

ARKANSAS DEPARTMENT OF HUMAN SERVICES

DIVISION OF AGING AND ADULT SERVICES

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LITTLE ROCK, ARKANSAS

POLICY TYPE	SUBJECT OF POLICY	BY	POLICY NUMBER
AAA	Nursing Home Alternatives		303.00

Policy Statement

The Nursing Home Alternatives Program provides community and home-based services which enable the elderly to sustain their independence and consequently diminish their need for institutionalization. This state-funded program consists of the following services: Adult Day Care; Chore; Emergency Assistance; Health Promotion; Home-Delivered Meals; Homemaker; Personal Care; Personal Emergency Response System (PERS); Repair/Modification/Maintenance; Respite Care; and may also include other home and community-based services approved by the Division of Aging and Adult Services (DAAS).

All entities who provide Nursing Home Alternative services must comply with the administrative and service delivery standards established by the Division of Aging and Adult Services.

Purpose

The purpose of this policy is to establish administrative and service delivery standards for the Nursing Home Alternatives program.

Scope

This policy is applicable to the Arkansas Area Agencies on Aging and their subcontractors.

General Authority

Arkansas Code Ann. Section 25-10-101 et. seq.

ARKANSAS DEPARTMENT OF HUMAN SVCS - DIVISION OF AGING & ADULT SVCS			
SECTION OF MANUAL:		SUBJECT OF PROCEDURE: NH Alternatives	
PROCEDURE NUMBER: 303.00		CORRESPONDING POLICY: 303.00	
ORIGINATING UNIT: CBC			EFFECTIVE DATE:

SCOPE

These procedures will apply to all Area Agencies on Aging and all subcontractors of Nursing Home Alternatives Services.

DEFINITIONS

- I. Area Plan: An Area Agency on Aging (AAA) plan of operation which has been approved by the Division of Aging and Adult Services (DAAS).
- II. Direct Care Worker: Any person who provides care to a client in a private residence or community (non-nursing facility) setting.
- III. Direct Service: As used here, any activity to provide services directly to an older person.
- IV. Service Provider: As used here, any agency employing direct care workers.
- V. Subcontractor: An entity that is awarded a contract from an Area Agency on Aging to provide services under the Area Plan.

PROCEDURAL REQUIREMENTS

- I. Responsibilities of the Division of Aging and Adult Services.
 - A. Prescribe, promulgate and enforce policies, standards, regulations and procedures governing providers of and the provision of state-funded Nursing Home Alternatives services to the elderly in order to ensure the protection of the health, safety and well-being of the recipients.
 - B. Establish a formula for the apportionment of Nursing Home Alternative funds to the eight Area Agency on Aging (AAA) Regions.
 - C. Review and approve Nursing Home Alternative components of Area Plans.
 - D. Issue Nursing Home Alternative grant awards and monitor expenditures and services under those grants.

- E. Develop program reporting and data collection requirements.
- F. Promote the development of new services and programs through consultation and technical assistance to AAAs and other program developers.
- G. Establish an evaluation process and conduct routine evaluations of the Nursing Home Alternatives to ensure compliance with program policies and procedures and to assess appropriateness and effectiveness of services. Conduct follow-up inspections of programs that are out of compliance.
- H. Assist agencies found to be out of compliance with program standards and regulations in developing corrective action plans.

II. Responsibilities of Area Agencies On Aging

- A. Comply with the policies, standards, regulations and procedures governing Nursing Home Alternative services.
- B. Furnish all data and information requested by DAAS.
- C. Include in the Area Plan all Nursing Home Alternative services to be offered, meeting all requirements of the Plan.
- D. Plan, develop and provide services appropriate to the target population in compliance with directives of DAAS. Specific approval must be obtained from DAAS to budget more than 50% of Alternatives Funds to any single service.
- E. Prepare and submit Notices of Grant Awards (NGAs), new, revised or supplements, to DAAS. (See Appendix) All NGAs (new or revised) must include budget narrative and summary. Ensure that administrative expenditures for Nursing Home Alternatives does not exceed fifteen percent (15%) of the total allocation.
- F. Solicit contract providers for services through the Request For Proposal (RFP) procedures.
- G. Contract only with licensed or certified providers for any service for which the state requires provider licensing or certification.
- H. Submit monthly requests for funds to Division of Finance on Request for Cash form.

- I. Maintain program activity data on the computerized Management Information System (MIS) to meet tracking and reporting requirements. Program reports shall include:
 1. Unduplicated count of clients.
 2. Client totals by sex.
 3. Number of clients by age group: 60-64; 65-74; 75-84; 85+.
 4. Client totals by race.
 5. Number of clients with income below poverty level.
 6. Average monthly cost per client.
 7. Number of clients discharged to: hospital; nursing home; move from service area; improved, no longer need service; died; other.
 8. Total units of services delivered.
 9. For each service provided:
 - a. Total units of service delivered.
 - b. Unduplicated count of clients.
 - c. Total number of clients of each sex.
 - d. Average units per client.
 - e. Total expenditures for services.
- J. Submit monthly reports of program activity to DAAS on or before the tenth workday of the month.
- K. Submit annual reports of program activity to DAAS no later than thirty days after the end of the program year. These will report annual data for the categories of information in the monthly report.
- L. Review client eligibility and update active client files on an annual basis to ensure continued eligibility for services.
- M. Develop and implement a complaint reporting and investigation system.

1. The system shall be designed to collect required data as efficiently and effectively as possible and to identify patterns of complaints made on behalf of clients. The information provided by the system shall be used in the general management, assessment and monitoring of the program at the state, AAA and provider levels.
2. Complaint reports, including results of any investigation, shall be available for review by DAAS.

III. Direct Service Provider Requirements

A. Requirements for all Direct Service Providers:

1. The provider shall be able to demonstrate an organizational and staffing capacity to meet their service commitment.
2. The provider shall have an organizational chart clearly depicting lines of supervision and responsibility.
3. The provider shall have written administrative and personnel policies.
4. Hiring policies must comply with the following requirements:
 - a. Staff positions shall be planned and filled according to the mission and goals of the provider, the manpower needed to carry out the mission and goals, and the requirements of the position.
 - b. All qualified applicants must receive consideration for employment without regard to race, color, religion, sex, national origin, age (except as provided by law), marital status, political affiliation or handicap, except where it relates to a bona fide occupational qualification.
 - c. Concurrent employment is permitted to the extent that it does not interfere with agency duties and responsibilities.
5. The following procedures must be incorporated into provider administrative policies:

- a. For every direct care worker there shall be a written job description which specifies qualifications of education, experience, and personal traits (e.g. ability to relate to people, patience, positive mental attitude, ability to listen, sense of responsibility, etc.); duties and responsibilities; and, to whom the employee is responsible.
- b. References shall be required and must be verified for all direct care applicants prior to employment.
- c. Each direct care worker must display the physical, emotional and mental capacity to perform required duties; have no conviction of abuse or any crime involving physical harm to another person nor be a perpetrator of substantiated abuse; have no history of criminal convictions.
- d. An individual personnel file must be maintained on each Alternative Services employee. It must include at least:
 - i. Position, title and written job description.
 - ii. Name, address, date of birth, Social Security number, home telephone number, and emergency contact number.
 - iii. Documentation of education and professional qualifications (e.g. copies of license, certification, etc.) as applicable.
 - iv. Employment history and documentation of references checked prior to employment.
 - v. Evaluation of work performance.
 - vi. Record of dates and hours worked for at least the previous calendar year.
 - vii. Records of orientation and in-service training attended.
 - viii. health card

6. Staff training and development must meet the minimum standards applicable to the type of service provided.
 - a. Each direct care worker must have completed any training required by DAAS and must demonstrate skills at or above a minimum acceptable agency standard approved by DAAS.
 - b. There shall be established standards of satisfactory performance and a procedure to evaluate each employee.
 - c. Each direct care worker must receive in-service training in accordance with DAAS regulations governing the specific service the worker performs.
7. The provider shall comply with all policies and procedures governing their specific services.
8. The provider shall meet minimum insurance requirements of State or other regulatory agency and maintain proof of such insurance available for review if requested.
9. The provider and direct care workers must be bonded.
10. The provider shall have available for review copies of current facility inspection reports if applicable.

B. Requirements Specific to Contract Providers.

1. Provider applicants must apply through the RFP procedures.
2. All provider applicants that meet all of the state and federal requirements for the services they propose to provide will be eligible to contract for those services.

IV. Program Administration

- A. No service provider shall accept a client unless there is a reasonable expectation that the client's needs can be adequately met and services begun within the time frame established below. If the client is not accepted, the client and/or referring agent shall be notified within three (3) days. Notification must include explanation of reason(s) for denial and other options available.

- B. Emergency services will be provided when an unforeseen combination of circumstances and the resulting conditions require immediate action.
 - 1. When immediate services are necessary due to an emergency, the case manager shall notify the direct service provider by telephone on the day of the referral. This must be followed by written notification within three (3) working days.
 - 2. The provider shall not wait for the written notification before starting services; services should be provided as soon as possible.
- C. The time frame for non-emergency services shall not exceed fourteen (14) working days from initial referral to commencement of services to the client.
- D. In-home service agencies shall develop contingency plans to prevent long gaps in a client's services due to vacations, sickness, or other in-home service worker absences.
- E. Service Implementation
 - 1. The case manager shall complete a Client Intake Form and a service plan for each client. (See Appendix for Service Plan form.)
 - 2. If the direct service provider agency is not the case management agency, the case manager shall notify the direct service provider agency by telephone the same day the approved service plan is completed. Follow-up written notification shall be submitted within three (3) working days.
 - 3. The direct service provider agency shall develop and implement a schedule of services within three (3) days of the telephoned referral. A copy of this schedule of services shall be forwarded to the case manager within three (3) days.
 - 4. The standardized service plan form shall be used by all agencies. The form shall be completed as appropriate for the service(s) to be provided. No physician's signature is required for services other than Personal Care.
 - 5. Service plans shall include a range (minimum and maximum) of service hours approved to minimize problems of complying with the approved service plan (e.g., when staff shortages preclude providing the maximum number of hours approved.)

6. The service plan shall be signed by the client and the case manager.
 7. Care shall follow the written plan. The plan shall be reviewed during in-home visits at least every 60 days.
 8. Personal Care provided under the Nursing Home Alternatives program shall comply with the service delivery requirements of the Medicaid Personal Care program. Personal Care services under this program and Medicaid Personal Care are the same; the only difference is the funding source.
 9. Direct service providers shall ensure that in-home service workers deliver all services prescribed for the client on the service plan or document the reason the service was not delivered. If an exception to the service plan is expected to be in effect for more than two weeks, a new service plan shall be prepared.
 10. When a client's condition changes substantially, the case manager shall be notified in writing.
- F. Client Direct Service files shall contain the following documentation:
1. intake/referral
 2. verification of income
 3. assessment/reassessment (for personal care clients)
 4. statement of level of care needed (for personal care clients)
 5. client identification number
 6. service plan
 7. change of client status (if applicable)
 8. in-home service worker introduction form (if applicable)
 9. in-home service workers' worksheets which include their daily notes (if applicable)
 10. supervisory home visit report and client's evaluation of care

11. notice of termination/transfer/suspension of services.
12. notation of reason for discharge (i.e. hospitalization; nursing home placement; living with caregiver; moved from service area; improved, no longer needs service; died; other.

SERVICE PROVISION

I. Eligibility:

A. The client must meet the following criteria:

1. be over 60 years of age;
2. be frail, i.e. have a physical or mental disability, including Alzheimer's Disease or a related disorder with neurological or organic brain dysfunction, that restricts the ability of the individual to perform normal daily tasks or which threatens the capacity of the individual to live independently;
3. be without significant social support systems, i.e. persons who are willing and able to perform required services for them;
4. have an income at or below 200% of SSI;
5. be in social need, i.e. need caused by non-economic factors (i.e. physical and mental disabilities; language barriers; and cultural, social, and geographic isolation, including that caused by racial or ethnic status), which restrict an individual's ability to perform normal daily tasks or which threaten such individual's capacity to live independently.

B. Recipients of Supplemental Personal Care must also:

1. meet Medicaid Personal Care medical criteria; and
2. have physician's prescription for personal care services.

II. Service Definitions:

- A. Adult Day Care: a group program designed to provide care and supervision to meet the needs of 4 or more functionally impaired adults for periods of less than 24 hours, but more than 2 hours per day in a licensed facility.

- B. Chore: household chores such as running errands, preparing food, simple household tasks, heavy cleaning, and yard and walk maintenance, which the older person(s) is unable to handle on his/her own and which do not require the services of a trained homemaker or other specialist.
- C. Emergency Assistance: provision of goods or payment of bills to meet or prevent an imminent emergency. (For example, purchase of basic necessities for someone whose home has been destroyed by fire, or payment to a utility company to prevent imminent shut off of electricity or gas service.) Limit is \$400 per client.
- D. Health Promotion: education and services to an individual which increase awareness of good health and nutrition practices and encourage a more healthy life style.
- E. Home Delivered Meals: a hot (or other appropriate) meal that contains at least one third (1/3) of the nutritional value of the Recommended Daily Allowance (R.D.A.). Meal is delivered to the client's home. Menus must be approved by DAAS Nutritionist.
- F. Homemaker: household management tasks such as menu planning, bill paying, checking account management, etc.; may include but cannot be limited to household chores; cannot include medically oriented personal care tasks. Homemaker must be trained in household management tasks and be supervised by the provider agency to assure that tasks are completed accurately and appropriately.
- G. Personal Care: assisting a client with bathing, dressing, personal appearance, feeding, and toileting under the direction of a medical professional.

Personal Care clients also receive:

- 1. Assessment: administering standard examinations, procedures or tests for the purpose of gathering information about client to determine need and/or eligibility for services.
 - a. Information collected may include health status, financial status, activities of daily living status, etc. Pre-nursing home admission screening as well as routine health screening (blood

pressure, hearing, vision, diabetes) activities are included.

- b. If services are not begun during the twelve (12) months after an initial assessment is conducted or are interrupted/stopped for twelve (12) months or longer, another assessment must be done to start/resume service.

- 2. Reassessment: review of the client's need for continuation, start up (if more than six months, but less than twelve months since Initial Assessment was done), or change of Personal Care service. For clients receiving Personal Care, reassessment must be done every six (6) months or more frequently if client's condition changes requiring a change in the service plan.

- H. Personal Emergency Response System: a portable in-home, 24 hour electronic alarm system that enables an elderly, infirm or homebound individual to secure immediate help in the event of physical, emotional, or environmental emergency. There is a one-time cost for installation.
- I. Repair/Modification/Maintenance: improving or maintaining client's residence and home appliances. Includes weatherization or other energy conservation measures, wheelchair ramps, safety features, etc. Limit of \$400 per client, may be more than one job. Limit is \$400 per client/home.
- J. Respite Care: service to relieve the family of a frail/vulnerable older adult from daily caregiving responsibilities. It can be provided to meet an emergency need or to schedule relief periods in accordance with the regular caregiver's need for temporary relief from continuous caregiving. The period of relief makes it possible for the elderly individual to continue living in the community and avoid permanent institutionalization. It can be provided either in a person's home by employees of licensed agencies or in licensed facilities. There are two types of this service:
 - 1. Short-term Respite: Respite provided for a period of 5 hours or less during the day.
 - 2. Long-Term Respite: Respite provided for a period of more than 5 hours during the day. Anything from 5 to 24 hours shall be billed on a day rate

which equals the cost of 5 hours of respite care at the hourly rate.

MONITORING

- I. Service quality and service delivery are monitored at three levels.
 - A. DAAS monitors all of the AAAs and a percentage of care recipients.
 - B. AAAs monitor all of the contract providers and a percentage of their direct service workers.
 - C. Subcontractors monitor all of their direct service workers and the services they provide.
- II. Comprehensive monitoring is essential to ensure that the highest quality, most appropriate services are delivered in a timely, cost effective manner. Monitoring shall include evaluation of client satisfaction, comparison of actual performance with performance standards, and data collection and verification.
 - A. DAAS shall include monitoring of quality assurance measures in its annual evaluations of AAAs.
 - B. AAAs shall evaluate performance by:
 - 1. comparing service time frames with established standards for service provision to assess timeliness;
 - 2. examining client records for gaps in service and frequency of changes in service schedules or in-home service workers.
 - 3. examining records of client satisfaction.
 - 4. interviewing, in person or by telephone, selected clients to verify satisfaction.
 - 5. written reports of performance evaluations shall be available for review by DAAS.
 - C. All service providers shall evaluate client satisfaction in direct interviews with clients. Records of ongoing monitoring of client satisfaction must be included in individual client files.

APPENDIX

PROCEDURE 303.00

NURSING HOME ALTERNATIVES

Detailed instructions for the completion of each of the forms included in this appendix are included in the primary procedure governing their use. Forms and procedures are listed below.

- I. Notification of Grant Award -
- II. Request for Cash -
- III. Client Intake Form -
- IV. Service Plan -