



SSBG Documentation Procedures

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Social Services Block Grant

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Table of Contents

I. Purpose	3
II. Definitions.....	3
III. Procedure	3
Abuse Reporting.....	3
Incident Reporting	3
Client Surveys	4
Corrective Action Plans	4
Annual Program Evaluation	4
Authorized Signatories.....	5
Social Assessments and Service Plans	5
Change in Circumstance (CIC) Form.....	6
Monthly Client Services Report.....	6
Missed Appointment Log	6
Waiting List.....	6
Timeframes.....	6
Denial of Service.....	6
Maintaining Client Contact	7
Client Contact Unsuccessful	7
Client Refuses Services.....	7
Depletion of Funding.....	7
Grant Disbursement Reconciliation Reports	8

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
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,
- [website](#),
- or by fax at 866-294-3961.

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

- hotline 877-237-0004 or
- [website](#).

Social Services Block Grant (SSBG) providers must maintain an [HS-3130 Abuse Reporting Log](#) to document all referrals to APS. This log must be completed in its entirety.

Incident Reporting

Providers are required to report all critical incidents involving SSBG clients to the APS hotline. Items for which a report is required include:

- unexpected death
- theft

- any injury caused by staff
- suspected or actual physical, mental, or sexual abuse; neglect; or exploitation.

Providers must also complete a written report to be submitted to SSBG.DHS@tn.gov within forty-eight (48) hours.

In circumstances where the critical incident involves provider staff, agencies must then investigate the claim and submit a completed investigation report within thirty (30) days.

Generally, providers maintain the discretion to remove, suspend, and return their employees to service. However, in circumstances where provider staff are suspected of misconduct, the Tennessee Department of Human Services (TDHS) may request they be removed from the homes of all SSBG clients until investigations are completed by both the provider and TDHS. In such circumstances, these staff members may not be returned to service until TDHS has granted approval.

Client Surveys

1. Adult Day Service (ADS) providers must attempt to complete a customer satisfaction survey with each recipient once the ten (10) day case closure notice has been sent. Surveys must be completed on state-approved forms, and each individual survey response must be scored.
2. Within fifteen (15) days of the close of each contract, ADS providers must submit the average of all responses to TDHS SSBG staff along with physical or electronic copies of the clients' surveys. If the average of all surveys indicates a satisfaction rate of less than eighty percent (80%), the provider shall develop a corrective action plan to improve performance.
3. Each provider will develop its own survey and submit a copy to TDHS SSBG staff for approval prior to use.
4. It is understood that some clients may require provider assistance to complete the survey. In such cases, the name of the staff member providing assistance must be documented.

Corrective Action Plans

- Periodic monitoring reviews of provider agencies are completed by staff from the TDHS 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 direct the provider in writing to create a corrective action plan. The provider shall submit the corrective action plan in such form and substance as the TDHS SSBG may direct 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.

Adult day service providers are required to submit all completed client surveys annually. If the surveys indicate a satisfaction rate less than eighty percent (80%), the provider must develop a corrective action plan to improve performance.

Annual Program Evaluation

1. TDHS SSBG believes continuous quality improvement (CQI) is a critical aspect of successful service provision. To that end, 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.
2. The evaluation should focus both on areas of strength and opportunities for improvement, and should include:
 - a. Statistics about clients served and how they may differ from the service proposal.

- b. Barriers to effective service delivery and their proposed solutions.
- c. suggestions on how TDHS SSBG can assist the provider with improvements to their program.
- d. Information regarding staffing quantities, positions, training, development, and achievement.
- e. Changes in board membership and leadership.
- f. Changes in types of service provision over the year
- g. A description of the working relationship with other community service partners, including TDHS grants and contracts
- h. An evaluation of program efficacy based on statistics regarding how many clients achieve, maintain, 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 Assessments and Service Plans

The [HS-3116 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 HS-3116 Social Assessment and Service Plan is similar to the [HS-2972 Homemaker Request for Services](#) and Social Assessment and Service Plan provided by APS with the initiating paperwork. However, providers must complete their own assessment on the HS-3116 Social Assessment and Service Plan form that is independent of the APS assessment they received. 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 condition and needs.

Each (re)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. The number of visits or interactions with the client described in the service plan 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) days of the provider's case being opened and reassessments must be done every six (6) months thereafter. Providers have the option to complete the assessment and service plan at ninety (90) days instead of six (6) months if the client's circumstances change. Alternatively, for the initial assessment, providers may choose to complete the mini-assessment contained within the APS referral paperwork within thirty (30) days of their case being opened. If the mini-assessment is completed, then the first full assessment is due within sixty (60) days with subsequent full assessments due at six (6) month intervals 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](#) regardless of cause (whether or not services are provided).

Client circumstances that affect case status may change at any time during the certification period for reasons including, but not limited to, changes in income and/or need for services. If a change in client circumstances that may require a change in case status is reported to the provider, or the provider has reason to believe such a change has occurred, eligibility must be redetermined within fifteen (15) calendar days of confirmation. If redetermination indicates a change in case status is necessary, a CIC form must be submitted to SSBG.DHS@tn.gov and copied to the referring APS investigative specialist within ten (10) days of eligibility redetermination.

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. Regularly-scheduled appointments canceled due to holidays do not need to be rescheduled or logged.

Waiting List

Providers must maintain a waiting list of all clients for whom services cannot be started within seven (7) calendar days of referral or application approval. SSBG has provided the [HS-3488 SSBG Client Waiting List](#) as an option or example form. Please note that the form differentiates between a client who is “holding” (awaiting funding) and one who is “waiting,” (funding available, waiting for next open PSA).

Timeframes

The waiting list must be maintained monthly and submitted to SSBG.DHS@tn.gov and the APS team coordinator by the first (1st) business day of each month.

Providers must provide services to waiting clients within ninety (90) calendar days. Generally, 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 start no more than thirty (30) calendar days after services have been initiated. A corrective action plan will be required if clients exceed 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 for health and safety reasons. 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 on the [waiting list](#) as “SSBG denied services.” Valid health and/or safety concerns 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 chronologic/al 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 provide 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 must be documented on the waiting list.

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 on the waiting list.

- When a client refuses services:
 - attempt to establish a rapport
 - visit the client face-to-face
 - 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 client's file.

Depletion of Funding

If funding is depleted, it is appropriate to waitlist clients until funds become available. In this situation:

1. The provider must inform the clients why they are waiting.
2. When funds become available, the provider must advise the clients that services will start within ninety (90) days.
3. The monthly waiting list submission must indicate which clients are holding because of funding. Once funds become available, the waiting list must indicate the date of the change.

Clients waiting due to lack of funds do not fall under the ninety (90) day waitlist limit. The ninety (90) day clock starts when funds become available. Providers may not waitlist clients for this purpose until all available funds are depleted. Regardless of the reason for waiting, the clients who have been waiting the longest in each area/county must be served first.

Funding is considered depleted when the provider is serving the maximum number of clients per month as indicated in their [HS-3115 SSBG Service Proposal](#). Client maximums should be based on a calculation of units per month per area/county and cost per unit such that a determination is made prior to the start of each contract on how many individuals can be served per month in each area.

The steps below are a recommended method for calculating client maximums:

1. Determine the expected grant amount
2. Determine the number of referrals received per area/county the prior year
3. Determine expected grant funding for payroll/benefits
4. Assign an appropriate portion of payroll/benefits to each area/county
5. Calculate the number of employees appropriate for each area/county
6. Create a standard of expected units per week to be performed by each full-time employee that can be divided to indicate expected units per week for part-time employees as well
7. Calculate the total number of units that can be provided in each area/county based on the above
8. Calculate the number of clients that can be served in each area/county based on a standard of three (3) hours/unit per week
9. Allow for *temporary* adjustments from the three (3) standard units per client down to two (2), if necessary, to serve clients on the waitlist. Temporary adjustments must last no longer than sixty (60) days unless approved by TDHS SSBG program staff. Adjustments in units must be applied evenly to all clients within the area/county.

The monthly maximum per area/county is an annual average divided by twelve (12), which creates a stable number. However, demand in each area will fluctuate with need. For this reason, providers will likely continue to have clients on their waitlist even when funds are available.

Adult day service clients who are placed on the [waiting list](#) because of funding must be given the option to apply for services and pay for them privately until space becomes available. APS clients must receive priority for open slots.

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.