SSBG Provider Documentation Procedures

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Social Services Block Grant

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Table of Contents

I. Purpose

This explains the procedures to be used by provider staff regarding required submissions to SSBG state office.

II. Definitions

A glossary of terms for the document

Term	Definition
A/N/E	Abuse/Neglect/Exploitation
APS	Adult Protective Services
CIC	Change in Circumstances
CQI	Continuous Quality Improvement
DME	Durable Medical Equipment
IE	Income Eligible
Provider	Agency
SSBG	Social Services Block Grant
TDHS	Tennessee Department of Human Services
WRI	Without Regard to Income

III. Procedure

Abuse Reporting

State law requires any individual who has knowledge of or suspects the abuse, neglect, or exploitation (A/N/E) of a child or adult to report their concerns to the appropriate department. Abused adults must be reported to Adult Protective Services (APS) through their:

- hotline at 888-277-8366 or
- website

Abused children must be reported to the Department of Children's Services through their:

- hotline 877-237-0004 or
- website.

Incident Reporting

Providers are required to report all critical incidents that involve both SSBG clients and provider staff in writing to the SSBG mailbox within twenty-four (24) hours. Critical incidents of a sensitive nature also require a successful phone call to the SSBG Block Grant Coordinator or an APS

director as soon as possible but within four (4) hours of the incident. Examples of critical incidents include but are not limited to:

- Accidents when both provider staff and client are in the vehicle
- Client falls requiring medical attention that take place when provider staff are in the home
- A/N/E caused by SSBG service providers
- Damage to durable medical equipment (DME) (e.g. oxygen equipment, walkers, wheelchairs, commodes, etc.) caused by provider staff
- Violations of licensing rules regarding medications
- Incidents where provider staff borrow, receive, misplace, or steal funds or other property from the client or their home
- Violence against staff during visit
- Unexpected client death while program staff is present
- Unscheduled adult day service closures

Corrective Action Plans

- Periodic monitoring reviews of provider agencies are completed by the TDHS Office of Inspector General (OIG). Upon completing the review, monitoring staff provides a report of findings to the audited providers. If problems are identified, the provider agency is required to submit a corrective action plan to TDHS SSBG for approval. A copy of the review report and any corrective action activity is maintained by TDHS SSBG.
- If the provider fails to comply with any contract or policy requirements, TDHS SSBG may require a written corrective action plan. The provider must submit the plan to SSBG.DHS@tn.gov no later than ten (10) calendar days after the notice of deficiency. Continued failure to meet subsequent benchmarks may result in a reduction of funding.

Annual Program Evaluation

- TDHS SSBG providers are required to complete the HS-3131 Annual Program Evaluation form within ninety (90) days of the completion of each contract term and submit to SSBG.DHS@tn.gov.
- The evaluation should focus both on areas of strength and opportunities for improvement, and should include:
    - Statistics about clients served and how they may differ from the service proposal.
    - Barriers to effective service delivery and proposed solutions.
    - suggestions on how TDHS SSBG can assist the provider with improvements to their program.
    - Information regarding staffing quantities, positions, training, development, and achievement.
    - Changes in board membership and leadership.
    - Changes in types of service provision over the year

- A description of the working relationship with other community service partners, including TDHS grants and contracts
- Statistics and evaluation of how many clients achieved, maintained, or failed to achieve client goals.

The grantee/contractor's Executive Director is responsible for ensuring that this report is prepared.

Authorized Signatories

The HS-3475 SSBG Authorized Signatories form must be updated annually and upon any subsequent changes in designees. The form indicates the individual authorized to sign contracts with SSBG on behalf of the provider and any sub-designees authorized to sign budget revisions and invoices.

Social Assessment and Service Plan

The hs-3476 SSBG Social Assessment and Service Plan is a single form used to document both an assessment of a client's well-being and a plan of action for the provider. This form must be fully completed at each assessment. Over time, progressive documentation will reveal a timeline of each client's circumstances and growth.

The Social Assessment and Service Plan is similar to the referral the provider receives from APS. However, providers must complete their own assessment on the Social Assessment and Service Plan form that is independent of the APS assessment. The two (2) assessments can come to different conclusions about which services are needed and the number of hours required to stabilize the client. Provider staff must proceed with services based on their own assessment, but if theirs differs substantially from the one provided by APS, they should contact the APS investigative specialist to discuss the client's current condition and needs.

The initial Assessment and Service Plan must be completed by the case manager and be based on at least one (1) home visit in order to provide the assessor with enough context to accurately evaluate the client's circumstances. At the provider's discretion, subsequent Assessment and Service Plans may be completed by the personal support assistant (PSA) assigned to that client.

Client visits must be scheduled with enough frequency to establish and maintain the kind of relationship essential to effective service delivery. Effective service cannot be achieved through a single monthly visit except in circumstances when service is being terminated or a client can maintain self-sufficiency with minimal assistance.

All service plans must be developed in a manner that respects the client's preferences; clients have self-determination and the right to decline assistance with any given activity. In circumstances where the client cannot communicate on their own, the caregiver's input must be sought on the client's behalf. Personal support staff must limit their activities to those described in the service plan, and all planned activities must be in furtherance of the SSBG Service Goals.

This form must be completed within thirty (30) calendar days of the provider's case being opened and reassessments must be done no less frequently than every six (6) months thereafter.

Change in Circumstance (CIC) Form

The HS-3109 SSBG Change in Circumstances form is required for all changes to case status including case open, case close, and removal of client from waiting list for any cases that are not in the CMS.

Monthly Client Services Report

The Monthly Service Report (the monthly report) is required from all providers by the fifteenth (15th) of each month. If the fifteenth (15th) falls on a weekend or holiday, the form must be submitted by the last business day prior to the fifteenth (15th). By contract, SSBG cannot process provider invoices without receipt of the monthly report. See Units of Service section of 14.02 SSBG Fiscal Accountability Procedures and 14.01 SSBG Eligibility policy.

Missed Appointment Log

Providers must submit the HS-3480 SSBG Missed Appointment Log by the third (3rd) business day of each month. Every agency-canceled appointment that is not rescheduled during the same week, must be logged including, but not limited to:

- Illness
- Inclement weather
- Vehicle breakdowns
- Family emergencies

Appointments canceled due to holidays or by client's request do not need to be rescheduled or logged.

Waiting List

Adult Day Services (ADS)

ADS providers must maintain a waiting list of all applicants for whom services cannot be started within seven (7) calendar days of application approval. The waiting list must be maintained monthly and submitted to SSBG.DHS@tn.gov by the fifth (5th) business day of each month.

Personal Support Services

The CMS tracks how long each referral remains in "waiting list" status. Cases must be opened within ninety (90) calendar days of referral. Services start on the day the case manager and client have their introductory meeting and the client assessment is completed. Active services by a personal support assistant must begin no later than thirty (30) calendar days after services have been initiated. A corrective action plan will be required if clients wait longer than the ninety (90) day timeframe.

Denial of Service

The provider must consult with SSBG program staff prior to denying services to any APS-referred client. The consultation must include the referring APS staff member if the APS case is still open. If consensus cannot be reached, SSBG program staff will make the final determination. If it is decided that services will not be provided, the referral will be closed and noted in the CMS as "SSBG denied services." Valid reasons for service denial include:

- Violence or threats towards staff
- The home contains unsecured weapons and the client refuses to secure them
- Presence of dangerous illegal drugs and/or paraphernalia such as methamphetamines and intravenous narcotics
- The home is structurally unsafe, such that the physical structure of the home makes it impossible for sub-contractor staff to safely provide care as needed.

Notes:

- Personal support assistance cannot be denied based on a client's need for pest control.
- Personal support assistance and adult day services may be delayed, but not denied for treatable, transmissible illnesses such as COVID-19 and seasonal flu. Proper quarantine and protective measures must be implemented.

Maintaining Client Contact

Clients must be served in chronological order with the understanding that provider staff is often allocated geographically.

Providers must converse with all clients on the waiting list at least monthly to initiate a positive relationship and give assurances that services will be provided when they become available. A face-to-face conversation must take place if the client does not have a phone. Mail correspondence is not an adequate substitute for the required conversation. The date of each contact/attempt must be documented in the CMS.

Client Contact Unsuccessful

After good faith efforts are made, clients who cannot be reached must be removed from the waiting list. Prior to removal, providers must document:

- three (3) unsuccessful phone calls, each at least seven (7) calendar days apart,
- an unsuccessful visit to the client's home, and
- a discussion with APS staff seeking assistance with client contact if the APS case is open.

Client Refuses Services

All APS referrals are made with the belief that SSBG services are in the client's best interest. Providers must make good faith efforts to encourage the client to accept services. All contact must be documented in the CMS.

- When a client refuses services:
    - attempt to establish a rapport
    - visit the client face-to-face
    - if applicable, attempt to ease the client's concerns about services
    - request the client sign an HS-3489 SSBG Refusal of Services
    - provide contact information for relevant community resources.

If a client cannot be located or declines to sign a refusal of services form, the attempt(s) to complete the form must be documented in the CMS.

Grant Disbursement Reconciliation Reports

SSBG does not require a specific form to serve as the reconciliation report. At their own discretion, providers may either develop their own or submit their final invoice to serve as both invoice and reconciliation report. The HS-3465 Social Services Block Grant Invoice for Reimbursement indicates:

- grant total,
- amount disbursed,
- expenditure categories,
- year to date totals, and
- the amount remaining in the contract balance.

If the “final invoice” indicator is checked, the invoice automatically provides grant reconciliation information by category.