce the risk of injury, and to facilitate, in general, the ability of older individuals to remain at home. May also include the purchase and installation of assistive technology or devices such as locks, smoke detectors, tub rails, improved lighting, etc.

Chore Services – Assistance such as heavy housework, yard work, or sidewalk maintenance for a person.

Respite Services (In-Home) – Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. It includes personal care, homemaker, and other in-home respite.

**208.4
ELIGIBILITY**

Eligible individuals meet the following criteria:

1. Are age 60 and over, with the exception of adults of any age who receive services through the State-funded Alzheimer's fund source, who have Alzheimer's disease or a related disorder; and
2. Have a physical or mental disability or disorder which restricts his/her ability to perform basic activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs), or which threatens his/her capacity to live independently; and
3. Do not have sufficient access to persons who are willing and/or able to assist with or perform needed basic ADLs and/or IADLs or provide adequate support to enable the individual to continue to live independently.

Special emphasis is placed on individuals, as indicated by the Older Americans Act, who:

- Reside in rural areas
- Have greatest economic need
- Have greatest social need
- Have severe disabilities

	<ul style="list-style-type: none"> - With limited English proficiency - With Alzheimer's disease and related disorders - Are at risk for institutional placement <p>Services will not be provided in a nursing home, personal care home, or other setting where the provision of this service is included in the cost of care.</p>
<p>208.5 SERVICE ACTIVITIES</p>	<p>Service activities include:</p> <ol style="list-style-type: none"> 1. Homemaker services and related home management activities (CH 306) 2. Personal care services (CH 308) 3. In-home respite care (CH 310) 4. Home modification/repair services (CH 314) 5. Chore services (CH 312) <p>Service activities do not include:</p> <ol style="list-style-type: none"> 1. Physical, speech, or occupational therapies 2. Medical nutrition therapy 3. Medial social services 4. Home health aide services provided by a home health agency 5. Skilled nursing services
<p>208.6 ACCESS TO SERVICES</p>	<p>AAAs may receive requests for services from a variety of sources, which include, but are not limited to the following: older persons, physician, hospital, case manager, family member, friend, or other service provider.</p> <p>The AAA must screen all applicants for service. Subject to the availability of services, the AAA will initiate service delivery or refer appropriate applicants to provider organizations or other resources; or place them on a waiting list for services. When services are available, services will be provided in the client's place of residence. For information regarding screening through Gateway, please see MAN 5200, Section 5020.</p> <p>Not every applicant will request, require, or benefit from in-home services. Each AAA will clearly identify in its Area Plan how services will be coordinated and how resources will be allocated and managed to optimize the effectiveness and efficiency of in-home services.</p>

**208.7
ASSESSMENT**

The delivery of the service must be planned and carried out in accordance with specific client needs as determined by the designated administrative or program staff during the in-home assessment, based on the use of the DON-R instrument and other instruments or inventories. The assessment is conducted by the AAA or the provider agency. All staff who administer the DON-R must complete a DON-R training at a satisfactory level (80% passing grade) in order to administer the DON-R.

Training information and guides for the DON-R and other instruments for assessment are located in MAN 5300, CH114.

**208.8
SERVICE PLAN**

Designated staff will begin developing the in-home service plan, using a format provided or approved by the Division of Aging Services (DAS), with the client and/or family during the in-home assessment visit.

The in-home service plan, at a minimum, must include:

1. Documentation of the functional abilities/limitations of the client, as established by the administration of the DON-R at assessment and reassessment
2. Types of services required
3. The expected days, times, frequency, and duration of visits in the client's/caregiver's residence
4. Estimated duration of the need for service
5. Stated goals and objectives of the service
6. Discharge plans

When applicable to the condition of the client and the services to be provided, the plan will also include information on pertinent diagnoses; medications and treatments; equipment needs; and dietary and nutritional needs.

The service supervisor/case manager must complete the plan within seven (7) working days after services initially are provided in the residence. Plans are to be revised as necessary, and reviewed and updated by staff members involved in serving the client at the time of each supervisory visit.

**208.9
SERVICE
OUTCOMES**

Service providers must ensure that their services achieve, at minimum, the following outcomes:

1. Quality in-home services are provided at a reasonable cost.
2. Staff demonstrates sensitivity to clients' and caregivers' special needs, including nutrition, as described in the Dietary Guidelines for Americans, in order to provide quality services.
3. Services are designed to capitalize on the individuals' remaining strengths, lessen the burden of impairment for older adults, or to reduce the degree of stress or burden experienced by caregivers as a result of providing continuous care, if respite care is provided.
4. Services provided are based on a plan individualized for each client's and/or caregiver's needs.

**208.10
SERVICE
INITIATION**

The provider agency has the discretion to begin providing minimal levels of service prior to the completion of the initial service plan.

The agency must initiate services within ten (10) working days from the date of receiving the referral, and thereafter deliver them on a regular basis in accordance with the established service plan. The provider agency must make a telephone or other contact within the first thirty (30) days of service initiation to ensure client satisfaction and annually thereafter for the duration of the service relationship.

**208.11
CLIENT'S RIGHTS
AND
RESPONSIBILITIES**

AAAs and provider agencies will assure that all consumers, or their caregivers, receive a written copy of their rights and responsibilities as program/service participants upon their admission to services.

Consumers and their caregivers will also be informed of how to register a concern or complaint about the services they receive or wish to receive. See Appendix in Section 202-A for the suggested "Client's Rights and Responsibilities".

**208.12
CLIENT
COMPLAINT
PROCEDURES**

AAAs will ensure that written client complaint procedures are established for use by each provider. Procedures should include the minimum requirements outlined in MAN 5300, Section 202.6.

<p>208.13 APPEALS AND GRIEVANCES</p>	<p>AAAs will ensure that written appeals procedures are established for use by each provider and are consistent with MAN 5300, CH110 “Grievance Procedures for Participants in Non-Medicaid Home and Community Based Services”.</p>
<p>208.14 SUPERVISORY/ MONITORING VISITS</p>	<p>Appropriate supervisory staff will make visits to each client’s residence, in accordance with time frames by state licensure requirements or other DAS requirements (located in MAN 5600, Section 3015), starting from the date of initial assessment, or as the level of care requires, to ensure that the client’s and/or caregiver’s needs are met.</p> <p>The visit will include an assessment of the client’s:</p> <ul style="list-style-type: none"> • General condition • Vital signs, if applicable to the service being provided • Progress toward goal attainment • Any problems noted • Satisfaction with services <p>Supervisors also will observe and note the appropriateness of the level of services being provided.</p>
<p>208.15 REASSESSMENT</p>	<p>Designated staff must conduct reassessments, when indicated by state licensure requirements, DAS requirements, or when the client’s needs have changed as indicated by the client, caregiver, or staff providing services, such as changes in health status, behavioral status, cognitive status, emotional status, functional status, support system, or service utilization.</p> <p>The reassessment will address changes in the cognitive, emotional, physical, functional, economic, or physical/social environment in which the client lives and must provide the basis and any changes indicated for the service plan. Information and guidelines can be located in MAN 5300, CH 114.</p>
<p>208.16 EMERGENCY CONTACT</p>	<p>Clients will furnish to the provider information on an emergency contact person, which the agency will maintain in its client record. If no emergency contact person is identified, the provider will list the local law enforcement agency as the contact. The emergency contact person and phone numbers(s) will be verified and updated at each reassessment</p>

**208.17
SERVICE
TERMINATION
AND DISCHARGE**

The provider agency will discontinue services:

1. Upon the death of the client, entry of the client into a personal care or nursing home, or when there is no longer a need for the service.
2. When the client or caregiver is non-compliant with the care plan through persistent actions of the client or family which negates the services provided by the agency, but only after all attempts to counsel with the client/family have failed to produce a change in behavior leading to compliance.
3. When the client, client's family, or home environment threatens the in-home service worker or other agency staff to the extent that the staff's welfare and safety are at risk and good faith attempts at corrective action have failed.
4. When the provider agency resources are no longer adequate to meet the maintenance and care needs of the client.
5. Upon the request of the client or caregiver, if acting as the authorized representative of the client.

Discharge must be conducted in compliance with MAN 5300, Section 202.20.

**208.18
STAFFING**

Providers of in-home services must have sufficient numbers of qualified staff, as required by the Department of Human Services' rules and regulations, and/or the Division of Aging Services service requirements, to provide services specified in the service agreements with clients.

**208.19
ORIENTATION
AND TRAINING
REQUIREMENTS**

The provider agency will provide services with personnel who possess the qualifications and competencies to perform requested and agreed upon services of the client or family. The provider agency is responsible for the following:

1. Providing an orientation for personnel to their job responsibilities including, but not limited to:
 - a. Agency policies and procedures
 - b. Philosophy and values of community integration
 - c. Consumer-directed care
 - d. Person centered planning
 - e. Recognizing and reporting of suspected abuse, neglect, exploitation
 - f. Recognizing changes in the client's health condition indicating the need for emergency procedures or health

	<p>services</p> <ul style="list-style-type: none"> g. Agency's code of ethics and employee conduct h. Client rights and responsibilities i. Agency's complaint handling process j. Recognizing and reporting client progress, services provided, and problems to supervisory staff k. Employee's obligations to inform the employer of known exposure to tuberculosis, hepatitis, or any other communicable disease <ol style="list-style-type: none"> 2. Maintenance of documentation to demonstrate that an individual is able to perform the services for which she/he is responsible. 3. Assuring that the staff responsible for directing/providing training meets minimum qualifications. 4. Requiring each employee to participate in a minimum of eight (8) clock hours annually of in-service or additional training as appropriate. The provider agency may provide the training or assist employees in locating and attending the appropriate training. The objective of ongoing training is to improve each employee's ability to meet the needs of the client/caregiver and support the accomplishment of service outcomes.
<p>208.20 CRIMINAL RECORDS INVESTIGATIONS</p>	<p>AAAs must assure that providers employing persons having direct care or treatment responsibilities, as primary, secondary or alternative job duties conduct a criminal records investigation, according to state law and current policy of the Department of Human Services.</p>
<p>208.21 ADMINISTRATIVE REQUIREMENTS</p>	<p>The providers must establish and implement written policies and procedures that define the scope of in-home services it offers and the type of clients it serves.</p> <p>Provider agencies must maintain accurate administrative, fiscal, personnel, and client case records that will be accessible and available to authorized representatives of the AAA, DAS, the Department of Human Services, and others, as required by law and in compliance with MAN 5600.</p>
<p>208.22 SERVICE AGREEMENTS</p>	<p>No provider will offer to contract for or provide a client any in-home service that it cannot reasonably expect to deliver.</p> <p>Each provider must develop and implement policies and procedures for service agreements. All services provided to a client will be based on a</p>

written service agreement entered into with the client or the client's responsible party. The agreement must include, at a minimum, the following:

1. Date of referral
2. Date the provider makes initial contact with the client for services
3. Description of services/activities needed, as stated by the client or responsible party
4. Description of the services to be provided and expected days, times, frequency, and duration of visits
5. Agency charges for services rendered (if applicable), and whether the charges will be paid in full or in part by the client or family, methods of billing, and payment
6. Information regarding the client's/family's opportunity to contribute voluntarily toward the cost of services (refer to MAN 5600, Section 2025-2028)
7. Written notification of client's acknowledgement or receipt of "Clients Rights and Responsibilities"
8. A telephone number for the provider which the client can call for information, questions, or complaints about the services supplied by the provider and information regarding supervision by the agency of the services to be provided
9. The telephone number of the state licensing authority for information and filing of complaints which have not been resolved satisfactorily at the local level, for those agencies providing services subject to state licensure, or the number of the AAA and DAS, if not subject to licensure
10. Written authorization from the client or responsible party for access to the client's personal funds when the homemaker or respite services involve providing assistance with bill paying, or any activity, such as shopping, that involves access to or use of such funds; authorization for use of client's motor vehicle when services to be provided include transport and escort services the client's personal vehicle will be used
11. Signatures of the provider's representative and the client or responsible party and date signed; or in the case of refusal to sign, such refusal must be noted on the agreement with an explanation from the provider's representative.

Providers must complete service agreements for new clients no later

	<p>than the second visit to the client's residence to provide services, or no later than seven (7) calendar days after services initially are provided in the residence, whichever date is earlier. If unable to complete the service agreement for good cause, the provider will document the reasons in the client record. Subsequent revisions to the initial service agreement may be indicated by the provider noting in the client record the specific changes in service (e.g. addition, reduction or deletion of services; changes in duration, frequency or scheduling; changes in charges for services, etc.) that will occur, documentation that changes were discussed with and agreed to by client/responsible party, who signed the initial agreement prior to the changes occurring.</p> <p>The client has the right to cancel any service agreement at any time and will be charged only for actual services rendered prior to notifying the provider of cancellation. The provider may assess a reasonable charge for travel and staff time if notice of cancellation is not provided in time to cancel a previously scheduled home visit for service delivery.</p>
<p>208.23 STATE LICENSURE</p>	<p>Providers of in-home services must demonstrate compliance with all applicable licensure requirements for private home care providers under the Rules and Regulations of the State of Georgia as found at section 111-8-65.10.</p> <p>Note: Only entities providing <i>personal care services</i> are required to have a license.</p>
<p>208.24 INSURANCE COVERAGE</p>	<p>AAAs are responsible for ensuring that each provider agency maintains appropriate types and levels of insurance coverage that protects the health and safety of clients and employees, and that comply with all applicable state and federal statutes.</p>
<p>208.25 EMPLOYEE IDENTIFICATION</p>	<p>The provider agency will furnish adequate identification (ID) to employees who provide in-home services or who have direct contact with clients/caregivers</p> <ol style="list-style-type: none"> 1. Each employee must carry the ID and either wear it on his/her person or present it to the client/caregiver upon request 2. An adequate ID is one that is made of permanent materials and which shows the provider agency name, the employee's name, title, and photograph. 3. The provider must issue the ID at time of employment and must require the return of the ID upon termination of employment.

208.26**CODE OF ETHICS**

Each provider agency will establish and enforce a code of ethics which is distributed to all employees and clients/families. The code will provide for workers' use of bathroom facilities, and with the client's consent, allow workers to eat lunch or snacks, provided by the workers, in the client's home. The code of ethics will include, at a minimum, prohibitions regarding:

1. Consumption of clients' food or drink, except for water
2. Use of clients' telephones for personal calls
3. Discussion of one's own or others' personal problems and religious or political beliefs with the client
4. Bringing other persons, including children, not involved in providing care, to the clients' homes
5. Solicitation or acceptance of tips, gifts, or loans in the form of money or goods for personal gain for clients/caregivers
6. Consumption of alcoholic beverages, or use of medicines or drugs for any purpose, other than as ordered or prescribed for medical treatment, in the clients' homes or prior to being present in the home to provide services
7. Smoking in clients' homes
8. Breach of the clients'/caregivers' privacy or confidentiality of information and records
9. Purchase of any item from the client/caregiver, even at fair market value
10. Assuming control of the financial or personal affairs, or both, of the client or his/her estate, including accepting power of attorney or guardianship
11. Taking anything from the clients' home
12. Committing any act of abuse, neglect, or exploitation

208.27**AGENCY
ADMINISTRATOR**

The provider agency will appoint an administrator who will have full authority and responsibility for the operation of the provider organization and who meets the minimum qualifications of the Rules and Regulations of the State of Georgia section 111-8-65.09(3). In addition to the minimum qualifications set by state rules, the administrator must, by virtue of education, training and/or experience, demonstrate the ability to manage aging program services.

208.28**CLIENT RECORD
KEEPING**

Providers must maintain separate files containing all written or electronic records pertaining to the services provided for each client served, including, at a minimum, the following:

	<ol style="list-style-type: none"> 1. Identifying information including the name, address, telephone number, and responsible party, if applicable 2. Assessment and reassessment documentation, gathered through the use of instruments or inventories specified or approved by DAS 3. Current service agreement 4. Current service plan 5. Documentation of tasks performed 6. Documentation of findings of home supervisory visits 7. Any material reports from or about the client that relate to the care being provided, including items such as progress notes and problems reported by employees of the provider agency; communications with personal physicians or other health care providers; communications with family members or responsible parties 8. The names, addresses and telephone numbers of the client's personal physicians, if any, if applicable to the service being provided 9. The date of the referral 10. Any additional information requested or required by DAS
<p>208.29 RETENTION AND CONFIDENTIALITY OF RECORDS</p>	<p>Providers must establish and implement written policies and procedures for the maintenance and security of client records, specifying who will supervise the maintenance of records, which will have custody of records, to whom records may be released, and for what purposes in compliance with MAN 5600, Section 3012.</p>
<p>208.30 PERSONNEL RECORDS</p>	<p>Providers will maintain separate written records for each employee, including the following:</p> <ol style="list-style-type: none"> 1. Identifying information: name, address, telephone number, emergency contact person(s) 2. Employment history for previous five years or complete history if the person has not been employed for five years 3. Documentation of qualifications 4. Documentation of a satisfactory tuberculosis screening test upon employment and annually thereafter 5. Date of employment 6. Individual job descriptions or statements of persons' duties and responsibilities 7. Documentation of completion of orientation and training

	<p>requirements</p> <ol style="list-style-type: none"> 8. Documentation of at least an annual performance evaluation 9. If the agency requires employees to be bonded, documentation of bonding, if employee performs homemaker functions which permits limited or unlimited access to the client's personal funds. If coverage is provided through a general liability policy, the provider need not maintain documentation separately in each personnel file.
<p>208.31 REPORTS OF COMPLAINTS AND INCIDENTS</p>	<p>Area Agencies will ensure that written client complaint procedures are established for use by each service provider. These procedures will provide all clients with the opportunity for and means of communicating those aspects of the service which have negative impact on them. Each client must be informed of his/her right to make such complaints and of the procedures for filing such complaints prior to the beginning of service delivery. Procedures should include, at a minimum, the items found in MAN 5300, Section 202.6.</p>
<p>208.32 MANDATORY REPORTING</p>	<p>All staff of in-home service provider agencies will be familiar with and be able to recognize situations of possible abuse, neglect, or exploitation or likelihood of serious physical harm to persons receiving services. Providers must develop procedures for reporting suspected abuse, neglect, or exploitation.</p> <p>Suspected cases of abuse, neglect and/or exploitation of community-dwelling adults, age 18 and above, are to be referred to the Division's Adult Protective Services Centralized Intake from 7am to 7pm and a voicemail may be left after hours (1-866-552-4464). Alternatively, a fax referral form and instructions and a web reporting form are available on DAS's web page.</p> <p>Any situations in which abuse of minor child/children is suspected are to be reported to the appropriate County Department of Family and Children Services (DFCS) at 1-855-GACHILD.</p>
<p>208.33 QUALITY ASSURANCE AND PROGRAM EVALUATION</p>	<p>Providers of in-home services must develop and implement an annual plan to evaluate and improve the effectiveness of program operations and services to ensure continuous improvement in service delivery. The provider will include direct care workers and supervisory staff in the evaluation process and development of improvement goals and strategies.</p>

	<p>The process must include, but not be limited to:</p> <ol style="list-style-type: none"> 1. A review of the existing program's operations 2. Satisfaction survey results from participants and their caregivers (when involved), and job satisfaction survey results from staff 3. Program modifications made that responded to changing needs of participants and staff 4. Proposed program and administrative improvements <p>The provider must prepare and submit annually to the AAA a written report, which summarizes evaluation findings, improvement goals and implementation plan. The report will be submitted no later than the end of the first quarter of the new state fiscal year (September 30).</p>
<p>208.34 FISCAL MANAGEMENT</p>	<p>Area Agencies and all service providers will practice sound and effective fiscal planning and management, financial and administrative record keeping and reporting, and complying with generally accepted accounting principles as described in MAN 5600, Section 3025 "Financial Management" and Section 3050 "Compliance with Contractor Responsibilities, Rewards, and Sanctions."</p>
<p>208.35 COMPLIANCE MONITORING</p>	<p>The AAA must conduct at least one annual on-site fiscal and program monitoring of in-home service provider agencies. The AAA must conduct desk reviews of fiscal and programmatic performance and monitor for compliance with any requirements. The AAA must provide formal, written feedback of program status and any required corrective action as well as any technical assistance necessary for continuous quality improvement, at least quarterly, or more often as indicated, and at year-end in compliance with MAN 5300, Section 202.18. Information and guidelines for Monitoring and Evaluation of Service Providers can be found in MAN 5600, Section 3015.</p>
<p>208.36 FEE FOR SERVICE GUIDELINES</p>	<p>Each AAA/provider is encouraged to offer in-home services as a fee-for-service enterprise to enhance the sustainability of the Aging network. In doing, the AAA must follow all requirements of the Older Americans Act and MAN 5600, Sections 2025-2028, "Fee for Service System".</p>

208.37 REFERENCES	<p>In-home services provided to consumers as a fee-for-service should not differ in quality from service provided to consumers funded through public funds.</p> <p>Dietary Guidelines for Americans: http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf</p> <p>State of Georgia Rules and Regulations for Private Home Care Providers: http://rules.sos.state.ga.us/pages/DEPARTMENT_OF_COMMUNITY_HEALTH/HEALTHCARE_FACILITY_REGULATION/RULES_AND_REGULATIONS_FOR_PRIVATE_HOME_CARE_PROVIDERS/index.html</p> <p>DAS Manual 5200, Section 5020</p> <p>DAS Manual 5300, Section 110</p> <p>DAS Manual 5300, Section 114</p> <p>DAS Manual 5200, Section 202</p> <p>DAS Manual 5600, Section 2025-2028</p> <p>DAS Manual 5600, Section 3012</p> <p>DAS Manual 5600, Section 3015</p> <p>DAS Manual 5600, Section 2050</p>
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