



# Supportive Services

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## **SUPPORTIVE SERVICES (III-B) POLICY AND PROCEDURES**

ABOUT THIS MANUAL	3
REGULATORY SUPPORT	3
INTRODUCTION	3
COMMON DEFINITIONS and ACRONYMS	5
ELIGIBILITY	6
MEANS TESTING	6
GREATEST SOCIAL AND ECONOMIC NEED	7
TITLE III-B PROVIDER RESPONSIBILITIES	8
TITLE III-B PROGRAM STAFF	13
TITLE III-B SUPPORTIVE SERVICES	13
<b>DEFINITION OF SERVICES AND INSTRUCTIONS FOR TITLE III-B</b>	
FACILITY, LOCATION, AND OPERATIONS	16
TITLE III-B TRANSPORTATION SERVICES	17
SHIP – STATE HEALTH INSURANCE INFORMATION AND ASSISTANCE PROGRAM	23
RECORDS MAINTENANCE	23
WAITING LIST	25
APPENDIX	26

## **ABOUT THIS MANUAL**

This manual, in conjunction with other KIPDA (Kentuckiana Planning and Regional Development Agency) policy and procedure guides as applicable, is generally designed as a reference for KIPDA service providers under Title III funds. This manual can also be used by KIPDA staff, funding sources, regulatory bodies, and the general public to learn more about this family of services under the KIPDA umbrella.

Other policy and procedure manuals, regulations, applicable taxonomies, contracts, and any other applicable guidance document from appropriate sources also apply.

## **REGULATORY SUPPORT**

AS IT RELATES TO: KRS 205.201, 205.203, 205.455-465, 910 KAR 1:180, 42 USC 3001 et seq., 910 KAR 1:170

STATUTORY AUTHORITY: KRS 205.204 (1)

Incorporate all regulations under the Older Americans Act (OAA) of 1965, as amended: 42USC 3001 et seq. and KRS 205.204 designate the Cabinet for Health Services as the state agency to administer the Older Americans Act in Kentucky. The function of this regulation is to set forth the standards of operation for the Supportive Services Program for Kentucky, in compliance with the statutory requirement of KRS 13A.221 that requires a separate administrative regulation for each topic of general subject matter.

## **INTRODUCTION**

The supportive services system includes programs following the concepts conducive to healthy living and active aging for all individuals regardless of whether they are homebound, sedentary or active. Supportive services are provided through multi-purpose centers and satellite senior centers across the region. KIPDA Area Agency on Aging and Independent Living (KIPDA AAAIL or KIPDA) and its network of providers promote healthy, positive, and active aging for all persons, optimizing the opportunities to enhance their quality of life. Each provider in the KIPDA region is unique in its programming. General services include, but are not limited to: advocacy, counseling, education/ training, employment, friendly visiting, telephone reassurance, health promotion, recreation, information and assistance, outreach, case management, transportation, and congregate meals. In addition, senior centers provide an excellent opportunity for socialization.

The Older Americans Act (OAA) requirements are intended to enhance services and opportunities for older persons from the healthiest to the frailest. In order to achieve the intent, the regulations within the OAA have provided an overall mission to each state agency and to KIPDA AAAIL as follows:

- 1) Supportive services shall be organized in each county within the state as a component of the comprehensive and coordinated community-based delivery system.
- 2) Supportive services shall be organized to meet the needs of active older persons as well as frail individuals living in their homes, congregate living facilities and community-based institutions.
- 3) The supportive services, enumerated in this policy section, shall be performed by qualified supportive service provider agencies unless the state grants a waiver as authorized under Section 306(b) of the OAA.

The mission of the supportive service provider shall be to perform the services that are authorized under the approved Area Plan to eligible Title III participants. The supportive service provider shall assure that low-income minority individuals are given preference.

## **SOME COMMON DEFINITIONS and ACRONYMS**

**Access** - information and referral services, outreach service, transportation service, telephone reassurance and friendly visiting, legal assistance, case management, chore, home health aide, home repair.

**Adequate Proportion** - no less than sixty-five (65) percent of the Federal Title III-B funding allocated by the Older Americans Act of 1965, as amended, and no less than sixty-five (65) percent of the KIPDA Area Agency on Aging and Independent Living (KIPDA AAAIL) Federal Title III-B allocation, excluding administrative funds.

**DAIL**- Department of Aging and Independent Living

**Legal Assistance** - legal advice and representation by an attorney, including to the extent feasible:

- a. Counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney; or
- b. Counseling or representation by a non-lawyer, where permitted by law, to older individuals with economic or social needs. (OAA, Section 302(4))

**LES**- Limited English Speaking

**Participant** - a person aged 60 years or over receiving services funded by Title III of the Older Americans Act. Also referred to as “client”, “resident” or “patient”.

**SHIP Services** - one-on-one counseling and assistance to any person with questions regarding Medicare, Medicaid, Social Security, prescription assistance, etc.

**Supportive Services Provider** - an entity that provides authorized Title III-B supportive services funded by the OAA, under an approved Area Plan.

**Unduplicated Person by Service** - any person receiving services funded by the Older Americans Act for the first time during the current fiscal year. This person is counted only once for each new service they receive during the current fiscal year.

**Unduplicated Person by Year** - any person receiving services funded by the Older Americans Act for the first time during the current fiscal year. This person is counted one time during the current fiscal year in the total unduplicated client count.

## **ELIGIBILITY**

The primary consumers for senior programs and services are older adults, their families, and caregivers, as well as other targeted populations as noted in the Older Americans Act (including low-income elders, low-income minority elders, older persons living in rural areas, older persons with limited English language proficiency and persons with disabilities). A Title III provider serves and is responsive to all older adults in the community. Services are to be provided to seniors 60 years of age or older and their families and caregivers residing in the KIPDA AAAIL service area.

- 1) "Participant" is a person aged 60 years or over receiving services funded by Title III of the Older Americans Act.
- 2) Agencies shall establish systems for prioritizing applicants to ensure services are targeted to those in greatest need.
- 3) Means tests shall not be allowed to determine eligibility.
- 4) The term "client", "resident", or "patient" shall mean the same as "participant".

## **MEANS TESTING**

Service providers shall not means-test for any service for which contributions are accepted nor deny services to any individual who does not contribute to the cost of the services funded by the Older Americans Act as stated in section 315. (Consumer Contributions, (3) Prohibited Acts)

## **GREATEST SOCIAL AND ECONOMIC NEED**

The Older Americans Act (OAA) of 1965, as amended most recently in 2020, requires KIPDA AAAIL to provide assurance that preference will be given to providing services to persons aged sixty (60) and over in the greatest economic and social need with particular attention to low income, low-income minority and older individuals residing in rural areas.

All service providers must follow priorities set by KIPDA AAAIL for serving older persons with the greatest social or economic need. Service contractors may use methods such as location of services and specialization in the types of services most needed by these groups to meet this requirement. Methods of carrying out this objective must be documented in the application for service delivery.

- A. Policy: Greatest Social Need:** Social factors such as isolation, physical or mental limitation, minority, racial or cultural obstacles or other non-economic factors which restrict an individual's ability to carry out normal activities of daily living and which threaten an individual's capacity to live an independent life may be considered in determining greatest social need.

### **Procedures:**

Criteria for determining the social need shall be:

1. Low-income minority
2. Low-income elderly
3. Lives in isolated rural areas
4. Lives alone
5. Physical or mental limitation that restricts daily activities
6. Seventy-five (75) years old or older

Note: The older individual with the greatest social need shall meet two or more of the criteria listed above.

- B. Policy: Greatest Economic Need:** Greatest economic need is defined as need resulting from income at or below poverty level guidelines issued each year in the Federal Register by the Department of Health and Human Services.
- C. Policy: Priority of Participants Served:** Agencies receiving Older Americans Act funds must give preference to older individuals that meet the criteria for the greatest social and economic need.

## **TITLE III-B PROVIDER RESPONSIBILITIES**

### **A. General Responsibilities (for all providers):**

1. Assure the provision of services throughout the service area covered under the plan or proposal.
2. Treat clients in a respectful and dignified manner, involve the client and caregiver in the delivery of services and provide services in a timely and safe manner.
3. Services shall be accessible to older persons by telephone, home visit, or center location.
4. Permit staff of the Department of Aging and Independent Living and KIPDA AAAIL to access records and information sufficient to monitor and evaluate services provided.
5. Eligibility of each participant shall be established and personnel who approve services to be delivered shall be designated.
6. Center services shall be available on a regularly scheduled basis. Any major permanent changes shall have prior approval of the Area Agency on Aging and be publicized to participants.
7. Assure that each paid or volunteer staff member meets qualifications and training standards established for each specific service by KIPDA AAAIL or the Cabinet for Health and Family Services.
8. Maintain written job descriptions for staff and volunteer positions involved in direct service delivery and maintain written personnel policies and wage scales for each job.
9. Notify KIPDA when there is a change in key staff.
10. Designate a supervisor to ensure all staff providing Title III-B services are provided professional supervision and monitor the timeliness and quality of service delivery.
11. A record on each participant documenting participant identification data, request for service, eligibility for services provided, and follow up shall be maintained.
12. Transfer of Client Records – in the event an agreement with KIPDA is terminated, copies of all appropriate records of all active clients and/ or participant data shall be provided to the new Contractor or KIPDA.
13. Provide or arrange for appropriate insurance coverage to protect volunteers from personal liabilities.



14. Provide and/ or secure appropriate orientation to the delivery of services and continued in-service training annually for staff responsible for the provision of Title III-B services in accordance with KIPDA AAAIL Policies & Procedures.
15. When services cannot be provided due to lack of attendance or unforeseen circumstances, contact KIPDA and identify how services will be modified or rescheduled.
16. The organization has policies and procedures regarding suspension/termination from the center/ services.
17. Follow KIPDA procedures for client complaints and post a client complaint form in a conspicuous location at the center. Provide a written report to KIPDA AAAIL in response to a complaint.
18. Notify KIPDA if an incident occurs involving a client, staff member or volunteer.
19. Post in a conspicuous location a monthly calendar of planned activities and services offered at the senior center.
20. Establish partnerships/ linkages with other organizations to better coordinate services for the population served.
21. Utilize the required database and follow the procedures for timely input and maintenance of client data, case notes, and communication with KIPDA AAAIL staff.
22. Follow KIPDA AAAIL procedures for reporting units of service, adjustment to Title III-B units and charges for the delivery of services. If an error is found in reporting and units billed, an adjustment shall be made and KIPDA AAAIL notified of adjustments.
23. Ensure the accuracy of reports, units of service, and clients served on a monthly basis.
24. Subcontracting is prohibited without prior written approval of KIPDA.
25. Notify Adult Protective Services and KIPDA when potentially unsafe and/ or hazardous conditions exist that may place the client, staff, or others in imminent danger.
26. Notify Adult Protective Services and KIPDA when there are suspicions of abuse, neglect, or exploitation regardless of suspected perpetrator in accordance with KRS 209.
27. Implement an Emergency/ Contingency Plan that allows agencies to provide services at some level during emergencies. Ensure staff members understand the organization's Disaster and Emergency Preparedness Plan.
28. Administer Client and Volunteer satisfaction surveys provided by KIPDA.
29. Encourage client contributions and donations; pressure shall not be placed upon participants to make a donation/ contribution.
30. Submit to KIPDA quarterly program performance report.

31. Comply with the service contract and KIPDA Policy and Procedures manual including the sections beyond Supportive Services.
32. Collect statistical and other information related to unmet needs of the target populations in the service area. KIPDA will provide a format for collecting this data.
33. Provide the collected information to KIPDA to be used to plan and implement changes to meet clients' needs.
34. Follow the DAIL Taxonomy definitions, authority, and requirements for each service.
35. Follow all HIPAA-related regulations for confidentiality as well as the contract requirements in KIPDA's Business Associate Agreement, and the privacy policies and procedures provided by KIPDA.
36. Ensure that any staff or volunteers connected with any KIPDA programs have completed the appropriate background checks, health checks if applicable, and have completed the appropriate trainings for their roles. These are enumerated in contracts and in KAR regulations.

**B. Multi-purpose senior center responsibilities:**

1. Multi-purpose senior center staff shall participate in or coordinate activities for the Local Coordinating Council on Elder Abuse (LCCEA) or TRIAD.
2. Multi-purpose senior centers are required to establish and maintain an Advisory Council. The following are guidelines for multi-purpose senior center Advisory Council:
3. Each multi-purpose senior center shall establish and maintain an Advisory Council which includes representatives of the eligible population, community leaders and service organizations committed to the mission and objectives of the center.
4. The Council is a voluntary group of citizens, the majority of whom shall be 60 years or older, who provide information, guidance, advice and support of the multi-purpose senior center. In addition, the Council serves as a critical linkage between the center and the elderly community.
  - a. The Duties of the Council Members are:
    - i. To advise the multi-purpose senior center on:
      - a) Assessing the needs of the older persons in the geographic area covered by the multi-purpose senior center
      - b) Reviewing and commenting on community policies, programs, and actions which affect older persons
      - c) Representing the special interests of older persons
    - ii. Additional responsibilities of the multi-purpose senior center Advisory Council members may include the following:

- a) Reviewing and commenting on proposals submitted for funding.
  - b) Assisting in developing strategies for reaching socially isolated elders.
  - c) Assisting in evaluating the delivery of services to the community.
  - d) Advocating on behalf of older persons in the service area at the local, state and national level.
  - e) Testifying or making presentations at local and state legislative hearings or meetings.
  - f) Referring older adults to available services
  - g) Planning and executing fund raising events in support of the multi-purpose senior center
- b. Council Membership:  
The Council's membership shall consist of persons from the community who possess:
- i. Ability to function as a group member.
  - ii. Ability to think objectively.
  - iii. Demonstrated leadership qualities.
  - iv. Commitment to representing the interests of older persons.
  - v. Willingness to devote time to Council activities.
  - vi. Commitment to the purpose of the multi-purpose senior center
- c. Committee Structure
- i. Full Council – A full council meeting consists of scheduled reports or program updates from multi-purpose senior center staff, information sharing, public input, committee reports, etc. Approval, rejection or recommendations made by committees and follow-up on previous recommendations usually occur. The Multi-purpose senior center Advisory Council does not make policy or commit funds
  - ii. Standing Committees – The Multi-purpose senior center Advisory Council may establish standing committees with the responsibility for a particular area of concern. They focus on funding, bylaws, membership, and nominating.
  - iii. Ad Hoc Committees or Task Forces – Special ad hoc committees are temporary and are created in response to specific or temporary issues. Once this special event is completed, the committee is dissolved.
- d. The Council Bylaws: The bylaws represent the formal operating procedures and organization of the multi-purpose senior center Advisory Council. Bylaws describe the structure of the Council by specifying:
- i. Roles and functions of the Council.
  - ii. Procedures for selecting members.
  - iii. Membership terms; and
  - iv. Frequency of meetings

**C. Legal Services Provider Responsibilities:**

1. Target services for the needs of low-income minority individuals.
2. Provide services to the population of low-income minority individuals at least the same proportion as the population bears to the older population as a whole.

3. Provide individual legal casework, legal referral, and legal education to the elderly and training for attorneys in areas of the law relevant to the elderly.
4. Contact institutionalized elderly persons to inform/ educate them about the legal assistance services available.
5. Coordinate its efforts with the efforts of the Long-Term Care Ombudsman's office.
6. Meet at least annually with the local ombudsman program.
7. Submit a written quarterly activity report to KIPDA.
8. Protect the confidentiality of the "attorney-client" privilege (Sections 306 (d) of the OAA, as amended) as follows:
  - i. Aggregate data as requested by KIPDA shall be provided on the quarterly program performance report, herein incorporated by reference; and
  - ii. Information protected by the attorney-client privilege shall not be divulged.
9. Administer client satisfaction surveys provided by KIPDA.

### TITLE III- B PROGRAM STAFF REQUIREMENTS

1. The delivery of services shall be only by staff and volunteers trained to deliver those services. New staff shall receive an orientation and shall be trained prior to assuming responsibilities or receive on-the-job training from qualified agency staff. Existing staff shall receive training on job-related topics at a minimum of once per year.
2. A written plan outlining the training schedule for paid staff and volunteers shall be available.
3. Each paid staff person and volunteer must receive training as specified in the current scope of work in the contract. **Please reference the scope of work in the contract for specific guidance.** Training must be related to the population served. Paid staff and volunteers shall receive training in working with persons with mental illness, and on information on working with those who live with developmental disabilities. Training is available through the KIPDA regional Mental Health and Aging Coalition and other entities.
4. Suggested training topics related to the provision of services may include:
  - i. Death and dying
  - ii. Aging services and programs
  - iii. Management and supervision of programs and staff
  - iv. Computer skills upgrade
  - v. Program and financial reporting
  - vi. Emergency preparedness and response
  - vii. First Aid and CPR
  - viii. Blood-borne pathogens
  - ix. Mental Health and Behavioral Health
5. At least one Title III staff person shall attend all KIPDA mandatory meetings/training.
6. At least one paid staff and volunteer will attend all State Health Insurance and Assistance Program trainings.
7. Program staff training records must be maintained and available for review by KIPDA and DAIL staff.

### TITLE III B - SUPPORTIVE SERVICES DELIVERABLES

#### A. Services and activities to be delivered through service venues:

1. The service network has a responsibility to offer services and opportunities that engage the older adult population in the KIPDA region regardless of their functionality, activity level or interest. Services must be provided to all target groups: homebound, sedentary/ limited mobility, and the active seniors. Each group is defined by their ability to perform basic activities of daily living (ADL) and instrumental activities of daily living (IADL). The ability for a service provider to attract and meet the needs of those individuals is based on the diversity of the programs offered at the service site, senior center. and/or multi-purpose senior center.

2. For homebound persons, activities and/ or services should be designated to maintain or improve person's basic self-care. Services and/or activities for this group will focus on improving their strength, range of motion, balance and coordination; improving their ability to bathe, dress, transfer, and walk with assistance from their caregiver; improving their mental and physical health, decreasing social isolation and securing basic human rights.
3. Individuals categorized as sedentary or having limited mobility will be involved in services/ activities that will assist them in improving not only their basic self-care, but their IADLs as well. Services/ activities will include a more complex physical routine and will include exercises designed to improve their muscular strength and endurance, joint range of motion, balance and coordination to assist and/ or improve their ability to prepare meals, housecleaning, shopping and mobility in and outside of their home. Emphasis is placed on improving physical and mental health and wellness and preventing chronic disease and disease progression. Social and civic engagement activities and opportunities are important also to facilitate healthy and active aging.
4. Individuals categorized as active should be offered activities that encourage the maintenance or improvement of their physical and mental health, leading to long term independence. Services/ activities offered to active seniors should focus on muscular strength, endurance, flexibility, joint range of motion, balance, coordination, agility and cardiovascular endurance; disease prevention, mental wellness and healthy lifestyle strategies; financial and retirement planning, lifelong learning, advocacy and civic activities, employment, and volunteer opportunities and training. Services/ activities ensure that active seniors will continue to live independent and active lifestyles, remain working in their chosen profession and/ or take part in recreational activities at a competitive level. The primary goal of the service venue design is to ensure that all individuals that participate in services/ activities coordinated by a service site, senior center and/ or multi-purpose senior center will be provided with current health information and various opportunities to remain and/ or improve their mental and physical fitness.
5. Services also must be available to individuals with limited English proficiency seeking and/or eligible for services. Limited English language proficient (LEP) Individuals are defined as individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English at a level that permits him or her to interact effectively with health and social service agencies and providers. LEP individuals may be eligible to receive language assistance with respect to a particular type of services, benefit or encounter.

6. The service network must ensure meaningful access to services by providing language assistance services that result in accurate and effective communication at no cost to LEP clients.

**B. The following describes the venues where services and activities are provided:**

1. Satellite Senior Centers – a senior center is a location where seniors can receive supportive services and a congregate meal. Each Satellite Senior Center shall have a director and an adequate number of additional qualified staff to administer programs offered at the center and provide quality service. At least one staff person shall be present at the site during the hours of operation. At a minimum, a satellite senior center shall be open for eight (8) non-consecutive hours per week. The total number of participants to be served shall be adequate to justify the cost of operating the site. Minimum services to be available at the site include information & referral, outreach, SHIP/advocacy, transportation, and nutrition services and others as required by the Supportive Services Request for Proposals.
2. Multi-purpose senior centers – a multipurpose senior center serves as the focal point center for a designated geographical area for comprehensive and coordinated services to seniors, their family members and caregivers who live in that area. The multi-purpose senior center has a full-time center director and an adequate number of qualified full-time or part-time staff to administer and provide quality services at the center. At least one staff person shall be present at the site during the hours of operation. The Multi-purpose senior center is open six (6) hours per day, five (5) days per week. The total number of participants to be served shall be adequate to justify the cost of operating the site. Services that shall be available at a multi-purpose senior center include information and referral, outreach, friendly visiting, SHIP, advocacy, counseling, health promotion, employment services, education, recreation, telephone reassurance. Other services which may be provided include homemaker, personal care, respite, services to residents of care-providing facilities, health-related services, volunteer activities, individual and group activities that will benefit seniors, caregivers and citizens of the community interested in the needs and well-being of older individuals.
3. Multi-purpose senior centers shall provide for a local public focus on policies, programs, hearings, levies, and community actions that will affect the elderly, and generally serve as a community advocate on behalf of elder rights and issues.

## **FACILITY, LOCATION, AND OPERATIONS**

- A. A site shall not become operational until an on-site visit by the Department for Aging and Independent Living has been completed and express approval given by the Department for Aging and Independent Living, except for emergencies.
- B. The selection of a site for a center shall be based on information on older people in its service area and on the advice of public and voluntary agencies serving the elderly. The following factors shall be given consideration in choosing a site:
  - 1. Demographic information and projections.
  - 2. Accessibility to the maximum number of people who are socially or economically deprived.
  - 3. Accessibility to individuals with limited English language proficiency.
  - 4. Proximity to other services and facilities.
  - 5. Convenience to public or private transportation.
  - 6. Free of structural barriers or difficult terrain.
  - 7. Safety and security of participants and staff.
- C. The service provider, collaborating agencies and/or sites shall meet all facility, operations, and accessibility requirements as prescribed by the Older Americans Act, state and local government. These include but are not restricted to: parking area(s), ramps, restrooms, hall & door widths, wheelchair access, and adequate lighting and non-slip surfaces. All areas must meet standards appropriate for use by seniors and persons with disabilities.
- D. Arrangements shall be made for the security of facility equipment, furniture and files.
- E. The Senior Center shall be clearly marked with signs located in visible locations from the road.
- F. All safety code inspections such as sanitation, fire safety, etc. shall be required as law prescribes. KIPDA reserves the right to review inspection reports.
- G. Bathrooms and kitchens shall include safety features appropriate to their special uses. Procedures for fire safety shall be adopted, including fire drills, inspection, and maintenance of fire extinguishers, periodic inspection and training by fire department personnel. Procedures for disaster other than fire shall be developed and posted.
- H. Computers at the senior center shall meet the minimum requirements listed in the proposal. A minimum of one computer shall be available at all times to the staff member(s) providing services under this funding source.
- I. At least one computer shall be readily available for use by KIPDA Counseling Corps (SHIP) volunteer(s). The computer should be housed in an easily accessible area during the entire hours of operation.
- J. The following information shall be posted in a conspicuous location:
  - 1. Hours of Operation
  - 2. Days of Operation
  - 3. Menu
  - 4. Calendar of Events
  - 5. Fire Evacuation Plan



6. Scheduled Hours for the KIPDA Counseling Corp (SHIP) staff/ volunteer(s) availability
7. Client Fair Hearing Notice

### **TITLE III TRANSPORTATION SERVICES**

KIPDA's mission as it relates to transportation is to assure that older adults have access to their communities, including services, social activities, medical appointments and other areas that impact and enhance quality of life. Transportation service providers shall perform the services that are authorized under the approved area plan to eligible Title III participants. The transportation service provider shall assure that low-income older individuals, including low-income minority persons, older persons with limited English proficiency, older persons residing in rural areas and older adults who are underserved are given preference.

#### **Service Definitions for Title III Transportation Services:**

1. **Transportation Services:** (One (1) unit = a (1) one-way trip) - Transportation from one location to another. This service does not include any other activity. Transportation services for individuals aged 60 or older include transportation to nutrition sites, satellite and multipurpose senior centers, and non-emergency medical appointments, unless otherwise designated by KIPDA to serve the population described. These services are designated as curb-to-curb transportation services.

General transportation services for seniors 60 years of age and older may be provided as follows:

- Non-emergency medical transportation.
- Center transportation with the following priorities:
  - Participation in congregate meal program.
  - Participation in supportive services at multi-purpose senior centers and satellite senior centers.
  - Participation in community activities and events associated with multi-purpose senior centers and satellite senior centers.
  - Other services such as group senior trips and group advocacy events.
- a. **Senior Center Transportation:** This service is provided throughout the seven-county KIPDA region. Multi-purpose senior centers and satellite senior centers will receive first priority for services. As funds allow, remaining center funds may be allocated for transportation of older adults to nutrition sites (primarily congregate meal and limited or no activities). Services shall be available at a minimum five (5) days per week to accommodate the days and hours of operation of the multi-purpose and satellite senior centers. Some locations are

open five days per week, some three or more days per week and some two or more days per week, Monday through Friday.

- b. **Non-Emergency Medical Transportation:** Non-emergency medical transportation is available to eligible seniors throughout the seven-county region. It is defined as: medical-related appointments (health, eye, dental, hearing, etc.), physical therapy, medical treatment-related appointments, hospital, clinic, or other health-related services for the protection and well-being of seniors.
- c. **Assisted Transportation** - this service is available under the Homecare Program. It consists of providing transportation with assistance, including escort, to eligible seniors (60 years of age and older) who have physical and/or cognitive limitations. This service is designated as door-to-door transportation service.
- d. **Transportation Voucher Program:** The voucher program is a self-directed personal assistance model in that participants control who provides their rides and when they can get rides. Vouchers are issued to eligible older adults, persons 60 and older, who need transportation to medical appointments (treatments) and/ or senior centers and nutrition sites and can access this service through a community member who is willing to transport the older adult. Clients participating in the voucher program select the individual (an informal transportation provider) who will provide transportation.

## **Transportation Services: Intake and Eligibility**

### 1. Non-Emergency Medical (NEM) Transportation Intake:

- a. **Policy:** All referrals and initial calls from potential transportation clients will be followed-up on within 48 hours by the transportation provider staff. (Beginning July 1, 2023 NEM Transportation Provider(s) completes all NEM intakes).

#### **Procedures:**

- i. If a potential client has full Medicaid, staff shall refer them to the Medicaid broker.
- ii. Transportation Provider staff are responsible for:
  - a) Providing information about non-emergency medical transportation services.
  - b) Completing a preliminary assessment of eligibility.
  - c) Gathering information regarding clients' mobility status, cognitive functioning, sensory impairment, medical condition, and undergoing treatment.
  - d) Entering intake information into the data system
  - e) Informing new clients that they may be placed on a waiting list.

## 2. Non-Emergency Medical Transportation - Scheduling:

- a. **Policy:** The transportation provider is responsible for scheduling a ride for a client within 24 hours of request for transportation to non-emergency medical appointments.
- b. **Policy:** Standing appointments (subscription services): these are subscriptions for eligible seniors needing on-going treatment (ex. dialysis) or regular rehabilitation visits for a definite period of time (ex. chemotherapy or radiation). The subscribers have regularly scheduled trips to on-going treatment or rehabilitation and need not call to schedule their rides on a weekly basis.

### **Procedures:**

- i. Transportation provider staff schedule trips as requested by clients.
- ii. If unable to accommodate client's request for transportation due to unavailable slots, transportation provider staff shall offer alternative dates when transportation service can be provided.
- iii. Once a client becomes a subscriber, the provider will provide transportation to on-going treatment or rehabilitation appointments until the client cancels his/her subscription service or as funding allows.
- iv. If the demand for subscription services exceeds the availability, new clients requesting standing appointments will be placed on a waiting list.
- v. Transportation provider staff will track monthly service utilization and manage available funds. Once the funds for a specific month are fully utilized, the transportation provider, in addition to offering alternative dates, shall inform clients of other transportation providers in the KIPDA region.
- vi. Transportation provider will keep track of the transportation requests that cannot be accommodated and report to KIPDA on a monthly basis.

## 3. Senior Center (Nutrition Site) Transportation: Intake and Scheduling:

- a. **Policy:** All referrals and initial phone calls from potential clients will be followed-up on within 48 hours by senior center staff and an intake form shall be completed. New clients will be referred to the transportation provider via the data system.

### **Procedures:**

- i. Scheduling Procedure:
- ii. Senior center staff shall make available a transportation sign-up sheet for seniors to indicate the days they will need transportation to/ from the senior center.
- iii. Senior center staff shall provide the sign-up sheet to the driver on a daily basis.

- iv. Senior center staff shall inform participants that it is their responsibility to call the transportation provider directly if they need to cancel a ride.
- v. If a client repeatedly fails to call the transportation provider to cancel a scheduled ride, the transportation provider shall address the issue with the client and notify KIPDA.

### **C. Provider Responsibilities for Transportation:**

1. Publicly notify the targeted population that senior center and NEM transportation services are available to eligible seniors. Provide transportation services for individuals aged 60 and over to satellite senior centers, multi-purpose senior centers, nutrition sites.
2. Coordinate schedules and provision of services with the designated sites to provide a timely service for adequate participation in senior services.
3. Arrange the scheduling and provision of services in a timely manner to address the needs of seniors. Timely is defined as access consistent with the policies and procedures of the Second Party. Should seniors experience difficulty with responsiveness and availability of services, within the limitations of AOA guidelines and funding, the Second Party will be responsible for implementing corrective action and providing allowable services within 48 hours of request.
4. Should resources for services become limited, consideration of the following will be given in reviewing the provision of transportation services:
  - a. Medical needs to maintain the health and well-being of seniors.
  - b. Equitable distribution of services.
  - c. Senior center transportation to designated sites funded through KIPDA.
  - d. Nutrition priorities to ensure seniors receive congregate meals to the extent possible.
  - e. Availability of other resources to cover similar services.
5. At a minimum, comply with vehicle safety code inspection and driver criminal records check and drug screening requirements set forth by the Kentucky Department of Transportation. Complete a criminal record check on all staff and volunteers driving or assisting seniors in compliance with KRS: 216.793;
6. Prior to initiating operation of vehicles, all drivers shall receive special transportation service training including, but not limited to the following topics:
  - a. Defensive Driver.
  - b. Road Training.
  - c. First Aid and CPR.
  - d. Disease Prevention.
  - e. The Americans with Disabilities Act.
  - f. Passenger Assistance Techniques.
  - g. Drug and Alcohol Awareness.
7. Develop a plan outlining the requirements, training, and utilization of volunteers by the applicant.
8. One staff person must be responsible for supervision of staff and volunteers providing transportation services.

9. Coordinate with community partners and volunteers to expand the availability of services as needed to meet the critical needs of seniors. Utilize outside sources of funding to support the efforts and delivery of services.
10. The service provider shall adhere to the policies and procedures for the provision of transportation services in addition to state and federal requirements.
11. Report the delivery of services (units) and number of clients served on a monthly basis. Provide information pertaining to the delivery of services (number of units and clients served) through outside sources of funding used to support Title III-B transportation services. If an error is found in reporting and units billed, an adjustment shall be made and KIPDA notified of adjustments.
12. Provide out of the region non-emergency medical for appointments or other approved transportation as resources allow.
13. Ensure that services are provided in a timely and safe manner.
14. Maintain adequate insurance of vehicle liability and collision insurance in addition to other forms of insurance to protect participants, staff and the organization.
15. Transfer of Client Records – in the event an agreement with KIPDA is terminated, copies of all appropriate records of all active clients and/ or participant data shall be provided to the new contractor or KIPDA.
16. Subcontracting is prohibited without prior written approval of KIPDA.
17. Administer client satisfaction surveys provided by KIPDA.

## **Transportation Voucher Program**

### **Non-emergency Medical Vouchers:**

- A. Policy:** Intake: Beginning July 1, 2023, Provider staff determine voucher eligibility for clients who apply for transportation vouchers to access medical appointments and complete client intake.

#### **Procedures:**

1. If a client is deemed eligible for the voucher program, staff will complete intake and send the individual a Liability Waiver & Consent form to sign.
2. Vouchers will not be issued unless Provider has received a signed Liability Waiver & Consent form from the client.
3. Participants will be set up in the required data systems under Title III-B Special for funding to identify services through the voucher program separately from regular III-B transportation.

### **Senior Center Vouchers:**

#### **Procedures:**

1. Senior center staff complete client intakes.
2. Clients requesting center vouchers are referred to the voucher site (if different).
3. The voucher site sends clients a Liability Waiver form.

4. The participant must mail the signed form back to the voucher site. Vouchers will not be issued unless a signed Liability Waiver & Consent form from the client has been received.
5. The voucher site will notify the center once the signed Liability Waiver & Consent form has been received and will send blank vouchers to the site.
6. The center/ nutrition site will maintain vouchers on-site for voucher participants to complete. Once all the slots on the voucher have been filled, the site will send the vouchers to the voucher site. Center staff must sign vouchers to validate the trips.
7. The voucher site issues payment to the transportation provider within 14 days of receipt.
8. The voucher site submits an invoice to KIPDA with an attached signed voucher.
9. The voucher site tracks the number of vouchers issued to each client.

**B. Policy:** Voucher Issuance and Redemption: Transportation vouchers shall be issued only to eligible participants. The vouchers can be used to pay an informal transportation provider for non-emergency medical transportation. The voucher program is intended to provide a means of transportation for individuals who do not have a means of transportation and is not intended to replace current supports used by the participant, unless the service is unavailable at the time needed by the participant. Trips for purposes other than accessing non-emergency medical appointments or senior center programming will not be considered for reimbursement. The client is responsible for obtaining a doctor's note/stamp from the medical office to validate the trip.

**Procedures:**

1. An eligible person is issued a voucher by a voucher site. The consumer locates a driver who is willing to provide a ride.
2. The client signs the voucher and obtains a stamp/ doctor's note from the medical office to validate the trip.
3. The informal transportation provider redeems the voucher by sending it to the voucher site within 30 days from date of service.
4. The voucher site issues payment to the informal transportation provider within 14 days of receipt.
5. The voucher site submits an invoice to KIPDA with an attached signed voucher.
6. The voucher site tracks the number of vouchers issued to each client.

**Procedures:** Voucher Site:

1. Complete a client intake form.
2. Obtain a signed liability waiver and consent form from the participant.
3. Develop a mechanism to pay informal transportation providers in a timely manner as vouchers are redeemed.
4. Maintain documentation verifying rides.

5. Manage the amount of funds available and place a limit on the number of vouchers that may be issued per client, consistent with the amount of funds available for vouchers.
6. Monitor financial and reporting status of the voucher program.
7. Submit reports and invoices to KIPDA for reimbursement of costs and monitoring the project.

**Procedures:** Participants in the Voucher Program:

1. Provide accurate information at the time of intake.
2. Sign a liability waiver and consent form prior to receiving transportation through the voucher program and return it to Provider.
3. Locate a driver who is willing to provide transportation.
4. Obtain required trip validation.

**Procedures:** Informal Transportation Provider:

1. To receive payment for transportation services, the driver shall only provide transportation for an eligible participant to eligible destinations.
2. Return a completed and signed voucher within 30 days of service to the voucher site for reimbursement.
3. Provide accurate information regarding service provided and payment requested.

**Limitations of Transportation Voucher Payments:**

1. Payment to clients' spouses is prohibited. This service is not intended to replace on-going support that has been available, unless there are extenuating circumstances.
2. Number of vouchers issued is limited and based on availability.

## **STATE HEALTH INSURANCE INFORMATION AND ASSISTANCE PROGRAM (SHIP) REQUIREMENTS FOR TITLE III-B PROVIDERS**

Multi-purpose and satellite senior centers are required to provide SHIP counseling services. Refer to the current contract and the SHIP-related policies and procedures for specific requirements to be followed by senior center staff when providing this service.

## **RECORDS MAINTENANCE**

- A. Policy:** Service providers shall verify eligibility of those individuals participating in the Title III programs utilizing the state-approved assessment tool and any other required intake tools.

**Procedures:**

1. Subcontractors' records shall include the following information in the required database (paper copies are not needed):
  - a. The participants age and date of birth.
  - b. The method of verifying the reported age.
  - c. The staff involved in the verification process.
  - d. Other eligibility determinants; and
  - e. Verification of other eligibility determinants.
2. Verification of eligibility shall be required only once even though the participant may receive services from multiple Title III programs.
3. Verification of eligibility shall not be required to be updated each fiscal year if the subcontractor maintains the participant's central file or, in the event of a new subcontractor, arrangements are made for the transfer of the verification information.
4. Participants who receive services from different subcontractors need verify eligibility only once under the following conditions:
  1. The AAAIL designates a subcontractor as the primary agency responsible for verifying eligibility and for maintaining and filing the verification information.
  2. Other subcontractors may contact the primary agency to confirm that eligibility has been verified. The primary agency may send to the requesting subcontractor a copy of the eligibility verification form or may give the information verbally. Verbal confirmation shall be documented in the participant's record.
  3. The record shall include:
    - a. the participant's age or birth date.
    - b. identity of the staff person in the primary agency used to verify the age.
    - c. the subcontractor's staff person who made the contact with the primary agency.
    - d. other eligibility determinants.
    - e. verification of other eligibility determinants.

**B. Policy:** In a HIPAA-compliant manner, the Service Provider shall be responsible for maintaining records sufficient to report the number of units provided, individuals receiving Title III-B funded services through the senior center, activities conducted daily, match provided toward project cost, program income received for service expansion, completion of quarterly reports, and billing information for payments by KIPDA.

**Procedures:**

The following information shall be maintained and made available to KIPDA upon request:

1. Monthly calendar of events.
2. Sign-in sheets for group activities.
3. Age verification of individuals participating in services.
4. Record of in-kind and cash match items and value of match maintained and submitted monthly.



5. Program income records and use of program income.
6. Demographic information about clients accessing services to meet service requirements established in the current contract.
7. The following information shall be submitted to KIPDA as indicated:
  - a. Billing information will be provided monthly through the electronic reporting system. All reporting shall include service delivery information and client information. Records shall be maintained to validate all services delivered and reported, match, match verification and program income verification (as applicable).
  - b. Records shall be sufficient to justify units reported, billed, match and program income reported upon request by KIPDA.
8. Client files:
  - a. shall be maintained in a locked file cabinet at the senior center/ multi-purpose senior center.
  - b. Client file must contain, at a minimum, the following information:
    - i. Dated and fully completed intake form and Title III addendum
    - ii. Date file is opened
    - iii. Running Log
    - iv. Dated/ signed running record (if applicable)
    - v. Requested service category
    - vi. Units of service provided
    - vii. List of activities/ services provided (including dates)
    - viii. Referrals/ Outcome of referrals
9. Activity Sign-In Form: All activity sign-in sheets must be completed and maintained in a secure location, by the month the activities were conducted. The activity sign-in sheet must be completed with the following information:
  - a. Date of activity/ session
  - b. Service category
  - c. Agency/ person providing the service
  - d. Type of activity/ session
  - e. Staff person presiding over activity/ session
  - f. Participant's signature and verification of age

## **WAITING LISTS FOR TITLE III-B SERVICES**

**A. Policy:** In the event that services are not available to all eligible clients due to limited funding or other factors affecting access, each provider shall maintain a wait list consistent with the reporting requirements established by KIPDA and/or the Department for Aging and Independent Living. Waiting list information shall be reported monthly as follows:

1. Awaiting Services: A formal waiting list of clients assessed and determined eligible. For those services not requiring an assessment, a method must be in place for determining who will be next to receiving services. These individuals are eligible but not getting a service.

For example: Clients are assessed and determined eligible for meals, but funding is unavailable, these persons should be counted as awaiting congregate or home delivered meal services, whichever is appropriate. Another example would be clients assessed and determined eligible for Title III transportation, but Title III funding is not available, these persons should be counted as awaiting Title III transportation even if they receive transportation financed by another source.

2. Request for Services: An informal waiting list of number in need of services based on telephone or personal contacts. These individuals have requested services and are waiting to be assessed.

For example: Clients who have requested meals or transportation services but have not yet been assessed and determined eligible.

3. Underserved: A listing of persons currently receiving a service or services and in need of more services. These individuals are getting service but need more of the same service or need other services.

For example: If a center is serving meals three (3) days per week but there is a need for five (5) days, these persons should be counted as underserved. Another example would be clients transported to the senior center four (4) days per week but there is a need for five (5) days, these persons should be counted as underserved.

4. Service Gaps: An identification of service gaps.

For example: Four persons in need of live-in companions or transportation for shopping is a need that is identified, but not funded through Title III-B.

### **Procedures:**

1. Management of the waiting list:

The names of those who receive service, as it becomes available, should be removed from the waiting lists promptly. It is important to report accurate numbers of elders waiting for services. Lists that contain the names of those being served and awaiting service can be considered inflated.

For example: Home delivered meal clients who begin receiving meals should have their wait list service closed in the appropriate data system to avoid reporting clients as waiting and receiving service at the same time.



## Appendix for Supportive Services

- Privacy Practices
  - Fair Hearing
  - Client Rights and Responsibilities
- DAIL's FY 2023 Taxonomy for this program



### CLIENT RIGHTS & RESPONSIBILITIES

Title III Program

Applicable Program \_\_\_\_\_

All clients have the right to:

- A. Be treated in a considerate and respectful manner.
- B. Be treated with respect.

- C. Have property and personal belongings treated with respect.
- D. Know the name, work telephone number and duties of any staff person providing service(s).
- E. Participate in the decisions made to develop and implement the plan of care and services.
- F. Be provided with services without discrimination as to age, race, religion, sex, national origin, sexual orientation, or source of payment.
- G. Voice grievances and suggest changes in service or staff without fear of restraint or discrimination.
- H. Privacy.
- I. Confidentiality of records, unless the participant signs for the release of information to a specific individual, agency or entity, or the staff have reason to believe the client is being abused, neglected, or exploited and then the staff shall report the situation to the Department for Community Based Services or law enforcement.

All clients have the responsibility of:

- A. Treating all workers, provider agency, case management, and any staff associated with this program with respect.
- B. Physical or verbal abuse toward others, by the client, clients' family members, or guest of the client is prohibited. Violations of this may result in the termination of services.
- C. Providing all information necessary to determine eligibility for this Title III program.
- D. Allowing the agency staff to complete the required home visits (as applicable) and other tasks.
- E. Being available for telephone contacts made by the agency staff as appropriate.
- F. Participating in the assessment of ongoing needs and eligibility for services, providing information to update annual paperwork, including, but not limited to required demographic information and other personal information necessary for this program.
- G. Signing forms upon receiving a full explanation as to their content and purpose.
- H. Providing any needed documents.
- I. Informing the agency when the client will be unavailable on dates of schedule service(s).
- J. Informing the agency of any plans to relocate or move from the current residence.
- K. Refraining from offering gifts, tips, donations, or bribes to the workers who provide services.
- L. Reporting inappropriate behavior of provider agency staff, including:
  - a. Consuming alcoholic beverages while on duty or appearing to be intoxicated while providing services.

- b. Smoking in the home of clients.
- c. Use of the client’s phone to make personal calls or request the use of the client’s automobile.
- d. Soliciting money or goods from the client for any purpose or cause.
- e. Treating the client disrespectfully or in any other manner the participant feels is inappropriate or offensive.

I have read and accepted the Clients Rights & Responsibilities listed above. My signature here acknowledges that I understand my responsibilities as a client and that failure to abide by these standards could lead to reduced services or termination of service(s).

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Client’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Staff Signature

\_\_\_\_\_  
Date



**KENTUCKIANA REGIONAL PLANNING AND DEVELOPMENT  
AGENCY (KIPDA) NOTICE OF PRIVACY PRACTICES**

THIS DOCUMENT DESCRIBES HOW HEALTH , MEDICAL, PERSONAL OR FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE READ IT CAREFULLY.**

**WHAT IS THIS NOTICE?** Among other privacy laws and best practices related to personal information and finances, this Notice of Privacy Practices is required by the Health

Insurance Portability and Accountability Act (HIPAA) of 1996. This notice tells you:

- How KIPDA and its contracted business partners may use and give out your protected health information (PHI) and personal information to carry out services, payment, payroll, benefit processing, or health care operations and for other purposes permitted or required by law.
- What YOUR rights are regarding the access and control of your health and personal information.
- How KIPDA protects your health and other personal information.

If you have any questions about your privacy rights, contact the Privacy Officer at:

KIPDA :

Social Services Division

11520 Commonwealth Drive

Louisville, KY 40299

Phone: (502) 266-6084

### **KIPDA'S PRIVACY RESPONSIBILITIES**

KIPDA is required to:

- Follow the terms of this Notice.
- Support your Privacy Rights under the law.
- Give you a paper copy of this Privacy Notice and post it on our website.
- Provide a new Notice if our privacy practices change.
- Treat your data as confidential by not using or giving out your information without your written permission,

except to support normal KIPDA business or under the allowable circumstances given in this Notice.

- Tell you what types of information we collect on you.
- Release your health or personal information without your permission in the event of an emergency. The release of your data must be in your best interest.
- Follow State laws regarding the release of your data in the instances where State law provides stronger protection of your data than the federal or HIPAA law.

### **CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

We reserve the right to change this Privacy Notice at any time. If we do make a change, we will provide a revised notice. KIPDA is required by law to comply with the current version of this Notice until a new version has been provided. We also maintain a web site that provides information about our services and will post our new notice on that web site.

### **METHODS FOR INFORMATION SHARING**

Please be aware that sharing personal, health, medical and financial information for normal KIPDA business can happen several ways and do not require express permission. These include, but are not limited to:

- electronic exchanges of any variety (fax, phone, text, email, video conferencing, etc.)
- database entry into local, web, and cloud-based platforms
- the US postal service
- other courier or delivery services
- conversations and meetings

- in storage facilities and containers
- other methods not listed here

KIPDA will comply with federal and state laws to reduce the risk of exposure of any private information, and follow regulations as appropriate if a breach should occur. All risk cannot be completely eliminated.

### **WHO WILL FOLLOW THIS NOTICE?**

These KIPDA privacy practices will be followed by:

- Any KIPDA staff member.
- Any healthcare professional authorized to enter information into your health record.
- Any member of a volunteer group we allow to help you while you receive services from KIPDA.
- All employees, staff, other KIPDA personnel, and consultant/contractors.
- All subcontracting agencies providing health care and/or services pursuant to contracts with KIPDA.

These entities may share health and personal information with each other for treatment, payment or administrative operation purposes described in this notice.



## **UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Each time you apply for services as a client or participant through KIPDA, a record of your application is made. This record contains information about you, including demographic information that may identify you, or constitute a reasonable basis to believe the information may identify you, and relates to your past, present or future physical or mental health or condition. For example, this information, often referred to as your health record, serves as a:

- Basis for planning your care and/or treatment.
- Means of communication among the many health professionals who are involved in your care.
- Means by which you or a third-party payee can check that services billed were actually provided.

Your health record contains Protected Health Information (PHI). State and Federal law protect this information. Understanding that, we expect to use and share your health, personal, and financial information in a manner that helps you to:

- Make sure it is correct.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing sharing your personal information with others.

## **IF YOU ARE AN EMPLOYEE, A CAREGIVER OR CONNECTED TO A KIPDA CLIENT IN SOME WAY**

KIPDA will sometimes acquire personal, health, or financial information on individuals who are connected to KIPDA clients. This information will also sometimes be shared with contractors, business partners, third parties, and other entities in the course of normal business. This information will be protected, processed and shared in a similar fashion to PHI.

## **YOUR INDIVIDUAL PRIVACY RIGHTS UNDER HIPAA**

Although your health information is the physical property of the agency or provider that compiled it, the information belongs to you. Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Request a restriction on certain uses and sharing of your information (though we are not required to agree to any such request). This means you may ask us not to use or share any part of your PHI for purposes of treatment, payment or healthcare operation. You may also ask that this information not be disclosed to family members or friends who may be involved in your care.
- Request that we send you confidential communications by alternative means or at alternative locations.
- Obtain a paper copy of this notice of privacy practices upon request.
- Inspect and obtain a copy of your health record.
- Request that your health record containing PHI be changed.

Request that your family, caregivers, and others connected to you comply with HIPAA when handling your information.

Notice of Privacy Practices 3 April 14, 2003 initial draft

- Obtain a listing of certain health information we were authorized to share for purposes other than treatment, payment or health care operations after April 14, 2003.
- Take back your authorization to use or share health information except to the extent that action has already been taken.

### **HOW KIPDA MAY USE OR GIVE OUT YOUR INFORMATION**

KIPDA can use and give out your information without an Authorization (special permission from you) for our normal business and where required by law. This document tells you of some of the ways this can occur. All the ways KIPDA may use and give out your information without your express permission will fall within one of the groups listed below.

#### **Data for Treatment, Payment and Billing Purposes**

KIPDA will use your PHI for treatment, payment and billing purposes.

- Information obtained by a nurse, case management personnel, KIPDA Social Services staff, and/or service providers will be recorded in your record and used to determine the services that should work best for you.
- Your case manager will document in your plan of care the expectations of the service providers. Members of the provider agencies may then record the actions they took and their observations.
- A bill or payment may be sent to you or a third-party. The information on or accompanying the bill or payment may include information that identifies you, as well as the services provided and supplies used.

#### **Data for Regular Business Operations**

- We may use/disclose your PHI in the course of operating KIPDA and fulfilling its responsibilities. We may use your information to determine your eligibility for publicly funded services.
- KIPDA staff may look at your record when reviewing the quality of services you are provided. KIPDA staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide or cause to be provided.

Notice of Privacy Practices 4 April 14, 2003

### Data Provided to Business Associates

- There are some services provided in our organization through contracts with Business Associates. Examples include training another educational services. Information shall be made available on a need-to-know basis for these activities associated with compliance with regulatory agencies. Whenever an arrangement between our office and a business associate involves the use or sharing of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

### Emergencies

- We may use or share your PHI in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably possible. Also, we may use or share your PHI with an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

### **OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION (AUTHORIZATION)**

We may use and share your PHI as limited by the requirements of the law including, but not limited to, the following instances:

Abuse, Neglect, Exploitation: We may disclose your relevant PHI to the Cabinet for Families and Children, which is authorized by law to receive reports of abuse, neglect and exploitation.

Administrative Appeals: KIPDA at times may make decisions about eligibility and/or services provided to you. You or your provider may appeal these decisions. Your PHI may be used to make appeal decisions.

Business Associate: We may disclose your PHI to other State, Federal and commercial partners we contract with to perform normal business. We ask these groups to protect your data through formal agreements.

Notice of Privacy Practices 5 April 14, 2003

Coroners, Funeral Directors and Medical Examiners: We may disclose PHI to a coroner, funeral director, or medical examiner if needed to perform duties authorized by law.

Food and Drug Administration (FDA): We may disclose to the FDA PHI relative to adverse events with respect to food, supplement products, and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Health Oversight and Quality Assurance: We may disclose your PHI to health oversight agencies such as the federal Department of Health and Human Services, Medicare/Medicaid Peer Review Organizations, Cabinet for Health Services Office of Inspector General, and Cabinet for Health Services Office of Aging Services for activities such as audits, investigations, inspections and compliance with civil rights laws. We may disclose your PHI to doctors and nurses to help improve your care. Kentucky Department of Medicaid Services staff, committees and outside agencies that monitor Medicaid quality of care may also see your PHI.

Individuals Involved with Payment of Your Care: We may disclose your PHI to a friend or family member who is helping with your care or with payment for your care if necessary.

Law Enforcement: We may disclose PHI for law enforcement only where allowed by federal or state law or required under a court order.

Lawsuits and Disputes: We will disclose your PHI in response to a court order, valid subpoena, discovery request, or other lawful process.

Public Health: We may disclose your PHI to public health agencies charged with preventing or controlling disease, injury or disability; reporting child abuse or neglect; and reporting domestic violence. We may share your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may be at risk of getting or spreading the disease or condition. Information will be released to avert a serious threat to health or safety. Any disclosure, however, would only be to someone authorized to receive that information pursuant to law.

Public Safety: We may disclose PHI in order to prevent a serious threat to the health or safety of a particular person or to the general public.

Notice of Privacy Practices 6 April 14, 2003

Research: We may disclose PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Workers Compensation: We may disclose PHI as necessary to comply with workers compensation or similar laws.

### **WHEN KIPDA MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT AUTHORIZATION**

Other than for the allowed reasons listed above, KIPDA will not use or disclose your PHI without written permission (Authorization) from you. If you do authorize us to use or disclose your PHI in other ways, you may revoke your permission in writing at any time. Once you revoke your permission, KIPDA will no longer be able to use or disclose your PHI for the reasons stated in your original authorization. Uses and disclosures of your PHI beyond treatment and operations will be made only with your written authorization, unless otherwise permitted or required by law described below.

- Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, location or general condition.

### **NOTICE OF PRIVACY PRACTICES AVAILABILITY**

This notice will be prominently posted on the KIPDA web page at [www.kipda.org](http://www.kipda.org) and on the KIPDA Homecare bulletin board at the KIPDA office.

Individuals will be provided a hard copy and this notice will be maintained on the KIPDA web site for downloading at [www.kipda.org](http://www.kipda.org).

Notice of Privacy Practices 7 April 14, 2003 Notice of Privacy Practices 8 April 14, 2003

## **COMPLAINTS**

If you believe your privacy rights have been violated, and wish to make a complaint, you may file a complaint by calling/writing:

- Privacy Officer

KIPDA Social Services  
11520 Commonwealth Drive  
Louisville, KY 40299  
Phone: (502) 266-6084  
•Office of Aging Services

Cabinet for Health Services  
275 East Main  
Frankfort, KY 40621  
Phone: (502) 564-6930  
•Office of Civil Rights

U.S. Department of Health and Human Services  
200 Independence Ave. SW  
Washington, D.C. 20201  
OCR Hotline: 1-877-696-6775.

## **POLICY OF NON-RETALIATION**

KIPDA cannot take away your services or retaliate in ANY way if you choose to file a Privacy Complaint or exercise any of your Privacy rights.



## REQUEST FOR A FAIR HEARING

KIPDA is the Area Agency on Aging designated under the Older Americans Act. It is responsible for administering a variety of programs eligible older citizens in Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble Counties in Kentucky. It has assured the US Department of Health and Human Services and the Kentucky Cabinet for Families and Children that it will adhere to the provisions of the Older Americans Act and other federal and state laws concerning complaints by clients about services, appeals of denial or reductions in services and fair hearings on those complaints and appeals.

If you believe that you have been denied services, received poor quality services, had services unfairly reduced or stopped, been mistreated by an employee of KIPDA or one of its contractors, you have the following rights:

1. You can file a complaint about the services or employees of the organization. The official form to do so is available from the provider, senior center, nutrition site, adult day care, case manager, or KIPDA.
2. The request for a Fair Hearing must be made in writing.
3. If you need assistance filling you the form, please contact KIPDA at 502.266.5571.

-If you are hearing impaired, you can call 1.800.648.6056.

4. You can request a Fair Hearing, held before an impartial hearing officer concerning services for which you have been denied, have been reduced, materially modified, suspended or terminated. You can receive assistance from KIPDA in requesting a Fair Hearing. You can use the form provided. All requests must be made in writing.
5. If you request a Fair Hearing within ten days of being notified of services being reduced or terminated, the service provider must continue providing services to you until a decision is reached by the hearing officer, unless it is determined that either you or the staff providing the service would be in danger while providing the service.
6. The complaint must be specific to the allegation, the person involved, the circumstances of the alleged incident, and the dates and places.

More information about the formal process is available. Please contact KIPDA at 502.266.5571 or visit our website [www.kipda.org](http://www.kipda.org).



**KENTUCKIANA REGIONAL PLANNING AND DEVELOPMENT AGENCY**

**11520 COMMONWEALTH DRIVE**

**LOUISVILLE, KY 40299**

**(502) 266-5571**

**REQUEST FOR FAIR HEARING FORM**

Pursuant to the rights of clients, applicants and contractors of Title III Older Americans Act Programs and State Funded Programs through the Department for Aging and Independent Living in accordance with KRS 13B, I hereby submit a complaint and request a Local Administrative Review in accordance with KIPDA AAAIL policies and procedures. In the event I am not satisfied with the decision rendered through the Local Administrative Review process, I understand that I may pursue a request for a hearing to be conducted in accordance with KRS 13B. Please complete and return this form to the KIPDA Director of Social Services at the address above. Faxed copies must be followed by an original request mailed to KIPDA.

Name of Complainant: \_\_\_\_\_

(Please Print Full Name Legibly)

Address of Complainant: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please describe the nature of your complaint and complete this form in its entirety in order to satisfy the requirements of filing a complaint in accordance with 910 KAR 1:140. If you need more space, please include additional sheets of paper. Please write as legibly as possible or type this information.

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Please give the name(s) and addresses, if known, of staff or other persons involved in this matter, if applicable.

Name

Name

Name

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Address

Address

Address

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City and State

City and State

City and State

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The date of the occurrence or the most recent date the incident occurred or the period of time for which this incident occurred.

Time of Day: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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Signature of Complainant

Date

## TITLE IIIB

All client documentation must be in the state reporting system. Client contact shall be reported in the journal entries and entered according to program requirements.

### Adult Day/Adult Day Health/Alzheimer's/ADC Respite (1 Hour)

Personal care for dependent elders in a supervised, protective and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health.

Authority: Title IIIB, Administration on Community Living, National Aging Program Information System (NAPIS) definition, not Kentucky Administrative Regulation for Adult Day.

Requirements: DAIL Approved Assessment Tool, Plan of Care, and Case Management.

### Advocacy (1 Hour)

Documentation should be reported and available for review in the state approved data system.

Action taken on behalf of an older person to secure his or her rights or benefits. Advocacy includes receiving, investigating, and working to resolve disputes or complaints; assistance with housing issues; and how to write letters and talk to people about their issues. This does not include services provided by an attorney, or person(s) under the supervision of an attorney. This does not include AAAIL staff meeting with state political appointed individuals.

Authority: KRS 205.455(5) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition

Requirements: DAIL Approved Assessment Tool (A-C). Back-up documentation must be available upon request in a format that can be electronically viewed.

### Assessment (Access) (1 Hour)

The collection and evaluation of information about a person's situation and functioning to determine the applicant's or recipient's service level and development of a plan of care utilizing a holistic, person-centered approach by a qualified Independent Care Coordinator (ICC).

Authority: 910 KAR 1:170. Title IIIB, Administration on Community Living

Requirements: DAIL Approved Assessment Tool

All documentation should be available for review in the state approved data system including documentation of leveling.

The information will need to be updated annually.

### Case Management (Access) (1 Hour)

All contact documentation and client contact should be available for review in the client electronic files.

A process, coordinated by a case manager, for linking a client to appropriate, comprehensive, and timely home or community based services as identified in the Plan of Care by:

September 29, 2022

Referring;  
Monitoring;  
Advocating; and  
Following the timeline of the assessment agency to obtain:  
Service Level; and  
Development of the Plan of Care

Authority: 910 KAR 1:170. Title IIIB, Administration on Community Living, National Aging Program Information System (NAPIS) definition

Requirements: DAIL Approved Assessment Tool, Leveling, Plan of Care, Case Management.

Clients on the waitlist shall not receive case management services  
All documentation should be available for review in the state approved data system.

Cash & Counseling (In-Home Services) (1 Activity)

This covers the range of services provided or paid for through allowance, vouchers, or cash which are provided to the client so the client can obtain supportive services needed. Services purchased by vouchers are to be counted under Cash and Counseling.

Authority: KRS 205.455(5) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition.

Requirements: Prior approval from DAIL with justification for need, funding source and DAIL Approved Assessment Tool. Back-up documentation must be available upon request and in a format that can be electronically viewed.

Chore (In-Home Services) (1 Hour)

The performance of heavy housecleaning, yard tasks, and other activities needed to assist in the maintenance of a functionally impaired elderly person in his or her own home.

Documentation of leveling or priority rating and all supporting documentation must be available in the state approved data system, Bids for services if provided outside of the traditional agency, may be requested for Emergency Chore service Authority: KRS 205.455(1). Title IIIB, Administration on Community Living, National Aging Program Information System (NAPIS) definition.

Authority: KRS 205.455(5) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition

Requirements: DAIL Approved Assessment (A-D) Tool, Leveling, Plan of Care, and Case Management.

Emergency chore would require DAIL approved assessment tool sections A-C.

Counseling (1 Hour)

Conducted by a certified or licensed professional, or someone who has approved training, but is not board certified (via interview, discussion-to advise and enable the older person and/or his/her family to

September 29, 2022

resolve problems (concrete or emotional), or to relieve temporary stresses they encounter.

Authority: Authority: KRS 205.455(5) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition

Requirements: DAIL Approved Assessment Tool (A-C). Back-up documentation must be available upon request in a format that can be electronically viewed.

#### Education (Senior Center Services) (1 Hour)

Documentation should be reported and available for review in the state approved data system.

Providing formal or informal opportunities for individuals to acquire knowledge, experience, or skills. Includes individual or group events designed to increase awareness in such areas as nutrition, crime, scams or accident prevention; promote personal enrichment, for example, through continuing education; to increase or gain skills in a specific craft, trade, job, or occupation. Includes computer classes, for example, but does not include wages or stipends. (For nutrition, see Nutrition Education Title III- C).

Authority: KRS 205.455(5) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition.

Requirements: DAIL Approved Assessment Tool. Back-up documentation must be available upon request in a format that can be electronically viewed.

#### Employment Services (Senior Center Services) (1 Hour)

Documentation should be reported and available for review in the state approved data system.

Services to encourage the employment of older workers, including job and second career counseling and, where appropriate, job development, referral, and placement. May also include résumé writing, interview skills, workplace etiquette, job postings, and use of job websites.

Back up documentation must be available upon request in a format that can be electronically viewed.

Authority: KRS 205.455(5) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition

Requirements: DAIL Approved Assessment Tool (A-C). Back-up documentation must be available in a format that can be electronically viewed.

#### Escort (Assisted Transportation) (1 One-Way Trip)

Documentation should be reported and available for review in the state approved data system.

If only Escort service is only needed for six months or less, a justifiable reason is required, and the services do not need a full assessment or to be case managed; however, the service does need to be documented and a level 1 screening with necessary NAPIS information is required and documentation should be available for review in the state approved data system.

September 29, 2022

Authority: KRS 205.455(5) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition

Requirements:

Short-Term (six months or less) Clients (require documented justification and DAIL Approved Assessment Tool (A-C) with basic NAPIS information

Long-Term Clients require DAIL Approved Assessment Tool (A-D), Leveling, Plan of Care, and Case Management

Friendly Visiting (In-Home Services) (1 Contact)

Documentation should be reported and available for review in the state approved data system.

Interacting with a client to offer comfort or assistance or visiting a client in order to comfort or help. [Requires schedule of events in electronic file/service schedule]. Level One Screening required, but the documentation of need and service provided is required. Statement regarding status of clients' health, safety and welfare should be documented in the clients' electronic file and summary of visit and documentation of any additional ongoing resources needed and provided.

Authority: KRS 205.455(5) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition.

Requirements: DAIL Approved Assessment Tool (A-C) and documentation of need must be available in a format that can be electronically viewed.

Health Promotion (Senior Center Services) (1 Session)

Documentation should be reported and available for review in the state data system.

Services which include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person age sixty (60) or older.

Back up documentation must be available upon request in a format that can be electronically viewed.

Example: Health Promotion includes programs relating to chronic disabling conditions (including osteoporosis, diabetes and cardiovascular disease) prevention and reduction of effects, alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, physical fitness programs such as walking programs, exercise programs, and music, art, and dance-movement therapy, and assisting participants in understanding the prevention benefits in health insurance policies.

All Health promotions information should be made available in formats to be accessible to all interested individuals.

Authority: KRS 205.455(5) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition.

DAIL Approved Assessment Tool and documentation of need must be available in a format that can be electronically viewed.

September 29, 2022

Homemaker/Home Management (In-Home Services) (1 Hour)

General household activities, including but not limited to non-medical personal care, shopping, meal preparation, and routine household care, provided by a trained homemaker when the person regularly responsible for these activities is temporarily absent or unable to manage the home and care for themselves or others in the home. All documentation of units provided required in the state approved data system. Clients may not be eligible for same or similar service through Medicaid funded services. Services may not replace an existing support system.

Authority: KRS 205.455(10) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition

Requirements: DAIL Approved Assessment Tool,(A-D) Leveling, Plan of Care, and Case Management.

Home Repair Services (1 contact)

Documentation should be reported and available for review in the state approved data system.

The provision of minor home adaptations, additions, or modifications to enable the elderly to live independently or safely or to facilitate mobility including, where appropriate, emergency summons systems.

A waiver from DAIL must be request prior to expenditures of \$250 or greater. All items must be built to ADA requirements. Documentation of additional resources requested should be reviewed upon request. Client information should be reported in the state approved data system. Requires section A-C of DAIL required assessment tool.

Authority: KRS 205.455(11) Title IIIB, Administration on Community Living

Requirements: Kentucky assessment tool sections A-D-documentation of need in SAMS.

Home Health Aide (In-Home Services) (1 Hour)

Documentation should be reported and available for review in the state approved data system

Providing assistance to persons and/or families whose routines have been disrupted by long or short-term illness, disability, or other circumstance through paraprofessional aides who provide personal health care services, including assisting in administering medications, teaching the client and/or caregiver in self-care techniques, observing, recording, and reporting on the client's status and any observed changes. Paraprofessionals shall be Certified Nursing Assistants or state registered nurse aids.

Authority: KRS 205.455 (9), Title IIIB, Administration on Community Living

Requirements: DAIL Approved Assessment Tool, Leveling, Plan of Care, and Case Management.

Home Modification (1 Activity)

Documentation should be reported and available for review in the state approved data system.

Performance of tasks for minor home adaptations including additions to, or modifications of the home environment to enable the elderly to maintain independent living in the home or to ensure health,

September 29, 2022



safety, or facilitate mobility. Maximum of \$500 but must be justified and documented.

Authority: 910 KAR 1:170, Title IIIB, Administration on Community Living.

Requirements: KY assessment tool section A-D

Information and Assistance (Access) (Information and Referral/Information and Assistance) (1 Contact)

Documentation should be reported and available for review in the state approved assessment tool.

Back up documentation must be available upon request in a format that can be electronically viewed.

Providing a service for individuals to provide current information about services available within the community. It can link individuals to the services and opportunities that are available to the maximum extent and establish adequate follow-up procedures. Internet website "hits" are to be counted only if information is requested and supplied.

*Note: The service units for information and assistance and for outreach are individual, one-on-one contacts, between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category.*

Examples: "Where is the senior center?", "Who do I call for a home delivered meal?" "Where do I sign up for a class?"

Authority: 910 KAR 1:170, Title IIIB, Administration on Community Living, National Aging Program Information System (NAPIS) definition

Requirements: DAIL Approved Assessment Tool section A

Legal Assistance (1 Hour) - Providing legal advice and representation by an attorney or counseling from a paralegal or law student under the supervision of an attorney.

Back up documentation must be available upon request in a format that can be electronically viewed.

Authority: 910 KAR 1:170 Title IIIB, Administration on Community Living, National Aging Program Information System (NAPIS) definition

Requirements: DAIL Approved Assessment Tool section A and B.

Personal Care (In-Home Services) (1 Hour)

Providing personal assistance with Activities of Daily Living (ADLs). For example: eating, dressing, bathing, toileting, transferring in and out of bed/chair and walking. All documentation of units provided required in the state approved data system. Clients may not be eligible for same or similar service through Medicaid funded services. Services may not replace an existing support system.

Authority: 910 KAR 1:170 Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition

Requirements: DAIL Approved Assessment Tool (A-D) Leveling, Plan of Care, and Case

September 29, 2022

Management.

Public Information (1 Activity)

Provision of information, assistance or outreach to a group of individuals. May involve contact with several current or potential client/caregivers. Public information includes newspaper articles, radio programs, health fairs, and television.

Back up documentation must be available upon request in a format that can be electronically viewed.

All public information must be ADA complaint and ESL complaint.

Example:

If the agency were to provide Public Information Services through mass media by one (1) radio public service announcement, one (1) newspaper article and one (1) television interview, this would be counted as three (3) activities.

"Estimated Audience Size" is usually obtained from the media source. For example, radio stations should provide the estimated number of listeners, 60 years of age or older, during that particular time period and newspapers rely on circulation size. This would be aggregated for the number of media sessions conducted. In the example above, the three (3) media sessions would be counted and reported. The Audience Size can be counted for the first session, and each subsequent session should be report as one (1) since SAMS requires a number be reported.

Please note: When aggregating these estimates from multiple media sources, there are typically duplicated counts. If multiple informational events are conducted over the course of a year, the agency, in aggregating the numbers for the "Estimated Audience Size", should bear in mind: (1) Repeated messages through the same source (3) messages one week apart through the same newspaper) will likely be reaching the same audience; (2) With minor/rare exceptions, "Estimated Audience Size" should not exceed the total number of residents in the that region.

Authority: Authority: KRS 205.455(5) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition

Requirements: Refer to descriptions above.



Outreach (Access) (1 Contact)

Documentation should be reported and available for review in state approved data system.

Interventions with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits.

*Note: The service units for information and assistance and for outreach are individual, one-on-one contacts, between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category.*

Back up documentation must be available upon request in a format that can be electronically.

Authority: 910 KAR 1:170 Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition.

Requirements: DAIL approved Assessment Tool Part A and B

Recreation (Senior Center Services)(1 Contact)

Documentation should be reported and available for review in SAMS.

Provision of activities which foster the health or social well being of individuals through social interaction and the satisfying use of leisure time. Back up documentation must be available upon request in a format that can be electronically viewed. Activities should not exclude ADA or ESL individuals.

Authority: DAIL Contract Title IIIB, Administration on Community Living  
Requirements: KY Assessment Tool section A.

Respite (In-home Services) (1 Hour)

Documentation should be reported and available for review in the state approved data system.

Care provided by an approved caregiver or agency for a designated time period because of absence or need for relief of a primary caregiver.

Authority: KRS 205.455(12) Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition

Requires: DAIL Approved Assessment Tool (A-D), Leveling, Plan of Care, and Case Management.

Telephone Reassurance (In-home Services) (1 Contact)

1 contact = 1 call each call should be reported in SAMS. Documentation should be reported and available for review in the state approved data system.

Phoning a client in order to provide comfort or help. An electronic file should be maintained for each client recording the information below.

Back up documentation must be available upon request in a format that can be submitted

September 29, 2022

Ombudsman (1 Activity)

Activities include: 1. Identifying, investigating, and resolving complaints that are made by, or on behalf of, residents; 2. Relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents; 3. Monitoring the development and implementation of federal and state policies and regulations related to long-term care facilities; and 4. Providing information related to residents care and quality of life.

Authority: Older Americans Act, Section 712; 910 KAR 1:210

Requirements: NORS Report

Presentations (1 Activity)

Unduplicated would be the number of presentations held.

Authority: Section 712; 910 KAR 1:210

Requirements: NORS Report

September 29, 2022

electronically.

All documentation must be in the state approved data system including but not limited to contact and documentation of need of client and contact recorded in the state approved data system journal entries including client's preference of schedule.

AAAIL should have policy for data entry, all journal entries must be in state approved data system when the invoice is submitted to DAIL for payment.

Telephone reassurance is not a service to be used to notify a client of an interruption in service delivery, nor is to supplement case management services. Justifications must be documented in client file if a client is receiving telephone reassurance and case management services.

Telephone reassurance services should not be confused with the contact being made by contact in case of a disaster.

This is a requested service, from a client or caregiver to an isolated individual.

Volunteers may be used to make these calls.

In accordance with KAR 1:170 all telephone reassurance shall:

If the client is also receiving CM service a justification for TR should be documented in SAMS journal entry.

- Provide regular telephone contact to or from isolated individuals;
- Be provided by staff, who is knowledgeable and skilled in the services provided,
- Including a volunteer under the supervision of the Senior Center Director;
- Include a prearranged schedule for contacting the participant;
- Maintain a log of calls documenting:
  - Date of the contact;
  - Length of the call;
  - Summary of the contact;
  - Demographics of the participant;
  - Determination of safety and well-being; and
  - Determination of special assistance needed;
- Establish a procedure to be implemented in the event of a non-answered call; and
- Include the participant's preference regarding frequency of calls.

Authority: 910 KAR 1:170 Title IIIB, Administration on Community Living

Requirements: DAIL Approved Assessment Tool A-C. and documentation of need in the state approved data system

### Transportation (Access) (1 One-Way Trip)

Documentation should be reported and available for review in the state approved data system.

Transportation from one location to another (curb to curb). Transportation does not include any other activity. Documentation must be maintained by the service provider. The following applies for transportation:

September 29, 2022

Transportation services shall:

- Be provided by a trained individual;
- Transport older persons to or from community resources to access or receive needed services;
- Comply with federal, state, and local regulations; and
- Use vehicles safe and accessible to older persons and properly insured to protect the participants in accordance with state regulation.

Authority: 910 KAR 1:170 Title IIIB, Administration on Community Living National Aging Program Information System (NAPIS) definition

Requirements: DAIL Approved Assessment Tool (A-C)