

# **KENTUCKY DEPARTMENT FOR AGING AND INDEPENDENT LIVING**



## **CASE MANAGEMENT HANDBOOK**

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# Introduction

The Department for Aging and Independent Living (DAIL) is charged with providing training, technical assistance, monitoring and oversight of state and federally funded programs for individuals who are aging or disabled. This handbook was created to instruct case managers on the statewide requirements including federal and state laws, regulations and forms. This handbook also provides instructions for completing comprehensive assessments and details best practice for case management.

# **Section I**

# **Definitions, Duties**

# **and Roles**

This section includes definitions of service components as well as details concerning the duties and roles of all individuals involved in service planning, coordination, and implementation.

## **Definition of Case Management**

Case management is a method of

- Ensuring access to the continuum of care
- Ensuring that appropriate services (duration, scope, frequency) are provided
- Ensuring that the changing needs of the clients and the caregivers are addressed
- Assuring, through monitoring and evaluation, that high quality services are provided in a timely and cost-effective manner

Case Managers responsibilities include:

- Coordinating appropriate services with clients
- Planning in home services as identified in the plan of care
- Documenting services provided by formal and informal support systems, which include but are not limited to any funding source, family member, or volunteer
- Referring clients to appropriate formal and informal agencies to help address any unmet needs, updating these support systems as needed
- Documenting in the case record, each contact made with a client or on behalf of the client
- Conducting intake, needs assessment, care plan development, care plan implementation, review and evaluation of client status, case coordination, referrals to resources, and case closure
- Monitoring the implementation of the DAS-891, Plan of Care and client's formal and informal support systems monthly, including one(1) home visit with face-to-face contact at least every other month or one (1) phone contact during any month a home visit does not occur

In addition to the negotiation of delivery of services, the case manager also plays an important role in service delivery. The case manager assures that service providers are accountable for delivery of services according to the Plan of Care. The case manager

acts as a critical informational resource among clients, their families, services providers, and program administrators. Costly duplication and/or over-utilization of services are to be avoided and gaps in-service availability should be identified. Case managers also play an integral role in advocating for the needs of the client.

**Depending on the policies of the Area Agency on Aging (AAA) case management may be provided centrally at the AAA for all programs; delegated to a particular program (Homecare, Adult Day Care) within the AAA; or sub-contracted to outside providers. The core requirements of case management remain the same, no matter how it is administered.**

## Advocacy



The Older Americans Act (OAA), passed into law in 1965, provides the principle legislation for the majority of governmental programs for the elderly. One clear message delivered by this Act, and the amendment to it, is that the AAAs are to serve as "vigorous, effective and visible advocates" on behalf of all older persons, especially the vulnerable elderly.

Advocacy may be loosely defined as "speaking on behalf of some other person or cause or enabling other persons to better speak for them." In terms that are more specific, the OAA requires DAIL and other agencies and organizations to develop a coordinated system of services and programs, which together will assist older people to.

Achieving the proper balance between the advocate and employer role takes a great deal of knowledge of both rights and responsibility.

- Understand and exercise their rights
- Exercise choice through informed decision making
- Benefit from support and opportunities promised by law
- Maintain autonomy consistent with capacity; and
- Resolve grievances and disputes through appropriate representation and assistance

## Ethics

Upholding ethical guidelines is a crucial component of case management job responsibilities. All individuals working as case managers must subscribe to the following code of ethics:

- The case manager's is an employee of their agency and must follow the values of that agency.
- The case manager should maintain the highest standards of personal conduct and professional integrity;
- The case manager should always respect and maintain the client's privacy and confidentiality regarding information obtained while providing services;
- The case manager should make every effort to encourage maximum self-determination and independence on the part of the client;
- The case manager should provide services with respect for human dignity and the uniqueness of the client, regardless of the client's social or economic status, personal attributes, or living environment;
- The case manager should ensure that services are provided that are beneficial and unique to meet each client's needs;
- The case manager should treat colleagues with respect and courtesy;
- The case manager should coordinate and communicate with other service providers, agencies and family members in providing a high quality service to clients;
- The case manager has the responsibility to relate to the clients or colleagues with professionalism.

The case manager exercises informed judgment as criteria in seeking consultation, accepting responsibilities, and delegating activities to others.

## Confidentiality



When information needs to be released for a referral situation a release of information is always required (See Release of Information section).

There are specific situations in which confidentiality of the client cannot be honored. Any information that indicates that the client is a danger to him/herself or others, is being exploited, or is being abused or neglected



by self or caregiver **shall** be reported to the appropriate authorities. When a person witnesses or suspects that an individual has been subject to abuse, neglect, or exploitation, that person **shall** file a report in accordance with KRS 209.030. This report **shall** be documented in the client's case file. As indicated, this process is required by law.

## **Health Insurance Portability and Accountability Act (HIPAA)**

HIPAA was enacted by the United States Congress in 1996 and requires entities to protect the privacy rights of individuals, especially as it relates to specific Protected Health Information (PHI). A covered entity may not use or disclose an individual's PHI except as permitted or required by the HIPAA regulations. PHI includes individually identifiable health information related to past, present, or future physical or mental health condition that was created, received, transmitted or maintained in any form by a health care organization.

### **Identifiable Health Information includes:**

- Name
- Address
- Employer
- Occupation
- Relative's Name
- Date of Birth
- Telephone No.
- Social Security No.
- Patient Account. No.
- Insurance Acct. No.
- Driver's License No.
- Biometric ID: Finger/Voice Print
- Photograph
- Medication List
- Medical History
- Med Records No.

All individuals have a right to examine, be assured of the safeguards in place, and to make informed choices about the use of their PHI. Monetary penalties can result from the inappropriate disclosure of protected information.

### **Examples of Violations of Protected Health Information:**

- Patient medical records in plain sight
- Office visit sign-in sheet with names visible
- Hospital surgery schedule posted
- Patient Insurance Card/ID bracelet

- “Overheard” conversations
- Answering machine messages (re: appointment)
- Overhead Page (Susie Smith return to OB/GYN)
- Unsecured FAX
- Sharing test results
- Unsecured Case Management Assessments/Client Records

It is often convenient to fax client information when proper releases of information are secured. When faxing information make ensure both fax machines are in a secure location and the intended person the information is being faxed to actually receives the information. When expecting a fax, ask the person faxing the information to notify you so that you can be present to receive the information in a secure fashion.

Each Area Agency on Aging and Independent Living should provide you with training, policies, and procedures regarding HIPAA.

## **Release of Information**

All information about a client and the client’s family that is obtained by the case manager shall be held in the strictest confidence. Information may be released to other professionals and agencies only with the written permission of the client or his or her guardian. This release shall detail what information is to be disclosed, to whom, and in what time-frame.

Certain limits of confidentiality are inherent in service delivery. The case manager should orally restate assurance of confidentiality to the client, including disclaimers and exceptions. There are two exceptions where society’s need-to-know preempts an individual’s right to privacy:

- 1) Individual threatening harm to self/others, and
- 2) Suspected abuse, neglect, or exploitation of an individual (learn and follow your AAA’s policy for recording referrals to adult protective services).

The case manager shall seek appropriate consultation before disclosing any information not covered by the client’s written release. Professional discretion should be exercised in releasing only the information that is relevant to the problem at-hand and in monitoring the duration of a time-limited consent for release of information. **Any** release of information, must be documented in clients file.

The release of information form must be utilized in the home care program. Client authorization for any disclosure is required through HIPAA guidelines and a copy of the release should be kept in client’s individual file. A legal release of information form includes: the name of the entity with which information about the client may be shared; the name of the entity from which information may be received; clear specification of the information to be released, including time frame, which may be shared; an expiration date no more than 6 months from the date of signature; a disclaimer and signature line

allowing for the client to rescind the release at anytime; and the client's signature and date to authorize the release of information. This form should be completed in the presence of the client/caregiver. It is a violation of a client's rights to have him/her sign a release of information that is not completed in its entirety. Sources of information may not be added to a release of information after the date of the client's signature.

## Homecare Services

The Kentucky Homecare program offers in-home support and services to individuals 60 years of age and over who have functional disabilities and are at risk of long term institutional placement. Services include personal care, home management, home health aide, home delivered meals, home repair, chore, respite, escort, and assessment.

The purpose of the Kentucky homecare program is to provide individualized services that support those in need, in the least restrictive environment. Homecare also facilitates the development of a community-based informal support system; and strives to provide in-home services as an alternative to more costly institutional care when appropriate.

### Eligibility for Homecare:

The eligibility criterion for the Kentucky Homecare Program is found in 910 KAR 1:180 Section 4. Eligibility

A prospective client for homecare services shall demonstrate that he or she is sixty (60) years of age and meet one of the following criteria:

- Be functionally impaired in the performance of
  - Two (2) activities of daily living;
  - Three (3) instrumental activities of daily living; or
  - A combination of one (1) activity of daily living and two (2) instrumental activities of daily living;

Additionally, a prospective client must:

- Have a stable medical condition requiring skilled services along with services related to activities of daily living requiring an institutional level of care; **OR**
- Be currently residing in a skilled nursing facility, an intermediate care facility, or a personal care facility; **AND**
- Be able to be maintained at home if appropriate living arrangement and support systems are established.

## **Adult Day Care/Alzheimer's Respite**

The Cabinet for Health and Family Services funds adult day care services in as many Area Development Districts as funding permits. In accordance with funds available and with the approved area plan, the Cabinet may fund an entire program or a portion of a program having multiple source funding. These policies apply to all Adult Day Care programs receiving funds through the Cabinet for Health and Family Services.

Adult day provides opportunities for seniors to maintain social and emotional connections with others and participate in various structured activities. Participation in adult day improves both mental and physical functioning to help seniors remain active and engaged in their communities.

### **Eligibility for Adult Day:**

The eligibility criteria for Adult Day and Alzheimer's Respite Program are found in 910 KAR 1:160 Section 2. Eligibility

To participate in the Adult Day and Alzheimer's Respite Program, an individual shall meet at least one of the following requirements:

- Be able to respond and share in program activities without creating health and safety risks to self or others.
- Be sixty (60) years of age or older; be physically disabled or frail as a result of medical condition or age; and in need of supervision or assistance during part of the day; or
- Be sixty (60) years of age or older; and one who is mentally confused, and in need of supervision to prevent injury, to assure proper nutrition, and to assist with self-administration of medication.
- Be sixty (60) years of age or older, and one who, because of emotional or social needs, may benefit from the individualized attention and social structure available through these services which are not otherwise available.
- Be any age and have a diagnosis of probable Alzheimer's or related dementia disease, as confirmed by a written statement from a physician after a diagnostic evaluation.

## **TITLE III SUPORT SERVICES**

Service provided to people 60 and older include: congregate meals, home-delivered meals, in-home services, disease prevention and health promotion and Elder Abuse Prevention. Many services are provided through local senior centers. Title III-B Supportive services also include special provisions for "Frail Older Americans" and their caregivers. These programs are designed to assist individuals who are unable to perform at least two activities of daily living (ADLs) without substantial human assistance Services may include chore maintenance and the assistance of homemakers or home health aides

### **Eligibility Requirements**

To be eligible for services funded by the Older Americans Act, program participants must be 60 years old or older and must be in greatest social or economic need. OAA - funded programs have a mandate to identify and target low-income minority individuals suffering from physical and mental disabilities, language barriers, or those who are racially, ethnically, culturally, or geographically isolated.

### **Fees and Contributions**

The fee schedule, pursuant to 910 KAR 1:180, as amended and 910 KAR 1:160 shall be used to determine the fee-paying status for each Homecare as well as each Adult Day client. The assessor or case manager shall be responsible for determining fee-paying status. Provider agencies shall collect the fees. No fee shall be assessed for the provision of assessment or case management services.

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

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

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

In determining an eligible individual's ability to pay a fee, any extraordinary medical or related expense may be taken into consideration. These expenses must be the client's out-of-pocket expenses, not reimbursed by a third party. Social Security Income shall not be deemed available to other family members. When an applicant is receiving SSI benefits, he shall be considered a family of one for the purpose of fee determination.

**The following expenses may be considered by the case manager in requesting a waiver to the sliding scale fee:**

Clients must provide proof of payment for these deductions, such as a bank statement or a receipt.

Deductions over \$500 dollars must be approved by the case management supervisor

- Doctor Bills
- Hospital Bills
- Prescription Medication
- Over-the-counter Medication
- Medical Equipment
- Medical Transportation
- Other care required due to mental or physical disability (ex. Physical, Occupational, or Speech Therapy)
- Counseling
- Monthly payments for major home repair (roof, plumbing, electrical)
- Burial Expenses (monthly payments or one-time for lump sum)
- Custodial Care (private duty nurse, home health services)
- Special schooling for spouse or minor dependent child (Ex. School for the Blind)
- Premiums for supplemental health insurance
- Hired help for transportation, shopping, cleaning, etc.
- Eye glasses – one time deduction only
- Out of pocket durable medical equipment
- Medical supplies (ex. support hose, diabetic test strips, and bandages)
- Home modifications, (ex. ramp, grab bar installation– this is a one time deduction)

**Items that can not be include:**

- Rent or Mortgage Payment
- Utilities
- All other insurance except supplemental medical insurance
- Credit card bills

# **Section II**

## **Intake**

When contact is made to the provider agency by an individual or their representative, an intake form is completed. The form includes client demographics and specific requested need. This form varies by region and is specific to community resources and availability of service.

Upon Intake, the case manager will make contact with the client or caregiver and either informs the individuals that a referral that has been made or establishes a meeting time. The case manager shall then schedule a time with client/care giver and discuss what information will be needed to complete the assessment process.

At intake, as well as initial assessment, the case manager should consider and inform those being assessed about all programs and benefits of that program. Case managers should make every attempt to apply for all resources including Medicaid as there are many federal programs which provide fiscal support.

In order to qualify for Medicaid eligibility an individual must meet one of three criteria.  
Be aged 65 or older;  
Be disabled; or  
Be blind.

If an individual meets one of the three criteria then the Department for Community Based Services will begin the process of determining eligibility and also look at the financial and resource criteria.

For further information about Medicaid eligibility you may visit the following websites:

[http://manuals.chfs.ky.gov/dcbs\\_manuals/DFS/VOLI/VOLITOC.doc](http://manuals.chfs.ky.gov/dcbs_manuals/DFS/VOLI/VOLITOC.doc)

[http://manuals.chfs.ky.gov/dcbs\\_manuals/DFS/voliva/volivatoc.doc](http://manuals.chfs.ky.gov/dcbs_manuals/DFS/voliva/volivatoc.doc)

<http://www.chfs.ky.gov/dms/Eligibility.htm>

<http://www.chfs.ky.gov/NR/rdonlyres/F6B5F330-EE69-4CC8-83A8-1A1C0DC4BF46/0/MbrHandbookfinal.pdf>

The local DCBS office will request that the individual provide current income verification including award letters from the Social Security Office and/or any other agency that authorizes benefits such as the Veterans Administration.

The DCBS office will also require verification of any resources that the individual might have, such as checking accounts, savings accounts, stocks, bonds, certificates of deposit, mutual funds or any accounts where cash is or can become available.

The resource limit for one individual is \$2,000.00 and for two (a married couple) it is \$4,000.00. Since the income limits change from year to year, contacting the local



DCBS office in the individual's county of residence would be the best option to find out if the individual is within the income guidelines.

After an intake is completed, the client shall be referred to the appropriate service provider who will conduct a full client assessment.

# **Section III**

# **Assessment**

There are two parallel delivery systems for the support of older people: the medical support and the social support. Frequently, they function separately, which results in duplication of effort and unmet needs. Case managers can help fill this void by improving service planning and coordination. The Case managers function as interdisciplinary, aging- services providers.

A case manager designated by the provider shall conduct a full assessment with the client to determine the current situation and the needs of the client. The time of assessment varies by provider. All agencies shall utilize an assessment that mirrors the DAIL approved data system assessment tool.

The assessment is conducted to determine the client's scope of needs and the degree to which those needs are being met. This assessment is broad based, comprehensive and ongoing. The assessor does not consider only the services provided by one agency or try to meet only one type of need.

The assessment is a snapshot of information gathered by the assessor in reference to the client's situation and should reflect the level at which the client functions.

The assessment focuses on current functioning. The assessment reflects what the client is able or unable to at the time of the assessment. It is based on current fact rather than on history.

**Required practices for assessment:**

- An assessment must be completed on every client
- To adequately perform an assessment all clients must be interviewed in person
- The assessment is broad based and not limited either to the presenting problem or the service agency's domain
- The assessment shall cover all major functional areas
- The client's response to the assessment instrument will be recorded by the assessor on the standard form at the time of the interview. Failure or refusal to respond should be noted.

## Reassessments

Reassessment is defined as the re- examination of the client's situation and functioning. The goal is to identify changes which have occurred since the most recent assessment, as well as to measure progress towards desired outcomes stated on the Plan of Care.

The reassessment must be completed for all clients six months after the base-line assessment, and at least every six months thereafter.

Reassessment can be triggered by a major change in client status or circumstances. When an event-based reassessment occurs, it will take the place of the scheduled reassessment. The next scheduled reassessment should follow in at least six months.

The process for reassessment will utilize the standardized reassessment or (at the discretion of DAIL) the standardized assessment form.

Each client should be assessed according to the schedule, or when an "event-based" circumstance occurs, such as the situations listed below

- Loss of a major loved one
- Acute medical crisis
- Deterioration in physical or mental status
- Before the anticipation of termination of services
- Relocation of a client

A reassessment is always followed by the development of a new Plan of Care or notation that the existing plan remains valid. This reassessment must include the client and/ or caregiver and shall not be based solely on the case managers' observations of the client.

### **Required practices for reassessment:**

- A reassessment must be completed on every client
- To adequately perform a reassessment, all clients must be interviewed in person
- The reassessment is broad based and not limited either to the presenting problem or the service agency's domain
- The reassessment shall cover all major functional areas
- The client's response to the reassessment instrument will be recorded by the assessor on the standard form at the time of the interview. Failure or refusal to respond should be noted

- Reassessment should state the date of the next reassessment
- Reassessment should review the goals of the plan of care

## General interviewing Guidelines

In interviewing the aging population it is important to keep in mind a person's background as well as to be alert to any cultural issues that may affect the interview. For example, in some cultures eye contact is considered a sign of disrespect, so clients may rarely look directly at the interviewer. Listen to the client. Use your best manners, arrive on time and always refer to them as "Mr." and "Mrs.", unless you are told otherwise.

## Communication



Effective communication is a crucial part of case management. Age-related health conditions can present a barrier to effective communication. Chronic conditions, such as dementia and hearing loss, as well as the effects of medications can complicate conversations and understanding.

**For an increase in effective communication with the elderly, keep these tips in mind:**

A hearing loss may lead to distortion and make speech harder to understand. Patience and articulation increase the ability to clearly communicate.

Vision loss makes it harder for the elderly person to recognize you, those who enter Announcing yourself and your title will decrease fear and build trust for the client whose vision is limited.

Some elderly people experience changes in speaking ability, and their voices become weaker, or impaired. Be patient when listening, and be aware of when the elderly person gets tired and wants the visit to end.

Some age-related memory loss is normal as people grow older, although people experience different degrees of memory loss. Most often, short-term memory is affected, making it harder for an elderly person to remember recent events. Keeping this in mind and practice patience is a best practice.

### **Respect**

The case manager should provide services with respect for human dignity and the uniqueness of each client. Taking each individual's differences into account and how we approach them, and their needs; when recommending solutions; in understanding that differences in ways to live are a client's choice; and in not allowing the case managers personal morals, beliefs or opinions to cloud their judgment, this is a crucial duty to productive case management.

# **Section IV**

# **Plan of Care**

Creating a service plan that meets the client's needs may prove at times to be difficult. The best approach to creating a services plan is the Person Centred Planning (PCP) approach. PCP is a process designed to assist someone to make plans for their future. It is used most often as a life planning model to enable individuals with disabilities or otherwise requiring support to increase their personal self-determination and improve their own independence.

When creating a plan, it is not necessary that all needs be met from one payment source. This is where the case management comes into play. You will not only be working as a case manager for your specific program, but referring and assisting with obtaining additional community supports for each individual client. For instance, a Community Action partnership may assist with transport and home repair. Likewise, health departments may assist with flu shots.

The Plan of Care form is designed as a stand-alone tool. It provides an at-a-glance look at the information gathered throughout the assessment process.

The following basic principals are essential to the task of care planning.

- The client must be involved in the development of the care plan
- The care plan must relate to the assessed problem
- The care plan identifies the goal to be achieved
- The care plan identifies the sources of proposed services, including informal and formal supports, frequency and source of payment.
- The care plan includes a date for reassessment

#### **Recommended practices for Plan of Care:**

- The plan of care must be written for every client who is determined appropriate for service
- The client must be involved in the development of the care plan
- The client must sign the care plan to indicate agreement
- The care plan must indicate all parties involved, as well as their responsibilities and frequency
- The plan of care must Identify achievable and measurable goals for client

#### **Goals:**

Goals should be clearly specified. They are invaluable in evaluating the progress of a client and determining the effectiveness of the service provided. In writing goals, it is helpful to keep in mind the following items:

- Goals must be determined with the client and caregiver and agreed upon by all
- Goals should be realistic and attainable and must be consistent with the services available
- Each goal should specify, when possible, a single result to be accomplished.—In



order for a goal to be effectively measured there must be a clear statement of indicators of achievement

**Example:** During visits with Ms. Jones, she has stated that she at one time enjoyed making daily phone calls to her neighbor. She also stated that she had been a bit lonely. In negotiating a goal with Ms. Jones the case manager and client discuss the following possibility:

*Ms. Jones will make a phone call to her neighbor one time a week*

The degree of which the goal is met will be self-reported by the client.



### **Recommended practices for Goals:**

**Goals should be measurable, and specific to each client's situation...**

- Goals should be easy to measure
- Specific to the client
- Provide a sense of accomplishment
- Be creative
- Established by client and case manager
- Renegotiated as needed

### **Working with Formal and Informal Providers**

It is essential that the case manager establish a working relationship with formal and informal providers. It should be assumed that all parties share a common goal for the client's well-being. Therefore, they should not act as adversaries in their efforts to meet client's needs, but rather they should cooperate in a partnership.

The case manager's knowledge about community agency practices will aid in selecting the most appropriate provider. The expertise of the provider also must be respected. Build a service package with additional service providers when possible.



## Documentation

Record keeping is one of the most important responsibilities of the case manager. Completing case records, service records for quality assurance and administrative accountability, and other forms takes a considerable amount of the case manager's time.

Case managers may often experience conflict over the demands of record keeping. A step toward resolution of this conflict is to recognize the need for record keeping and efficient documentation. Case managers must comprehend the significance of performing this task. Documentation is as much a service to the client as negotiation of direct services.

All required information must be reported in a timely manner, in the proper format, and using the proper data as a basis for the report.

### Recommended Practice for Documentation

Case managers should record information obtained during their monthly contact. This includes information relevant to the client's current situation, needs, or services provided. Case notes should be structured as a chronological running record containing monthly contacts and other relevant contacts. The minimum requirement for an effective case note is:

- Time-in, Time-out, or Total Time Spent
- Note is signed and credentialed
- Errors are corrected appropriately, by drawing a line through an error, initial, and date the error. NEVER USE WHITE OUT
- Write all notes using blue or black ink or typed.
- Identifies the client's formal and informal support system
- Justifies the client's need for services
- Identifies goals

Subjective information should be left out of the documentation process. All information included should be factual. If the case manager feels that the client's home is in disarray that should not be documented. Documentation should factually describe home environment e.g. Client's home is crowded with boxes, and stacks of paper. Pathways are not clear. Client states that soiled clothes in boxes are "dirty and his sister will wash them when she has time." Bags of trash are on the floor ...

## **Client Files**

Provider guideline states all case records must be kept in an Area Agency on Aging and Independent Living (AAA) office or a satellite office that is maintained by the AAA for the purpose of conducting official business. These offices may include, but are not limited to, senior centers, churches and other venues that provide a secured office where files can be maintained in a confidential manner.

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



## **Monthly Monitoring**

Monitoring is a crucial step in the case management process. Through monitoring the case manager is able to determine the reliability of providers, consistent quality of services, assure the plan of care meets the client's needs, and changes in the client's status.

It is the responsibility of the case manager to follow-up with their clients. The goal of follow-up is to assure that any changes in the client situation are noted and changes made in the service plan/care plan are appropriate. Client and caregiver should feel that he /she can contact the case manager when clients needs do not meet the services they are receiving.

### **Recommended practices for monthly monitoring:**

- A home visit is an opportunity to take inventory of any change in the client's status. Note changes in the environment, and the support system. Verify nutritional risk factors. Record any transformations. Work with client to maintain a care plan to meet client's needs.
- Family members may be contacted to provide information for reporting purposes when clients can not self-report.

## Client Satisfaction

The client satisfaction form can be used by any program to measure the level of satisfaction. The interviews can be conducted in person, with a staff person asking questions, or can be mailed or give to the client to be complete and returned to the agency. Surveys are to be administered yearly with resulted submitted to the Department.



## Termination or Reduction of Services

Termination or reduction of services is a critical part of the assessment /case management process. Termination of services actually ends the case manager's involvement with the client. It is important that the client is informed and understands the reason(s) for termination, and that the client has been educated on his/her rights. He/she must be informed in writing to his/her right to a fair hearing and the methods by which they may obtain this hearing during any action affecting services.

By regulation the following are the only circumstances when services may be reduced or terminated.

- The client's condition or support system improves.
- A determination is made that the care plan cannot be followed

If services are terminated or reduced due to reasons unrelated to the clients need or condition, the homecare coordinator, in conjunction with the case manager, shall determine reduction or termination on a case-by-case basis. The following are instances when this may occur:

- Funds are no longer available
- The client requests services reduction or termination
- Client fails to adhere to the plan of care, agencies policies and procedures or state and federal regulations.

In addition, each Area Agency on Aging is required to have a plan for denial; suspension or reduction of services to eligible persons which specifies, at a minimum, the reason for termination

## **Grievance Process**

- A Client has the right to refuse service, and/or to choose providers, as well as to participate in their service plan. All Area Agencies on Aging should have a plan in place in reference to refusal of services, as well as additional insubordinate behavior of client practices. Please see your in-house policy and procedure manual.
- A Client cannot be discriminated against by the Area Agency and/or provider agency staff on account of age, sex, race, national origin, handicap, religion or sexual preference.
- If dissatisfied with the action taken a client may file a written complaint the complaint must be filled with in 30 days from the date the action to initiate the service complaint process.
- Client shall be entitled to an administrative Hearing on the following actions

A denial, reduction, material modification, suspension, discontinuance, exclusion from, or termination of a service

# **Section V**

# **Resources**

## Nutrition



Since “you are what you eat”, in order to obtain optimum health it is necessary to consume adequate amounts of an assortment of essential nutrients in good proportion to each other. Mental, oral, physical, and nutritional health are intricately dependent upon each other and essential to health, self-sufficiency, productivity and quality-of-life. Culturally sensitive food and nutrition services that are appropriate to levels of independence, diseases, conditions and functional ability are key components of the continuum-of-care. Thus, insight into a participant’s nutritional health becomes a part of the case manager’s challenge when providing essential support services to enable older people to continue residing in the community.

From a nutritional standpoint, this includes combining the psychosocial aspect of food and meals with the preventive/therapeutic aspect of medical nutrition therapy. It is important to maintain the desire to eat and the enjoyment of food in order to minimize the risk of weight loss and under-nutrition.

There are some visual signs of nutritional problems that may warrant concern and perhaps further investigation by the case manager. Many of these parameters are admittedly subjective, but when numerous ones are identified they could certainly be a warning of a potential problem. While doing the initial assessment the case manager should make observations about the following:

- Clothes too big
- Clothes too tight
- Under-weight
- Over-weight
- No energy
- Weakness
- Kitchen equipment
- Available food
- Person’s ability to use hands, walk
- Person is short-of- breath
- Ill-fitting dentures

Social contact at the point-of-delivery provides information about other services, and reassurance.

## Multiple Medicines

Almost half of older Americans take multiple medicines daily. This includes vitamins and/or mineral supplements. The more medicines, both prescribed and over-the-counter, that a person takes, the greater the chance of side effects. Many older Americans must take medicines for health problems. Growing old may change the way we respond to drugs. Examples of potential side effects are listed below:

- Increased or decreased appetite
- Change in taste
- Constipation
- Weakness
- Drowsiness
- Diarrhea
- Nausea

### **Why are the screening questions asked on the assessment?**

- IDENTIFY those at risk of becoming malnourished
- PINPOINT risk factors and indicators
- DEFINE needed intervention
- PROVIDE baselines to track trends and measure outcomes
- EDUCATE individuals regarding risk factors and indicators
- EMPOWER individuals to improve eating, exercise and lifestyle habits

### **The Ten Nutrition Screening Questions**

1. *I have an illness or condition that has caused me to change the amount and/or kind of food I eat.*

Possible intervention strategies trigger the use of health education and community services. Information regarding the dietary guidelines and the food pyramid may be appropriate. Certainly, assuring that the participant is under a physician's care for their illness or condition is appropriate as well. Providing meals can potentially help with an immediate crisis but the meals without the appropriate nutrition education and counseling will never be enough.

2. *I eat fewer than 2 meals per day.*

The reason that fewer than two meals per day are consumed should be explored. If it is difficult for the participant to cook, then interventions such as frozen dinners, pre-cooked meals, and "instant" healthy food should be kept on hand. Such "instant" foods may include cereals, soups, noodle and rice mixes, and instant breakfasts. Sharing shopping and food preparation duties with a family member, friend and/or neighbor should be considered.

If the reason is an economic problem, then it would be appropriate to make referrals to the local food stamp office. The Simplified Assistance for the Elderly (SAFE) Program may be appropriate.



As you age you need fewer calories, but you still need the same amount, if not more, of protein, vitamins, and minerals. Less than two meals a day make it virtually impossible to get the nutrients you need to stay healthy.

*3. I eat very few fruits, vegetables or milk products a day.*

Nutrition education and counseling are appropriate interventions. Classes at the senior citizen center may also be appropriate depending on the needs of the rest of the participants.

Some suggestions to help increase the amount of fruits and vegetables consumed include the following.

- Purchase the amount of fresh fruit or vegetables that will be eaten within a few days. Locally grown produce can result in savings.
- Keep dried, canned or frozen fruit and vegetables.
- Add vegetables to soups, stews, and other mixed dishes
- Look for low-fat dairy products.
- Use cheese sauce or dips.
- Cheese and yogurt are good milk substitutes.
- Mix fruit with milk and ice cream, yogurt or pudding.
- If milk or milk products cause gas or diarrhea, ask your doctor or dietitian to help you prevent these problems.

Fruits and vegetables are high in the fiber, vitamins, and minerals. The fiber can help with regular elimination and may help control cholesterol.

*4. I have three or more drinks of beer, liquor or wine almost every day.*

- Drink moderately: no more than one drink per day for women; no more than two drinks per day for men.
- Alcohol and most drugs do not mix. Ask your doctor or dietitian about alcohol and the drugs you take.

It would be appropriate to provide a food pyramid guide for nutrition education. A referral for alcohol and drug counseling may also be appropriate.

Alcohol is high in calories and can rob your body of nutrients. Too much alcohol too can harm your brain, heart, liver, and other vital organs. Alcohol can make it hard to think clearly, to walk without falling, to remember to eat, and to take your medicine on-time and in-the-right-amount. Alcohol can even affect the way medicine works in the body

*5. I have tooth or mouth problems that make it hard for me to eat.*

It is difficult to eat if your teeth hurt and/or are loose. Ill-fitting dentures make chewing very hard. A dry mouth, sores on the lips, gums, mouth, or throat can make chewing or swallowing extremely painful and keep people from eating.

Oral health, nutrition education, counseling and nutrition support are appropriate interventions. Referrals to a dentist, physician and/or dietitian may be appropriate.

Possible immediate interventions that may help increase the nutrient intake of someone with tooth and mouth problems include:

- Eat foods that are easy to chew and swallow.
- Chop or grind foods.
- Add gravy or sauce to foods to make them moist.
- Eat thick, hearty soups, fruit smoothies and milkshakes.
- Use medical nutritional products to add more nutrients.
- Try eating hot cereals because they are easy to cook and eat.

*6. I don't always have enough money to buy the food I need.*

Referrals to social services for food stamps or other community assistance programs, such as the local food bank and churches, may be of benefit. The Simplified Assistance for the Elderly (SAFE) Program may be appropriate. Of course, the congregate and home-delivered meal programs are beneficial. Nutrition education that includes the following types of information is also appropriate.

- Beans, eggs, turkey, chicken, and many types of fish are low cost sources of protein.
- Cooking and eating at home costs less than eating out.
- Use coupons to buy foods you usually eat.
- Buy fresh fruit and vegetables when in season.
- Ask for food as gifts rather than flowers or clothes. Ask for a bag of groceries weekly.
- Remember to take a meal or food when making a visit to an older person's home.

*7. I eat alone most of the time.*

The following types of interventions are appropriate:

- Share meals with a friend.
- Ask a friend or family member to call around meal time to remind you to eat.
- Join a cooking class.
- Shop with a friend. Then ask if they would like to share a meal.
- Keep healthy snacks on hand

- If able, volunteering at a nursing home or hospital may provide an opportunity for a free meal that can be consumed in the company of others.
- Pastors often know of persons who may enjoy company at meal time.

*8. I take three or more different prescribed or over-the-counter drugs a day.*

Provide educational information regarding medications. Referrals to medical personnel to evaluate the appropriateness of all medications may be warranted. Some medicines can affect the way a person eats. Medications can increase or decrease appetite, change the way food tastes or smells, affect the need for vitamins and minerals, change the way you think and feel. Most of the changes that drugs cause are good and help you to feel better. Yet sometimes an unwanted side effect can result in a person not getting enough food and fluids to stay healthy. Approximately 45% of elderly use multiple prescriptions and the elderly use 40 - 90% of over-the-counter medications.

Encourage the following:

- Always ask if the drugs you take can affect your eating habits. Be sure to ask about non-prescription drugs, vitamins, or other pills you take.
- Make sure you understand when and how to take any medicines prescribed.
- Never take someone else's prescription drugs.
- Buy all your drugs from the same place.
- Let your doctor or dietitian know of changes in your weight, appetite, sense of taste or smell, energy level, or sleeping habits.

*9. Without wanting-to I have lost or gained 10 pounds in the last six months.*

Referrals for nutrition education and/or counseling may be appropriate. Assure that the participant is under a physician's care.

- Tell your doctor about weight changes.
- Ask for help in planning meals to meet your health needs.
- Do not use "fad diets" or herbal cures.
- Call your local Area Agency on Aging, health plan, or hospital and ask what nutrition programs or cooking classes they offer.

Keeping weight stable is a sign of good health. Rapid change in weight is not a good sign. Unexpected weight changes could be caused by eating more or less than you realize a need to change your diet, diabetes, congestive heart failure, renal disease, or other medical problem. Obesity can mask malnutrition.

Some possible suggestions to improve appetite include:

- Get enough rest so you're not too tired to eat
- Don't fill up on liquids while you are eating
- Limit gas-forming foods such as cabbage, onions, and carbonated beverages
- Eat largest meal at "best" time of day

10. *I am not always physically able to shop, cook and/or feed myself.*

Case Managers may be able to help with this type of concern. Other interventions may include:

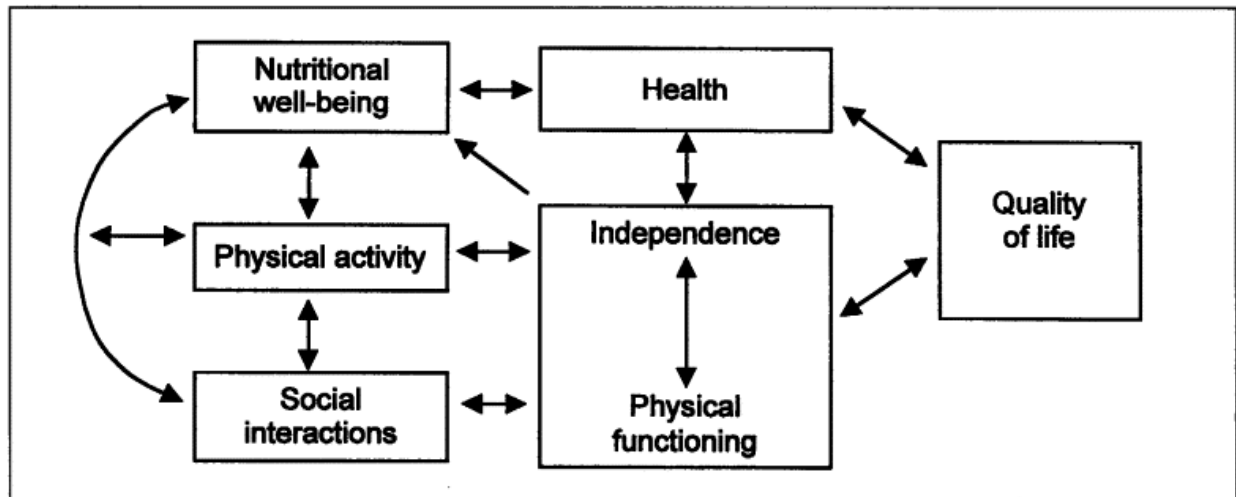
- Keep frozen or canned meals on hand.
- Use a microwave oven.
- Use medical nutritional products to help you meet your nutritional needs.
- Ask your doctor about a home health service to help you with cooking and eating.
- Many senior centers, health departments, or social service agencies offer meals, rides, and in-home care that older people can afford.

The participant should be encouraged to reach out to friends and family who are often eager to help but are fearful of intruding. Asking for help to get the food you need in your home (and cooked) when you are ready to eat it. In order to make this type of intervention successful, the participant must be will to accept assistance from friends and family.

**It is important to remember that warning signs suggest risk, but do not represent the diagnosis of any condition.**

The case manager should always be cognizant of the relationship shown by the following diagram.

Relationships of Nutritional Well-Being, Physical Activity and Social Interactions with Quality of Life



From: American Dietetic Association Position State: Nutrition, aging and the continuum of care. *J Am Diet Assoc.* 2000; 100:586

**Elderly Nutrition Program** includes the following services:

- Congregate Meals
- Home Delivered Meals
- Nutrition Screening
- Nutrition Education
- Nutrition Counseling

Don't forget . . .

**The quality of your nutrition is basic to the quality of your life.**

## **Hospice and Palliative Care**

Hospice and Palliative Care is considered the model for quality, compassionate care for people facing a life-limiting illness or injury, Hospice and palliative care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. Central to Hospice and Palliative care is the belief that each of us has the right to die free of pain, with dignity, and that our families should receive the necessary support to allow us to do so.

*Hospice* focuses on caring, not curing and, in most cases care is provided in the patient's home. Hospice care also is provided in freestanding hospice centers, hospitals, and nursing homes, and other long-term care facilities. Hospice services are available to patients of any age, religion, race, or illness. Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.

*Palliative care* extends the principles of hospice care to a broader population that could benefit from receiving this type of care earlier in their illness or disease process. No specific therapy is excluded from consideration. An individual's needs must be continually assessed, and treatment options should be explored and evaluated in the context of the individual's values and symptoms. Palliative care, ideally, would segue into hospice care as the illness progresses (National Hospice and Palliative Care Organization, 2003).

## Adult Protective Services



The roll of adult protective services is to ensure the safety and stability of Kentucky's vulnerable adults. The Department for Protection and Permanency in the Department for Community Based services is responsible for ensuring the protection from abuse, neglect or exploitation for adults with a mental or physical disability and victims of domestic violence across the commonwealth. Services provided to adults are on a voluntary basis unless there has been a determination by the court that the adult is unable to make an informed choice.

The APS branch's main purpose is to support the service regions that provide adult protective and general adult services through case consultation, development of standards of practice and development of data systems. The branch is committed to keeping vulnerable adults safe in the least restrictive living arrangement.

### Reporting Abuse

#### Protective Services - Guardianship - Counseling

Abuse is when a person hurts or injures another person physically or mentally. It does not have to be deliberate or intentional.

Any person who believes that an adult has been abused, neglected or exploited must report it to the local office of the Department for Community Based Services' (DCBS) Division of Protection and Permanency (DCBS staff will work with local law enforcement and other agencies to investigate the report and provide needed protective services if accepted by the adult).

Adult Protective Services is responsible for investigating and providing preventive services to individuals who are reported to be the alleged victim of abuse, neglect or exploitation according to KRS 209.020 (7, 8, and 15). The preventive services may include but are not limited to assisting the adult with a protective need in securing appropriate community or institutional placement, in-home supports, medical treatment, crisis assistance and guardianship.

It is important to keep in mind that when an Adult Protective Service (APS) worker is called, competent adults have the right to self determination, and as such have the right to refuse adult protective services. This is one of many instances where your documentation as a case manager is of utmost importance. You must document, what you see, objectively; what your client states, verbatim; and understand that you are able to provide this information to Adult Protective Services without a release due to the risk to the client, as it is stated in regulation, 1:180. This is an important part of the advocate role, as well as the case manager role.

**Adult Abuse Hotline  
(800) 752-6200**



## **Senior Scams**

### **Unsolicited telephone calls**

Seniors often find it difficult to say “no” to unsolicited callers and may purchase items or services that they do not need or want. These “pitches” often use high-pressure sales tactics and offers that can sound too good to be true. These calls are confusing and a nuisance, but most can be avoided by calling The National Do Not Call Registry.

### **The National Do Not Call Registry**

The National Do Not Call Registry maintains the Kentucky No Call List. If a senior wishes to add their residential and/or cellular telephone number(s) to the Do Not Call List, they must contact the Federal Trade Commission at **888-382-1222**. They must call from the number you wish to register. They may also register online at **[www.donotcall.gov](http://www.donotcall.gov)**.



More information about the federal telemarketing law may be obtained by visiting the website of the Federal Trade Commission at **[www.ftc.gov](http://www.ftc.gov)** or the Federal Communications Commission at **[www.fcc.gov](http://www.fcc.gov)**.

### **Exemptions to Kentucky’s No-Call Law**

If a phone number is on the No Call List, telemarketers are restricted from calling you. Although the No-Call Law significantly reduces your telemarketing calls, there are some exemptions in the laws that do allow the following calls:

- Telemarketers with whom the senior has a prior relationship or existing business
- Telemarketers who have received an express request from the senior to call
- Telemarketers with whom the senior has an existing debt or contract
- Telemarketers soliciting only donations for charities
- Telemarketers who call business

If a Telemarketer calls, the senior should ask detailed questions and get all information in writing. If a telemarketer is unwilling to provide the senior with specifics in writing, they should be suspicious and do research on the company. They may check with the Office of the Attorney General and the Better Business Bureau for complaints filed against the telemarketer. Individuals should take time in making decisions. They should watch for pressure to make a commitment at once. Remember they called. Don't be afraid to say "no", or hang up. Seniors should ask the caller to put their name on the company's internal "Do-Not Call List". By federal law, they must do so; and they should consider making it a rule in their home that they do not do business over the telephone. They should ask that all information be sent to you by mail.

## **Discount Medical Cards**

If seniors are enrolled in Medicare, they may also enroll in a discount prescription drug card endorsed by Medicare. But beware; con artists are using this program as an opportunity to scam unsuspecting seniors. Beware of any company claiming to be an authorized supplier of the Medicare discount prescription card who contacts the senior directly to ask for personal information, such as social-security number or birth date. This could be a con artist seeking to steal the senior's identity. Medicare will not call to solicit seniors to enroll in this program. For more information on the discount cards, contact the Kentucky Health Insurance Information Program at **877-293-7447** or contact Medicare at **800-MEDICARE (800-633-4227)**.

In addition to bogus Medicare discount prescription cards, beware of companies who advertise in newspapers, through the mail, by fax or on the Internet offering discount health-care plans. The companies may offer a wide range of services, including vision and dental care for a minimum monthly cost. Investigate these companies thoroughly. More than likely, it is a NON-INSURANCE product and is not regulated by Kentucky's Office of Insurance. If it is not an insurance product, the company's advertising material must state this in print. Often the consumer who enrolls finds that his or her physician or pharmacist does not accept these discount non-insurance cards, and the consumer is left without coverage. The Office of the Attorney General has received several complaints regarding these companies. If seniors are without healthcare coverage and are considering a discount medical plan such as this, they should contact the Office of the Attorney General before making a purchase.



## Seller of the Living Trust

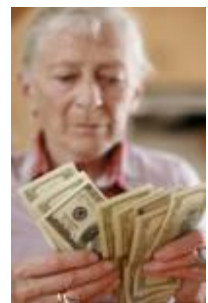
Seniors may be approached by insurance companies and investment companies that encourage them to invest money in annuities or other plans offered by the companies. Before they commit to a living trust sold by an unknown individual, they should seek the advice of a local professional or attorney who specializes in estate planning and can assist them with their individual needs. **What to do:** Before they invest, do homework. Contact the Office of the Attorney General and their local Better Business Bureau. Read the fine print on contracts. Immediately report any suspicious or fraudulent activity to the Attorney General's Consumer Protection Hotline at **888-432-9257**. Check with the Office of Financial Institutions or the Attorney General's Consumer Protection Division for information about brokers. When in doubt about an investment, don't make a commitment before you feel comfortable. It's better to lose an "opportunity" than to act hastily and lose the money you have worked so hard to save. The Office of Financial Institutions is the state's principle regulator of securities, dealers, and brokers. Report any suspicious or fraudulent activity to the Office of Financial Institutions at **502-573-3390** or **800-223-2579**. Every licensed broker is required to register with the Division of Securities. In addition, the Division of Securities keeps track of all disciplinary actions taken against other agencies, including the Federal Securities and Exchange Commission.

## Investments

Unfortunately, many senior citizens are vulnerable to con men and fast-talking brokers who are far too eager to separate investors from their life savings. In order to protect seniors and their savings, they should follow these tips before investing:

- Be wary of unsolicited phone calls and letters
- Always demand written information and read it carefully;
- Be suspicious of "insider information" "hot tips," or "rumors" (also be suspicious of investments that cannot be fully explained by the seller);
- Never be afraid to ask questions or say that you don't understand;
- Don't give-in to high-pressure sales tactics;
- Don't believe promises of doubling or tripling your money in a short time;
- Only deal with established brokers.

Check with the Office of Financial Institutions at **800-223-2579** about any investment opportunity or to check on a broker.





## Helpful Numbers

Consumer Information & Complaint Hotline .....	888-432-9257
For the Hearing/Voice Impaired .....	502-696-5300
Frankfort Office (main) .....	502-696-5389
Louisville Office .....	502-429-7134
Western Office .....	502-252-3344
Adult Protective Services/Abuse Hotline .....	800-752-6200
Aging & Independent Living, KY Dept of .....	502-564-6930
Better Business Bureau Central & Eastern KY .....	800-866-6668
Louisville & Western KY .....	502-583-6546
Federal Trade Commission (general info) .....	877-382-4357
Financial Institutions, Office of .....	800-223-2579
Identity Theft Victim Hotline .....	800-804-7556
Insurance, KY Office of .....	800-595-6053
Kentucky Bureau of Investigation .....	502-696-5367
Toll-free .....	866-KBI-FORCE
Legal Help Line for Older Kentuckians .....	800-200-3633
Medicaid Fraud & Abuse Hotline .....	877-ABUSE-TIP
Medicare/SHIP Program .....	877-293-7447
Public Service Commission .....	800-772-4636
Senior Crime College Program .....	502-696-5389
Social Security .....	800-772-1213
Telemarketing No-Call List .....	888-382-12
Telemarketing Complaint Hotline .....	866-877-7867
Victims Advocacy .....	800-372-251

**Section VI  
Department  
for  
Aging  
and  
Independent Living**

## Mission Statement

The Department for Aging and independent Living (DAIL) takes every opportunity to provide programs and services to preserve individual dignity, self respect and independence on behalf of Kentucky's elders and people with disabilities. DAIL pledges to focus on issues and circumstances that create barriers to quality-of-life improvements for Kentucky's seniors and people with disabilities and to remove those barriers whenever possible.

## Programs

### Adult Day Care and Alzheimer's Respite

The Adult Day Care and Alzheimer's Respite Programs come in many forms and sizes in Kentucky. Under KRS 205.010, "Adult day-care center" is defined as "any adult care facility which provides part-time care, day or night, but less than twenty-four hours, to at least four (4) adults not related to the operator of the adult care facility by blood, marriage, or adoption." Some small, rural Adult Day Care centers may have only four clients, other urban centers may have upwards of fifty clients. Alzheimer's Respite may take place in an Adult Day Care center or in a client's home. There are two models of Adult Day Care in Kentucky: Health Models and Social Models. There are currently 111 health model programs and 24 social model programs active in the state.

The health model Adult Day Care programs offer medical services and are licensed as health facilities by the Office of the Inspector General. Participants in health model adult day care usually have a medical diagnosis and require some medical service during the day. Medicaid or private health insurance may pay for some portion of the cost of attending these programs.

The social model Adult Day Care and Alzheimer Respite Programs are certified by The Department for Aging and Independent Living (DAIL). Staffs of Adult Day Care centers are not permitted to perform any medical services in the social model. They may assist with self-administration of medication, which is carefully defined in statute. Although independent Adult Day Care programs may be certified, the majority of programs are funded through Area Agencies on Aging. The AAAs frequently sub-contract services through local providers. Some AAAs pay for clients to attend health model programs, if social model programs are not available or appropriate. The regulations governing social model adult day care and Alzheimer's Respite Programs are found in Kentucky Administrative Regulation 910 KAR 1:160

### **Assisted Living Community Information and Certification**

Assisted living communities in Kentucky are certified by the Kentucky Department for Aging and Independent Living. Assisted living communities in Kentucky must be certified each year by the Kentucky Department for Aging and Independent Living.

#### **Services offered by assisted living communities include:**

- Help with personal daily living activities such as bathing, dressing, grooming and hygiene, transferring, toileting and eating.
- Assistance with household and related activities incidental to daily life such as housekeeping, shopping, laundry, chores, transportation and clerical/recordkeeping assistance.
- Daily meals and snacks.
- Scheduled social activities determined by client preferences.
- Help with self-administering medication.

### **National Family Caregiver Support Program**

Family members are the primary source of non-professional long-term caregiving in the U.S. Without the proper resources, caring for elder and disabled relatives can pose challenges and hardships. The U.S. Administration on Aging (AOA) established the National Family Caregiver support Program to help families safely, efficiently and effectively fulfill their roles as caregivers.

In Kentucky, National Family Caregiver Support Program services are made available through the 15 Area Agencies on Aging and Independent Living (AAAIL) across the state.

A family caregiver is any adult who provides non – professional, in-home care to another adult age 60 or older. Eligible caregivers under the National Family Caregiver Support Program also may be adults 55 and older caring for a child 18 or younger related by birth, marriage or adoption or caring for an adult child with disabilities. Adults caring for individuals diagnosed with Alzheimer’s or related disorders also qualify for the National Family Caregiver Support Program.

The National Family Caregiver Support Program offers flexible benefits and support services including:

- Information about available programs and services to help caregivers and the people in their care.
- Assistance accessing services.

- Counseling, support groups and training to help caregivers make decisions and solve problems related to their caregiver role
- Respite Care to give caregivers time off from care giving responsibilities.
- Supplemental Services on a limited basis, such vouchers to offset clothing cost.

**Consumer Directed Option (CDO)**

The Consumer Directed Option allows eligible Medicaid waiver members to choose their own providers for nonmedical services.

The Consumer Directed Option (CDO) allows people eligible for Medicaid waiver services to choose their own providers for non-medical waiver services. Provider choice gives members greater flexibility in the delivery of services received. Kentucky Medicaid members may participate in CDO if they currently receive or are eligible for services through the Home and Community Based waiver (HCB), Supports for Community Living waiver (SCL) and the Acquired Brain Injury waiver (ABI).

**Homecare**

In-home services for individuals 60 and older with functional disabilities who are at risk for requiring long-term, institutional care include: Personal care; Home Management; Home Health aide; Home-delivered meals; home repair; help with household chores; respite; escort; and case management and assessment.

**The Hart-Supported Living program**

This program is for Kentuckians with disabilities to request grants for supports so they can live-in, contribute-to and participate in their communities. Any Kentuckian with a disability recognized under the Americans with Disabilities Act is eligible to apply for a Hart-Supported Living grant. The program is administered through the Department for Mental Health and Mental Retardation Services, but it is a program for people with all disabilities. You (and your family, friends, and the people who support you) should consider applying for Hart-Supported Living grant if:

- You want to live in a home of your choice that is typical of the homes where people without disabilities live.
- You want to participate in your community with all members of the community.
- You want to decide for yourself what supports and services you need to live in the community.
- You want to arrange for and manage your own supports.

## **Personal Care Attendant Program**

Attendant services are provided for people 18 and older with functional loss of two or more limbs and who have the ability to hire and supervise an attendant.

### Description

The Personal Care Attendant Program helps severely physically disabled adults at risk of being institutionalized to live in their own homes and communities by subsidizing costs of personal attendant services.

### Eligibility

Participants must be 18 or older, severely physically disabled with permanent or temporary recurring functional loss of two or more limbs, need at least 14 hours but no more than 40 hours of attendant care per week, be mentally capable of instructing and supervising attendants and be capable of preparing payroll and required employer tax statements.

### Services

A personal care attendant, hired by the physically disabled adult, helps with personal care, housekeeping, shopping, travel, self-care procedures, meal preparation and other day-to-day activities

## **Senior Community Services Employment Program**

This program serves persons 55 and older with incomes less than 125 percent of the federal poverty level who need training, subsidized employment and helps with job placement.

### Description

The Senior Community Service Employment Program (SCSEP) provides training and part-time employment opportunities to low-income persons 55 and older.

### Eligibility

To participate, you must be at least 55 years old and a Kentucky resident with an income at or below 125 percent of the poverty level.

### Benefits include:

- Earned income;
- Training and experience to help develop employment skills;
- Annual physical exams;
- The chance to obtain full or part-time unsubsidized employment;
- Meaningful social and physical activities; and

- Engagement in activities to support independence and provide satisfying personal results for older persons.

### **State Health Insurance Assistance Program (SHIP)**

Information and assistance services are available through a network of counselors and referral sources. Health insurance and benefits information is available to people who are eligible for Medicare.

The Kentucky State Health Insurance Assistance Program (SHIP) provides information, counseling and assistance to seniors and disabled individuals, their family members and caregivers. This service is provided at no charge by local, well-trained counselors.

The program seeks to educate the general public and Medicare beneficiaries so they are better able to make informed decisions about their health care. SHIP does not sell anything.

SHIP has 4 goals:

1. Educate seniors on health insurance coverage, benefits and consumer rights;
2. Provide assistance and education, on a one-on-one basis or through educational forums;
3. Protect consumers against fraud or misdirected collections; and to
4. Empower consumers to make informed health insurance choices.

#### Services

- One-on-one counseling by telephone or in person;
- Presentations to community groups;
- Printed materials; and
- Referrals (connections to other agencies).

SHIP Can Help:

- Understand Medicare and/or Medicaid coverage and supplemental insurance;
- Understand and compare supplemental policies and plans;
- Fill out prescription drug discount program applications; and
- Apply for public benefits

SHIP also works in partnership with the Kentucky Medicare Partners to provide outreach and education to people with Medicare.

The statewide SHIP toll free-number within Kentucky is: 1-877-293-7447



## **Acquired Brain Injury (ABI)**

The Acquired Brain Injury (ABI) Waiver program is designed to provide intensive services and supports to adults with acquired brain injuries as they work to re-enter community life. Services can only be provided in community settings.

### Services:

- case management
- personal care
- companion services
- respite care
- environmental modifications
- behavior programming
- counseling and training
- structured day program
- specialized medical equipment and supplies
- prevocational services
- supported employment
- occupational therapy
- speech and language services
- community residential services (excluding room and board)

It is expected that upon completing the program, people will be transitioned to other existing community resources.

### Eligibility:

- have an acquired brain injury
- be between the ages of 21 years and 65 years
- meet nursing facility level of care
- be expected to benefit from waiver services
- be financially eligible for Medicaid services

### **Exclusions** of the Acquired Brain Injury Waiver Program

a condition included in the following list shall not be considered an acquired brain injury requiring specialized rehabilitation:

- A stroke treatable in a nursing facility providing routine rehabilitation services
- A spinal cord injury in which there is no known or obvious injury to the intercranial central nervous system
- Progressive dementia or another mentally impairing condition of a chronic

degenerative nature such as senile dementia, organic brain disorder, Alzheimer's Disease, alcoholism or another addiction

- A depression or a psychiatric disorder in which there is no known or obvious central nervous system damage
- A birth defect
- Mental retardation without an etiology to an acquired brain injury
- A condition which causes an individual to pose a level of danger or an aggression which is unable to be managed and treated in a community.

Note: Special financial eligibility criteria for Medicaid are applied for this program.

You must complete the Map - 26 - ABI Program Application. When funding becomes available, an allocation letter will be sent directing you to choose a case manager. The case manager is responsible for assisting you with the admissions process and the development of a plan of care.

You may obtain a listing of ABI Enrolled Providers in your area or contact the Brain Injury Services Branch at (502) 564-5198. The Cabinet for Health and Family Services has offices in each region of Kentucky.

### **Guardianship**

Guardianship is a legal relationship between a court appointed party (adult) that assumes the responsibility of guardian and a ward (adult) being the individual that has been declared "legally disabled" (wholly or partially) by the court and is unable to care for personal needs and /or unable to manage his/her financial resources (see fiduciary services).

If no family member, friend or neighbor is willing to serve or able to care for the individual, then as a last resort, a state guardian will be appointed by the court.

- A guardian may be given whole responsibility for the ward if the disabled person is unable to take care of personal needs. The rights a ward would lose if found to have a total disability in the court proceeding include but are not limited to: the right to vote, the right to drive a car, the right to make medical decisions, the right to determine where to live, the right to dispose of property and the right to execute instruments such as writing checks, getting married or writing a will. Loss of specific rights will be identified in the disability order by the judge.
- A limited guardian may be appointed if the disabled person is declared partially disabled and can care for some personal needs but may need help in other areas.

- A conservator may be appointed if a disable person only needs help managing financial/fiduciary affairs.
- A conservator may be appointed alone or in combination with a guardian to handle a disabled person's financial/fiduciary affairs.
- The Fiduciary Section of the Guardianship Branch is responsible for all conservancy issues related to the over 2000 commonwealth's wards.
- This includes applying for benefits; maintaining benefit eligibility; depositing checks (over 4,000 per month above the checks direct-deposited); last approval of request for funds; issuing checks for same; ensuring monthly room, board, personal needs, mortgage, utilities, grocery funds, work allowances, etc are paid timely; investing ward's funds in a prudent manner; individual income taxes; accounting for ward's funds in compliance with laws and regulations; hand balancing 10,000 transactions monthly; ensuring internal control and accounting principles are in place; and all issues related to financial needs of the wards of the commonwealth.

For more information on Guardianship, **please call: (502) 564-2927**

### **Kentucky Long-Term Care Ombudsman Program**

The Long-Term Care Ombudsman identifies, investigates and helps resolve complaints made by or on behalf of residents of long-term care facilities (including nursing homes, personal care homes and family care homes).

The Long-Term Care Ombudsman also advocates for changes to improve residents' quality of life and care.

If you have gone through normal channels and your problem is still not resolved, you may get help from the Office of the Ombudsman.

Call (800) 372-2973 or (800) 627-4702 (TTY)

## Committees and Commissions

<p><b>Alzheimer's Disease and Related Disorders Council</b></p>	<p>This community group services in an advisory capacity to the Department for Aging and Independent Living identify issues to advance the treatment of people with memory loss and provide support and assistance to their families.</p> <p>Alzheimer's Association Greater Cincinnati Chapter <a href="http://www.alz.org/grtrcinc">www.alz.org/grtrcinc</a></p> <p>Greater Cincinnati Chapter</p> <p>Serves a 27-county region in Southern Ohio, Northern Kentucky and Southeastern Indiana.</p> <p>Contact the chapter at :</p> <p>644 Linn Street, Suite1026 Cincinnati, Ohio 45203 513-721-4284 or 1-800-441-3322</p>
<p><b>Elder Abuse Prevention</b></p>	<p>Elder abuse is often a silent crime, rarely noticed behind closed doors and rarely reported by those who think “it's none of my business.” The law says it is our business to report elder abuse when we witness or suspect it. Visit the CHFS Elder Abuse Prevention site to learn more about the signs of elder abuse, what you can do to prevent it, and how to report it.</p> <p>Elder abuse is often a silent crime. Most of us never see it because most victims are abused behind closed doors by their own family members. And, too often, people who do see it choose not to get involved because it's “none of my business.”</p> <p>The law says it is our business. Kentucky is a mandatory reporting state. (Reference</p>

	KRS 209.030) If you suspect elder abuse, you are legally required to report it. You can report abuse at the 24 hour toll free hotline 1-800-752-6200, calls can be made anonymously.
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## Services

<b>Aging and Disability Resource Center</b>	provides information about and referral to resources and referrals regarding mental health issues, elder abuse, mental retardation, substance abuse, transportation, consumer relations and long-term care planning, aging housing, nutrition well as physical and intellectual disabilities
<b>Aging Network</b>	Site includes associated network members such as the Institute for Aging and the Kentucky Area Agencies on Aging
<b>Independent Living Conference</b>	DAIL sponsors an annual conference for service providers, professionals, consumers and others interested in aging and disabilities issues.

**Section VII**  
**GLOSSARY**  
**OF**  
**TERMS**

AAA	Area Agency on Aging – Designated planning and service areas established throughout the state. The fifteen AAAs provide, through a comprehensive and coordinated system, for supportive, nutrition services. AAAs also establishes multi-purpose senior centers, where appropriate, for the purpose of addressing specific needs of older persons and evaluation of the effectiveness of use of resources in meeting such needs. Such services must also include planning, advocacy, and systems development which focus on specific needs.
AARP	American Association of Retired Persons -A nonprofit, nonpartisan membership organization for people age 50 and over who are dedicated to enhancing quality of life for all seniors as they age. The organization is involved in positive social change, information, advocacy and service. AARP also provides a wide range of unique benefits, special products, and services for its members.
ABI Waiver	Acquired Brain Injury Waiver Services – The ABI services program provides rehabilitative home and community-based services to individuals with brain injuries as an alternative to nursing home facility services and to support individuals’ efforts to return to a community setting with existing resources.
ADC	Adult Day Care – Services provided during the day at a community-based center with programs that are designed to meet the needs of functionally and/or cognitively impaired adults through an individual plan of care. The structured programs provide a variety of social and support services in a protective setting during any part of a day, but less than 24 hour care. Many adult day service programs include health related services (see ADHC).
ADD	Area Development District – Regional planning and development agencies.
ADHC	Adult Day Health Care – An adult day care program that, in addition to the services provided in an ADC (see ADC), is also licensed to provide continuous supervision of a participant’s medical and health needs (i.e., dispense medications, provide therapeutic services such as physical, occupational, speech, and respiratory therapy, etc.).
Ad Hoc Committee	A committee of a temporary nature established to accomplish a specific short range task or study.

ADL's	Activities of daily living – Basic activities performed by an independently functioning person on a daily basis: bathing, dressing, toileting, transferring (moving to/from a bed or chair), eating, and caring for incontinence.
ADRM	Aging and Disability Resource Market – Same as ADRC.
Advisory Council	Advisory councils consisting of older individuals (including minority individuals) who are participants or who are eligible to participate in programs under the Older Americans Act, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate) and the general public, to advise, on a continuous basis, the Area Agency on Aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.
ALC	Assisted Living Community or Facility - A residential living arrangement that provides individualized personal care, assistance with activities of daily living and instrumental activities of daily living, assistance with self-administration of medications, and services such as laundry, house keeping, transportation, etc.
AoA	Administration on Aging – An agency in the U.S. Department of Health and Human Services that is one of the nation's largest providers of home- and community-based care for older persons and their caregivers. Created in 1965 with the passage of the Older Americans Act (OAA), AoA is part of a federal, state, tribal and local partnership called the National Network on Aging. The agency helps to develop a comprehensive, coordinated and cost-effective system of long-term care that helps elderly individuals to maintain their dignity in their homes and communities. AoA provides grant awards to State Units on Aging under Title III of the Older Americans Act. The AoA also provides oversight of home and community based services for the elderly and acts as a clearinghouse for the dissemination of information related to the development and funding opportunities to the states and Native American organizations.
Area Plan	Plan submitted for approval by the AAA to the Kentucky Department for Aging and Independent Living which outlines specific goals and objectives to meet the service needs within the region.



CAA	Community Action Agency – Local private and public non-profit organizations that carry out the Community Action Program (CAP), which was founded by the 1964 Economic Opportunity Act to fight poverty by empowering the poor in the United States. CAAs are intended to promote self-sufficiency, and they depend heavily on volunteer work, especially from the low-income community. They also depend heavily on federal funding, which now comes primarily from the Community Services Block Grant (CSBG) program. Typical activities of the CAA’s include promoting citizen participation, providing utility bill assistance and home weatherization for low-income individuals, administration of Head Start pre-school programs, job training, and operating food pantries.
CAP	Community Action Program – (See CAA above).
CDO	Consumer Directed Option - A new option that is being offered for Kentucky Medicaid Waiver members who receive services through the Home and Community Based waiver (HCB), the Supports for Community Living (SCL) waiver, and Acquired Brain Injury (ABI) waiver. CDO allows waiver members to choose who provides their non-medical, non-residential waiver services which allow them greater freedom of choice, flexibility, and control over their supports and services. Members can choose to direct all or some of their non-medical, non-residential waiver services.
CHFS	Cabinet for Health and Family Services - Cabinet within state government. The Department for Aging and Independent Living is lone department under this cabinet.
CMS	Centers for Medicare and Medicaid Services – Formerly known as the Health Care Financing Administration (HCFA), CMS is the federal agency responsible for administering the Medicare, Medicaid, SCHIP (State Children’s Health Insurance), HIPAA (Health Insurance Portability and Accountability Act), CLIA (Clinical Laboratory Improvement Amendments), and several other health-related programs.
Contract Agency	Person or entity with whom the AAA contracts to provide direct services (also known as a “provider”).
Corporation for National Service	Corporation established in 1993 to engage Americans of all ages and backgrounds in community-based service. Both national and community service programs are supported. The Kentucky Community Service Commission (KSCSC) works with the corporation to monitor and supervise all funded programs, including AmeriCorps, Foster Grandparents, Retired Senior Volunteer Program and Senior Companion.

DAIL	<p>Department for Aging and Independent Living – DAIL is the federally designated State Unit on Aging for Kentucky's Seniors. In addition, DAIL is the state coordinating agency for services to young adults with physical disabilities. It is empowered to provide services to help older and young disabled Kentuckians and their families through a statewide network of local, private and public agencies. DAIL administers the Aging and Disability Resource Centers. DAIL programs include: Adult Day, Alzheimer's Support, Assisted Living, Consumer Directed Options Program (CDO), Elderly Nutrition, Caregiver Support Services (Nat'l Family Caregiver Support Program), Homecare, Long Term Care Ombudsman Program, Personal Care Attendant Program (PCAP), Senior Community Services Employment Program (SCSEP), State Health Insurance Assistance Program (SHIP), Support Programs, Olmstead State Plan Information, and additional Community Based Services.</p>
DCBS	<p>Department for Community Based Services - The department provides family support, child care, child and adult protection, eligibility determinations for Medicaid and food stamps, energy assistance to low-income households through weatherization services and administration of an energy cost assistance program, and child support collection and enforcement. It also administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home. DCBS provides services and programs to enhance the self-sufficiency of families, improve safety and permanency for children and vulnerable adults, and engage families and community partners in a collaborative decision-making process.</p>
DES	<p>Department for Employment Services – State department that provides assistance to unemployed persons or to help jobseekers enter or reenter the workforce; that helps organize the employment market to ensure that vacancies are filled as soon as possible by the best qualified workers and that the present or future demands for skills is matched by an appropriate supply of labor. The department also helps formulate and implement measures to create new jobs.</p>
Disabled	<p>For Medicaid eligibility purposes, a disabled person is someone whose physical or mental condition prevents him/her from doing enough work or the type of work needed for self-support. The condition must be expected to last at least a year or be expected to result in death. Persons receiving disability benefits through SSI, Social Security, or Medicare automatically meet this criterion.</p>

DMH/MR	Department for Mental Health and Mental Retardation – Department within CHFS that provides services to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by mental illness, mental retardation or other developmental disability, substance abuse or an acquired brain injury.
DMS	Department for Medicaid Services – Department within the CHFS assigned to purchase quality healthcare and related services that produce positive outcomes for persons eligible for programs administered by the Department. There are numerous programs within the Department for Medicaid.
DOL	Department of Labor –Department within the Environmental and Public Protection Cabinet whose goal is to create workplace environments that are safe and free of conflict, where all workers are properly trained and receive fair pay and benefits for a quality standard of living. Specific offices include Occupational Safety and Health, Workplace Standards, Labor-Management and Workers’ Claims.
EDS	Electronic Data Systems – The fiscal agent that manages Kentucky’s Medicaid Management Information System (MMIS).
Elder Abuse/Elder Rights Coalition	A strong coalition of partnering agencies whose purpose was to refine the multidisciplinary response to adult abuse, neglect and exploitation through statutory enhancement of KRS Chapter 209. These refinements included not only expanded cooperative efforts related to the investigation of these crimes, but also enhanced elder abuse training requirements for professionals and provision of community elder abuse prevention programs.
Fiscal Year	An accounting period of 365(6) days that does not necessarily correspond to the calendar year that begins on January 1st. The fiscal year is the established period of time when an organization’s annual financial records commence and conclude. The Kentucky state government fiscal year begins July 1st and concludes June 30th of each year.
Focal Point	Facility established to encourage maximum collaboration and coordination of services for older individuals in a county/community.
Foster Grandparents Program	Program designed to provide intergenerational activities between individuals over age 60 and children with special needs.

GEN	Greatest Economic Need – The need resulting from an income level at or below the poverty line.
Grant	The act of providing a set sum of money toward the execution of a specific project with the terms and amount of the award outlined in a signed agreement.
Grantee	The state or local public agency receiving grant funds.
GSN	Greatest Social Need – Need caused by non-economic factors which include physical and mental disabilities, language barriers, and cultural, social or geographical isolation, that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.
Hart – Supported Living	Program that provides grants to persons with a disability. These grants are used to fund individually designed plans for support. The plan for support is designed by the individual, with assistance from others that support the person. The individual requests funding for supports that are needed so that the individual can live and participate in the community. Supported Living started in 1992 when the Kentucky Supported Living Statute was passed. The statute was amended in 2006 and the program is now called Hart-Supported Living. The law defines Hart-Supported Living as “grants which provide a broad category of highly flexible, individualized services which, when combined with natural unpaid or other eligible paid supports” provide the necessary assistance for the individual to live in the community.
HCW Waiver	Home and Community Based Waiver – Waiver program that provides Medicaid coverage to aged or disabled individuals who may avoid admission to a nursing facility by having access to various services.
HIPAA	Health Insurance Portability & Accountability Act –The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) that require the Department of Health and Human Services (HHS) to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addressed the security and privacy of health data.

Homecare	A state funded in-home services program provided for individuals 60 and older with functional disabilities and at-risk for requiring long-term, institutional care. Services include: personal care, home management, home health aide, home delivered meals, home repair, chore, respite, and escort and case management/assessment.
HUD	U.S. Department for Housing and Urban Development – Cabinet level agency created with the passage of the Department of Housing and Urban Development Act of 1965. This agency oversees home ownership, low income housing assistance, fair housing laws, homelessness, aid for distressed neighborhoods, and housing development programs.
IADL's	Instrumental activities of daily living - Activities include cooking, shopping, laundry, housekeeping and other assistance necessary to maintain a person in their own home.
IFB	Information for bid – Document requested from interested providers of service.
In-Kind	Value of property or services which benefit a grant supported project or program which are contributed from non-federal sources (see Match).
KCCVS	Kentucky Commission on Community Volunteerism and Service – Commission which responds to personal and community needs by administering service programs, most notably, Kentucky's AmeriCorps. The commission also administers the state's Volunteer Insurance Program and the Governor's Awards for Outstanding Volunteer Service.
Kentucky Caregiver Support Program	State funded program offered through the Department for Aging and Independent Living whose purpose is to support grandparents who are providing primary care for a grandchild under the age of 18 years of age. To qualify, grandparents of any age must meet financial guidelines, not be receiving Kinship Care, be related by blood (through marriage or adoption) and be the primary caregiver of the child. The child's parent(s) may not live in the home. Services may include financial and supportive services.

Kentucky Transitions Program	Program developed utilizing federal funding through a grant from the Center for Medicaid and Medicare Services. The program will allow Medicaid members to transition from an institutional setting into the community.
KERI	Kentucky Elder Readiness Initiative – A 3 year grant established in 2005, whose purpose was to foster a statewide awareness, dialogue and insight into the challenges and opportunities presented by the aging of the baby boom population.
KHC	Kentucky Housing Corporation – State housing finance agency created by the 1972 General Assembly to provide housing opportunities for low and moderate-income Kentucky families. Other programs offered by KHC include rental housing production financing, homeownership education/counseling and a variety of rental assistance, housing rehabilitation and home repair initiatives.
KIA	Kentucky Institute on Aging - Established by statute in 1974, the Institute for Aging advises the Secretary of the Cabinet for Health and Family Services (CHFS) and other state officials on policy related to services for the aging.
KLTCOP	Kentucky Long Term Care Ombudsman Program – State program responsible for the design, implementation and management of a statewide uniform system for receiving, investigating, resolving and reporting complaints on behalf of residents in long-term care facilities and provide ongoing support to assist in the resolution of those complaints.

LEP	<p>Limited English Proficiency – Title VI of the Civil Rights Act of 1964 states, “No person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” In August 2000, Executive Order 13166 required all Federal funding recipients to provide language access to people with limited English proficiency. Because the Cabinet receives Federal funds, we can not, based on national origin: deny services, financial aid or other benefits; provide different services, financial aid or other benefits, or provide them differently from those provided to others in the program; or segregate or treat individuals separately in any way in their receipt of any service, financial aid or benefit.</p>
LIHEAP	<p>Low Income Home Energy Assistance Program - LIHEAP is a Federally-funded program that helps low-income households with their home energy bills.</p>
LRC	<p>Legislative Research Commission – Established in 1948, this 16 member panel consisting of Democrats and Republican leaders from the House of Representatives and the Senate, act as a fact-finding service body for the Legislature. Services LRC provides include: committee staffing, bill drafting, oversight of the state budget and educational reform, production of educational materials, maintenance of a reference library and Internet site, and the preparation and printing of research reports, informational bulletins and a legislative newspaper.</p>
LRC Special Advisory Commission of Senior Citizens	<p>The Special Advisory Commission of Senior Citizens was established by the Legislative Research Commission in 1977 to provide a forum through which the knowledge and experiences of senior citizens may be utilized in dealing with problems affecting senior citizens, and all Kentuckians. Commission members are required to be at least 60 years of age.</p>
Match	<p>Cash or in-kind resources required to pay the non-federal share of program costs.</p>

<p>Mental Health &amp; Aging Coalition</p>	<p>A diverse group of agencies, organizations and individuals working together to improve and increase mental health and substance abuse services to older adults. A coalition does not belong to nor does any agency, organization or individual control it but is an independent entity working for the benefit of all. It advocates on behalf of older adults with mental health and/or substance abuse problems by gathering information, serving as a forum for discussion and providing education and information to policy makers, agencies and organizations, service providers and the general public. Membership should include the public and private aging, mental health, substance abuse and primary health care systems, plus representatives from consumer, family and caregiver organizations, advocacy groups, professional organizations, higher education, the faith community, and other interested agencies and organizations.</p>
<p>MMIS</p>	<p>Medicaid Management Information System – A general term used by the Federal government to describe every states Medicaid claims processing and information retrieval system. In addition to claims processing, the MMIS system: tracks Medicaid members in the Medicaid program; tracks Medicaid health care providers in the Medicaid program; receives and pays Medicaid health care provider claims; tracks and monitors health care utilization; helps to identify fraud and abuse through Surveillance and Utilization Review (SUR); utilizes Management and Administrative Reporting (MAR) tools; aids in the management of Third Party Liability (TPL); and helps to manage provider and member population in approved Managed Care Organizations (MCOs).</p>
<p>MFP</p>	<p>Money Follows the Person – A grant funded by the Center for Medicaid and Medicare Services that provides funding to assist states in implementing and maintaining programs that allow Medicaid members to transition from an institutional setting to the community (see Kentucky Transitions Program).</p>
<p>Multi-Purpose Senior Center</p>	<p>Community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.</p>



<p>NAAAA or n4a</p>	<p>National Association of Area Agencies on Aging - n4a is the umbrella organization for the 655 Area Agencies on Aging (AAAs) and more than 230 Title VI Native American aging programs in the U.S. Through its presence in Washington, D.C., n4a advocates on behalf of the local aging agencies to ensure that needed resources and support services are available to older Americans. The fundamental mission of the AAAs and Title VI programs is to provide services which make it possible for older individuals to remain in their home, thereby preserving their independence and dignity. These agencies coordinate and support a wide range of home and community-based services, including information and referral, home-delivered and congregate meals, transportation, employment services, senior centers, adult day care and a long-term care ombudsman program.</p>
<p>NACo</p>	<p>National Association of Counties – NACo is the only national organization that represents county governments in the United States. Founded in 1935, NACo provides essential services to the nation’s 3,066 counties. NACo advances issues with a unified voice before the federal government, improves the public's understanding of county government, assists counties in finding and sharing innovative solutions through education and research, and provides value-added services to save counties and taxpayers money.</p>
<p>NAPIS</p>	<p>National Aging Program Information System – A data-based system used to collect statistical data and analyze information regarding the effectiveness of the State agency and Area Agencies on Aging in targeting services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals, including individuals with any physical or mental functional impairments.</p>

NASUA	National Association of State Units on Aging - Founded in 1964, NASUA is a non-profit association representing the nation's 56 officially designated state and territorial agencies on aging. The mission of the Association is to advance social, health, and economic policies responsive to the needs of a diverse aging population and to enhance the capacity of its membership to promote the rights, dignity and independence of, and expand opportunities and resources for, current and future generations of older persons, adults with disabilities and their families.
National Family Caregiver Support Program	Federally funded program that is part of the services offered through the Department for Aging and Independent Living and the regional Area Agencies on Aging to help caregivers improve the health and well-being of the elderly in their care and to provide caregivers with information, training, and assistance.
NGA	National Governor's Association – Founded in 1908, NGA is the collective voice of the nation's governors and one of Washington, D.C.'s, most respected public policy organizations. NGA provides governors and their senior staff members with services that range from representing states on Capitol Hill and before the Administration on key federal issues to developing policy reports on innovative state programs and hosting networking seminars for state government executive branch officials. The NGA Center for Best Practices focuses on state innovations and best practices on issues that range from education and health to technology, welfare reform, and the environment. NGA also provides management and technical assistance to both new and incumbent governors.
NIA	National Institute on Aging – NIA, one of the 27 Institutes and Centers of NIH, leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. In 1974, Congress granted authority to form NIA to provide leadership in aging research, training, health information dissemination, and other programs relevant to aging and older people. Subsequent amendments to this legislation designated the NIA as the primary Federal agency on Alzheimer's disease research.

<p>NORC</p>	<p>Naturally Occurring Retirement Communities – NORC’s refer to buildings, apartment complexes, or neighborhoods not originally planned for older people, where over time 50% of the residents have become ≥50 years of age. NORCs differ from the stereotypical retirement community, yet they are the most common form of retirement community in the United States. There are two definitions of NORCs, one sociologic and the other legislative. The sociologic definition describes a phenomenon in which seniors have become concentrated as a result of “aging in place,” in contrast to continuing care retirement communities and assisted-living facilities where the elderly have purposefully relocated to seek services.<sup>2</sup> The legislative definition describes communities to which government in collaboration with private housing entities provide socially supportive services to defined geographic concentrations of seniors.</p>
<p>NSIP</p>	<p>Nutrition Services Incentive Program – A program which provides cash and/or commodities to supplement meals provided under the authority of OAA. Minimum meal requirements include: (1) it has been served to an eligible participant under the OAA and has NOT been means-tested for participation; (2) it is compliant with the nutrition requirements; (3) it is served by an eligible agency; and (4) it is served to an individual who has an opportunity to contribute.</p>

<p>OAA</p>	<p>Older Americans Act – Signed into law July 14, 1965 by Pres. Lyndon B. Johnson, the OAA created the Administration on Aging, authorized grants to states for community planning, service programs, research demonstration, training projects in the field of aging, and established State Units on Aging and Area Agencies on Aging. Later amendments to the Act added grants to AAA’s for local needs identification, planning and funding of services.</p> <p>Title II – Establishment of the Administration on Aging and the administration of the Act.</p> <p>Title III – Grants for State and Community Programs on Aging.</p> <p>    Part A – Administration and assistance for the planning and provision of supportive services and multi-purpose senior center’s programs.</p> <p>    Part B – Provision of supportive services under the Act such as social services, ombudsman, legal assistance, transportation and health promotion.</p> <p>    Part C – Nutrition Services.</p> <p>        Section 1 – Congregate nutrition program</p> <p>        Section 2 – Home delivered nutrition services</p> <p>    Part D – Disease prevention and health promotion.</p> <p>    Part E – Family caregiver support program.</p> <p>Title IV – Activities for Health, Independence and Longevity.</p> <p>Title V – Older American Community Service Employment Program.</p> <p>Title VI – Native Americans.</p> <p>Title VII – Allotments for Vulnerable Elder Rights Protection Activities.</p> <p>Title VII – Federal Youth Development Council.</p> <p>Title IX – Conforming Amendments.</p>
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OMB	Office of Management and Budget – A branch of the Executive Office of the President which helps the President formulate his spending plans; evaluate the effectiveness of agency programs, policies, and procedures; assess competing funding demands among agencies, and set funding priorities. OMB ensures that agency reports, rules, testimony, and proposed legislation are consistent with the President's budget and within administration policies.
Participant	Person receiving services being provided by the Department for Aging and Independent Living through Area Agencies on Aging programs.
PCAP	Personal Care Attendant Program – A fully state funded program whose purpose is to enable eligible severely disabled adults to live independently. The program provides financial support that allows the participant to hire a personal care attendant and thereby achieve independence. To be eligible, the person must be age 18 or older with the functional loss of 2 or more limbs and have the ability to hire and supervise an attendant.
PSA	Planning and Service Areas - A geographic area within the state that is designated by the state for purposes of planning, development, delivery and the overall administration of services under a Title III Area Plan. The State Unit has designated those multi-county groupings which correspond to area development districts as planning and service areas (PSA's). Also known as the Area Agencies on Aging.
Program Income.	Income earned by local program from activities part or all of the cost of which is either borne as a direct cost by federal funds or counted as direct cost toward meeting cost sharing or match (see Match)
Provider	Person or entity that is awarded a contract from the AAA to provide services under an approved plan (also Contract Agency).
QIO	Quality Improvement Organization – Agency that reviews and prior authorizes Medicaid services for Kentucky. Was previously known as the Peer Review Organization (PRO).
RFP	Request for Proposal – Document issued when an organization (or Area Agency on Aging) wants to buy a service and chooses to make the specifications available to many other companies so they can submit competitive bids.

RSVP	Retired Senior Volunteer Program – A nationally-acclaimed program funded by the Corporation for National Service that enlists older adults and retirees to serve as volunteers in their communities. It is one of the largest volunteer efforts in the nation. Volunteers involved in this program serve in the areas of public health, public safety, disaster preparedness and other community needs.
SAMS	Social Assistance Management Software – Powerful relational database that allows social assistance organizations to manage consumers and the services offered to them. This is the client management system used by the Department for Aging and Independent Living.
SCL Waiver	Supports for Community Living – This waiver provides various home and community-based services to eligible members as an alternative to receiving services in an intermediate care facility for individuals with mental retardation or developmental disabilities.
SCP	Senior Companion Program – A program of the Senior Service Corps, participants are low-income persons age 60 or older who provide care and companionship to other adults, especially the frail elderly, in an effort to help them achieve and maintain their highest level of independent living.
SCSEP	Senior Community Service Employment Program – An employment training program for individuals 55 or older with limited financial resources.
Service Delivery	Those activities associated with the direct provision of a service that meets the needs of an individual older person and/or caregiver.
SHIP	State Health Insurance Assistance Program - A national program that offers one-on-one counseling and assistance to people with Medicare and their families. Through federal grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities.

SHPS	Strategic Health and Productivity Solutions – Company based in Louisville who subcontracts with EDS to act as the Quality Improvement Organization (QIO) in Kentucky. SHPS determine eligibility, level of care, units of service, and duration of services for Medicaid waiver applicants in Kentucky.
SSA	<p>Social Security Administration – A program that manages two cash benefit programs for people with disabilities. The Social Security Disability Insurance (SSDI) program provides federal disability insurance benefits for workers who have contributed to the Social Security trust funds and become disabled or blind before reaching retirement age. The Supplemental Security Income (SSI) program provides monthly cash income to low-income persons with limited resources on the basis of age and disability.</p> <p>Title XVIII (Medicare) – A federal program for people 65 or older that pays part of the costs associated with hospitalization, surgery, doctors’ bills, home health care, and skilled-nursing care.</p> <p>Title XIX (Medicaid) - A federal/state public assistance program created in 1965 and administered by the states for people whose income and resources are insufficient to pay for health care.</p> <p>Title XX – A federal program designed to provide in-home services to low and low-moderate income individuals.</p>
SSI	Supplemental Security Income – A federal program that provides monthly cash income to low-income persons with limited resources on the basis of age and disability.
State Plan	Formal application/plan submitted by the Department for Aging and Independent Living to the Federal government to request Title III funds. The plan also describes how the state will carry out the requirements of the Older Americans Act.

SUA	<p>State Unit on Aging - The Administration on Aging awards OAA funds for supportive home and community-based services to the State Units on Aging (SUA), which are located in every state and U.S. territory. SUA are agencies of state and territorial governments designated by governors and state legislatures to administer, manage, design and advocate for benefits, programs and services for the elderly and their families and, in many states, for adults with physical disabilities. The term "state unit on aging" is a general term: the specific title and organization of the governmental unit will vary from state to state and may be called a Department, Office, Bureau, Commission, Council or Board for the elderly, seniors, aging, older adults and/or adults with physical disabilities. These state government agencies all share a common agenda of providing the opportunities and supports for older persons to live independent, meaningful, productive, dignified lives and maintain close family and community ties. The Department for Aging and Independent Living is Kentucky's State Unit on Aging.</p>
TRIAD	<p>Regional councils/committees concerned with the prevention of crimes, fraud and abuse against the elderly.</p>
Unit or Units Of Service	<p>Measure used to document the provision of a service, example: one half hour, one hour, one trip, one contact, one session, etc.</p>
USDA	<p>United States Department of Agriculture – A government agency founded by Abraham Lincoln in 1862 that supports rural development, food safety, nutrition and research for agricultural technology. The agency is also in charge of national forest and rangelands and works to reduce hunger in the US and internationally. USDA administers programs and services concerned with farmers and consumers including grading and inspection of meat and other products, and conducting research programs in animal and plant production and human nutrition. USDA also oversees many regulations, agencies, pricing issues and grant opportunities.</p>



USVA	<p>United States Department of Veterans Affairs –The second largest agency in the Federal government that offers a wide array of services to meet the needs of our country’s servicemen and women. .The Department is composed of three organizations: The Veterans Health Administration (VHA) which manages one of the largest healthcare systems in the world; The Veteran Benefits Administration (VBA), which supplies compensation and vocational assistance to disabled veterans; and The National Cemetery Administration (NCA), which honors veterans with a final resting place and lasting memorials that commemorate their service to our Nation.</p>
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**Section VIII**  
**References from the**  
**OLDER**  
**AMERICANS ACT**  
**OF 2006**

## TITLE I—DECLARATION OF OBJECTIVES; DEFINITIONS

### ***DECLARATION OF OBJECTIVES FOR OLDER AMERICANS***

#### **Section 101**

The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives

(1) An adequate income in retirement in accordance with the American standard of living.

(2) The best possible physical and mental health which science can make available and without regard to economic status.

(3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.

(4) Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.

(5) Opportunity for employment with no discriminatory personnel practices because of age.

(6) Retirement in health, honor, dignity—after years of contribution to the economy.

(7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities.

(8) Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.

(9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

(10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

(42 U.S.C. 3001)

#### ***DEFINITIONS***

## Section 102

(a) For the purposes of this Act—

(1) The term “abuse” means the willful—

(A) Infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or

(B) Deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.

(2) The term “Administration” means the Administration on Aging.

(3) The term “adult child with a disability” means a child who—

(A) Is 18 years of age or older;

(B) is financially dependent on an older individual who is a parent of the child; and

(C) Has a disability.

(4) The term ‘Aging and Disability Resource Center’ means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing –

(A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care;

(B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and

(C) Consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.

(5) The term “aging network” means the network of—

(A) State agencies, area agencies on aging, title VI grantees, and the Administration; and

(B) Organizations that—

(i) (I) are providers of direct services to older individuals; or

(II) Are institutions of higher education; and

(ii) Receive funding under this Act.

(6) The term “area agency on aging” means an area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5).

(7) The term “Assistant Secretary” means the Assistant Secretary for Aging.

(8) (A) the term ‘assistive device’ includes an assistive technology device.

(B) The terms ‘assistive technology’, “assistive technology device’, and ‘assistive technology service’ have the meanings given such terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002).

(9) The term ‘at risk for institutional placement’ means, with respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.

(10) The term “board and care facility” means an institution regulated by a State pursuant to section 1616(e) of the Social Security Act (42 U.S.C. 1382e(e)).

(11) The term “case management service”—

(A) means a service provided to an older individual, at the direction of the older individual or a family member of the individual—

(I) by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (B); and

(ii) to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and

(B) includes services and coordination such as—

(I) comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);

(ii) Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services—

(I) with any other plans that exist for various formal services, such as hospital discharge plans; and

(II) With the information and assistance services provided under this Act;

(iii) Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;

(iv) Periodic reassessment and revision of the status of the older individual with—

(I) the older individual; or

(II) if necessary, a primary caregiver or family member of the older individual; and

(v) in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

(12) The term ‘civic engagement’ means an individual or collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need.

(13) The term “disability” means (except when such term is used in the phrase “severe disability”, “developmental disability- “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:

(A) Self-care,

- (B) Receptive and expressive language,
- (C) Learning,
- (D) Mobility,
- (E) Self-direction,
- (F) Capacity for independent living,
- (G) Economic self-sufficiency,
- (H) Cognitive functioning, and
- (I) emotional adjustment.

(14) The term “disease prevention and health promotion services” means—

- (A) health risk assessments;
  - (B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;
  - (C) nutritional counseling and educational services for individuals and their primary caregivers
- 

### **Older Americans Act in regards to Homecare services**

Section 101 of the Older Americans Act states that it is the right of the older people of our nation to receive an array of title III services.

See highlighted areas above. Thus OAA includes case management services, defined as services provided to an older individual, at the direction of the older individual or a family member or individual

The term “case management service”—

(A) means a service provided to an older individual, at the direction of the older individual or a family member of the individual—

(i) by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (B); and

(ii) to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and

(B) includes services and coordination such as—

(i) comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);

(ii) development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services—

(I) with any other plans that exist for various formal services, such as hospital discharge plans; and

(II) with the information and assistance services provided under this Act;

- (iii) coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
- (iv) periodic reassessment and revision of the status of the older individual with—
  - (I) the older individual; or
  - (II) if necessary, a primary caregiver or family member of the older individual; and
- (v) in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

**Older American Acts state we shall:**

- We shall allow client to direct services
- Provide an individual who is trained in case management to assist with care plans
- Provides services delivered by trained providers
- Assess the client's needs (including the physical, psychological, and social needs of the individual); appropriately to arrange, coordinate, an optimum package of services to meet the needs of the older individual.
- development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs
- in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

# Section IX

# Homecare Regulation



## 910 KAR 1:180. Homecare program for the elderly

RELATES TO: KRS 13B.010-13B.170, 194A.700(1), (7), 205.010(6), 205.201, 205.203, 205.455-465, 209.030(2) (3), 42 U.S.C. Chapter 35

STATUTORY AUTHORITY: KRS 194A.050(1), 205.204(2)

NECESSITY, FUNCTION, AND CONFORMITY: 42 U.S.C. Chapter 35 authorizes grants to states to provide assistance in the development of new or improved programs for older persons. KRS 194A.050(1) authorizes the secretary to promulgate administrative regulations necessary to implement programs mandated by federal law, or to qualify for the receipt of federal funds. KRS 205.204 designates the cabinet as the state agency to administer 42 U.S.C. Chapter 35 in Kentucky and promulgate administrative regulations for this purpose. This administrative regulation sets forth the standards of operation for a homecare program for elderly persons in Kentucky.

Section 1. Definitions. (1) "Activities of daily living" is defined by KRS 194A.700(1).

(2) "Area plan" means the plan submitted by a district for the approval of the division which releases funds under contract for the delivery of services within the planning and service area.

(3) "Assessment" means the collection and evaluation of information about a person's situation and functioning.

(4) "Case management" means a process, coordinated by a case manager, for linking a client to appropriate, comprehensive, and timely homecare services as identified in a "DAS-891, Plan of Care" by:

- (a) Planning;
- (b) Referring;
- (c) Monitoring; and
- (d) Advocating.

(5) "Case manager" means an individual who meets the requirements of Section 5(1) and (2) of this administrative regulation.

(6) "District" is defined by KRS 205.455(4).

(7) "Formal support system" means paid services provided to an individual from any funding source.

(8) "Homecare services" means services that:

(a) Are:

1. Provided to an eligible individual who is functionally impaired as defined by KRS 205.455(7); and

2. Directed to the individual specified in subparagraph 1 of this paragraph toward:

a. Prevention of unnecessary institutionalization; and

b. Maintenance in the least restrictive environment, excluding residential facilities;

and

(b) Include:

1. Chore services as defined by KRS 205.455(1);

2. Core services as defined by KRS 205.455(2);

3. Escort services as defined by KRS 205.455(5);

4. Home-delivered meals as defined by KRS 205.455(8);

5. Home-health aide services as defined by KRS 205.455(9);

- 6. Homemaker services as defined by KRS 205.455(10);
- 7. Home repair services as defined by KRS 205.455(11);
- 8. Personal care services as established in subsection 11 of this section;
- 9. Respite services as defined by KRS 205.455(12);
- (9) "Informal support system" means any care provided to an individual which is not provided as part of a public or private formal service program;
- (10) "Instrumental activities of daily living" as defined by KRS 194A.700(7).
- (11) "Personal care services" means assistance with activities of daily living.
- (12) "Reassessment" means reevaluation of the situation and functioning of a client.

Section 2. Service Provider Responsibilities. A service provider contracting with a district to provide homecare services supported in whole or in part from funds received from the cabinet shall:

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

Section 3. Homecare Plan. For program approval, a district shall submit to the cabinet a proposal within its area plan to include at least the following:

- (1) An assurance of access for the Division of Aging Services to records of the district pertaining to its contract for delivery of homecare services; and
- (2) A plan for the delivery of homecare services in the area to be served by the district containing:
  - (a) Identification of services currently provided in the district; and
  - (b) The following assurances:
    - 1. A justification of a decision not to fund a homecare service, including an assurance of adequate availability from another funding source;
    - 2. A policy and procedure for assuring a client's:
      - a. Eligibility in accordance with Section 5(4) of this administrative regulation; and
      - b. Implementation of case management;
    - 3. A policy and procedure for a client's referral for service to other appropriate programs and services as specified in paragraph (a) of this subsection;
    - 4. A policy and procedure for volunteer programs to be utilized;
    - 5. Identification of a service provider for each specific service;

6. A policy and procedure for the periodic monitoring of a client for the appropriateness of homecare services and to assure safety and consistency;

7. A number of proposed clients for homecare services to be provided directly or by contract;

8. A unit cost per service to be used as a basis for determining an applicable percentage for the fee schedule as established in Section 8(2) of this administrative regulation.

9. A policy and procedure for the acceptance of a voluntary contribution and assurance the contribution shall be used to maintain or increase the level of service;

10. A policy and procedure for the reporting of abuse, neglect, and exploitation consistent with KRS 209.030(2) and (3);

11. A policy and procedure for the manner in which delivery of homecare services shall be provided to an eligible individual;

12. A policy and procedure for monitoring a subcontract for delivery of direct homecare services; and

13. A policy and procedure assuring that an assessment, as specified in Section 5(4) of this administrative regulation, shall include the following information submitted electronically to the division in the formats prescribed by the Aging Services Tracking System:

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

Section 4. Eligibility. (1) A prospective client for homecare services shall:

(a) Demonstrate that the prospective client is a person sixty (60) years of age or older; and

(b) Meet one (1) of the following criteria:

1. Be functionally impaired in the performance of:

a. Two (2) activities of daily living;

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

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

(c) Have a stable medical condition requiring skilled health services along with services related to activities of daily living requiring an institutional level of care; or

(d) Be:

1. Currently residing in a:

a. Skilled nursing facility;

b. An intermediate care facility; or

c. A personal care facility; and

2. Able to be maintained at home if appropriate living arrangements and support systems are established.

(2) Eligibility shall be determined by a case manager:

(a) Qualified in accordance with Section 5(1) and (2) of this administrative regulation; and

(b) In accordance with Section 5(4) of this administrative regulation.

(3) If a client meets eligibility requirements of subsection (1) of this section for homecare services, the client or caregiver shall be informed that the client shall be eligible for services as long as he or she meets eligibility requirements.

(4) The case manager shall determine a prospective client's eligibility for:

(a) The following services in accordance with 910 KAR 1:160:

1. Adult day services;
2. Adult day health services; or
3. Alzheimer's respite care services; or

(b) In-home services.

(5)(a) The homecare program shall not supplant or replace services provided by the client's informal support system.

(b) If needs are being met by the informal support system, the client shall be deemed ineligible.

(c) An applicant who needs respite services shall not be deemed ineligible as a result of this subsection.

Section 5. Case Management. (1) A case manager shall meet one (1) of the following qualifications:

(a) A minimum of a bachelor's degree in one (1) of the following, no experience required:

1. Social work;
2. Gerontology;
3. Psychology;
4. Sociology, or
5. A field relevant to geriatrics;

(b) A minimum of a bachelor's degree in nursing with a current Kentucky nursing license, no experience required;

(c) A bachelor's degree in a field not relevant to geriatrics or listed in Section 1(4)(a) of this administrative regulation with two (2) years experience in working with the elderly;

(d) A Kentucky registered nurse with a current Kentucky license and two (2) years experience in working with the elderly; or

(e) A Licensed practical nurse with a current Kentucky license and three (3) years experience in working with the elderly.

(2)(a) In addition to meeting the requirements of subsection (1) of this section, case management training shall be required as follows:

1. Fourteen (14) hours of initial training within six (6) months of hire; and
2. Sixteen (16) hours of in-service training annually.

(b) Volunteer experience working with the elderly shall be counted on an hour-for-hour basis.

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

(4)(a) A client shall be assessed initially and reassessed at least every six (6) months thereafter by a case manager.

(b) After each assessment or reassessment, the case manager shall complete the DAS-888, Homecare Certification of Eligibility.

(c) If the client is ineligible, the case shall be closed with the reason documented in the case record and notification shall be mailed to the client or caregiver.

(5) The case manager shall:

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

1. Any funding source; or

2. Volunteer;

(b)1. Make a reasonable effort to secure and utilize informal supports for each client; and

2. Document the reasonable effort in the client's case record; and

(c) Monitor each client monthly including one (1):

1. Home visit with face-to-face contact at least every other month; or

2. Phone contact during any month a home visit does not occur; and

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

(7)(a) A district shall assure a minimum of one (1) full-time equivalent case manager for each 100 clients.

(b) If the case manager also provides assessment services, the case manager's caseload shall not exceed seventy-five (75) clients.

(c) Time used to provide agency administration or supervision of other staff shall not be counted toward meeting the full-time equivalency requirement.

(d) Two (2) adult day care, adult day health care or Alzheimer's respite care clients may be counted as one (1) for the purpose of determining compliance with paragraphs (a) and (b) of this subsection.

(8) A client shall receive homecare services in accordance with an individualized "Plan of Care" developed cooperatively with the client's case manager. The plan shall:

(a) Relate to an assessed problem;

(b) Identify a goal to be achieved;

(c) Identify a scope, duration and unit of service required;

(d) Identify a source of service;

(e) Include a plan for reassessment; and

(f) Be signed by the client or client's representative and case manager, with a copy provided to the client.

Section 6. Quality Service. If a client is determined eligible for homecare services, the case manager shall:

(1) Read, or have read and explained to the client the purpose of the "DAS-889, Quality Service Agreement";

(2) Provide a copy of the completed agreement to the client which shall contain the name, address, and telephone number of:

(a) The current case manager;

(b) A designated representative of the district; and

- (c) A representative of the Division of Aging Services;
- (3) Ensure that a copy of a "DAS-890, Report of Complaint or Concern" containing written complaints and detailed reports of telephoned or verbal complaints, concerns or homecare service suggestions is maintained in the client's permanent file and documented in a centralized log; and
- (4) Document investigation and efforts at resolution or service improvement that shall be available for monitoring by the district and Division of Aging Services staff.

Section 7. Request for a Hearing. A client may request a hearing:

- (1) As provided by KRS 13B.010-170; and
- (2) Within thirty (30) days of any decision by the:
  - (a) Cabinet;
  - (b) District; or
  - (c) Service provider.

Section 8. Fees and Contributions. (1) A case manager shall be responsible for determining fee paying status, using the following criteria:

(a) A fee shall not be assessed for the provision of assessment, case management services, or home-delivered meals.

(b) The case manager shall:

- 1. Consider extraordinary out-of-pocket expenses to determine a client's ability to pay; and
- 2. Document in a case record a waiver or reduction of fee due to the extraordinary out-of-pocket expenses.

(c) A fee shall not be assessed to an eligible individual who meets the definition of "needy aged" as governed by KRS 205.010(6).

(d)1. SSI income or a food stamp allotment shall not be deemed available to other family members.

2. The applicant receiving SSI benefits or a food stamp allotment shall be considered a family of one (1) for the purpose of fee determination.

(2) An eligible person shall be charged a fee determined by the cost of the service unit multiplied by the applicable percentage rate based upon income and size of family using 130% the official poverty income guidelines published annually in the Federal Register by the United States Department of Health and Human Services. Service unit cost shall be determined by the state agency or contracting entity in accordance with its contract. The co-payment amount shall be based on the household's percentage of poverty, as follows:

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

(3)(a) A contribution from an individual, family, or other entity shall be encouraged.

(b) Suggested contribution or donation rates may be established; however, pressure shall not be placed upon the client to donate or contribute.

(c) Homecare services shall not be withheld from an otherwise eligible individual based upon the individual's failure to voluntarily contribute to support services.

(4) The district shall review and approve the procedure implemented by a service provider for the collecting, accounting, spending, and auditing of fees and donations.

Section 9. Allocation Formula. The homecare program funding formula shall consist of a \$20,000 base for each district, with the remaining amount of funds distributed in proportion to the district's elderly (sixty (60) plus) population in the state.

Section 10. Termination or Reduction of Homecare Services. (1)(a) A case manager or client shall decide to terminate homecare services.

(b) Homecare services may be reduced or terminated if:

1. The client's condition or support system improves; or
2. A determination is made that the "DAS-891, Plan of Care" cannot be followed.

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

- (a) Inform the client of the right to file a complaint;
- (b) Notify the client or caregiver of the action taken; and
- (c) Assist the client and family in making referrals to another agency if applicable.

(3) If homecare services are terminated or reduced due to reasons unrelated to the client's needs or condition, the designated district representative, in conjunction with the case manager, shall determine reduction or termination on a case-by-case basis.

Section 11. Incorporation by Reference. (1) The following material is incorporated by reference:

- (a) "DAS-888, Homecare Certification of Eligibility, 8/05";
- (b) "DAS-889, Quality Service Agreement, 8/05";
- (c) "DAS-890, Report of Complaint or Concern, 8/05"; and
- (d) "DAS-891, Plan of Care, 8/05".

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at Cabinet for Health and Family Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (18 Ky.R. 1748;

Am. 2278; eff. 1-10-92; Am. 23 Ky.R. 4000; 24 Ky.R. 110; eff. 6-18-97; Recodified from 905 KAR 8:180, 10-30-98; Recodified from 923 KAR 1:180, 7-8-99; 32 Ky.R. 420; 686; eff. 10-19-05.)