SOCIAL SERVICES BLOCK GRANT (SSBG) POLICY AND PROCEDURES MANUAL

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SOCIAL SERVICES BLOCK GRANT (SSBG)

INTRODUCTION

The Social Security Act of 1935 mandated Federal financial participation to the states for the delivery of social services. The Department of Human Services was first assigned responsibility for the State's social service program by the Welfare Organization Law enacted by the Tennessee General Assembly in 1937. With enactment of Title XX of the Social Security Act by Congress in December, 1974, the Department was designated as the single State agency to receive and administer Federal funds for social services. This designation continued under the Omnibus Budget Reconciliation Act of 1981, which created the Social Services Block Grant (SSBG) changing the Federal financial participation from an entitlement grant to a block grant. Effective July 1, 1996, responsibility for social services for children and adults was divided between two departments. The Department of Human Services is responsible for adult social services and the Department of Children's Services is responsible for children's services. Child care assistance is the only children's service which remains the responsibility of the Department of Human Services.

Social Services Block Grant (SSBG) funds are used by the Department of Human Services to support services provided directly by the Department of Human Services staff and through grants/contracts with other public, private, or state agencies. These policies address only the services which are purchased for adults and child care assistance which remains with DHS. Purchased services include:

- Day Care Services for Adults
- Homemaker Services for Adults
- Protective Services for Adults

Each service will be discussed in terms of the service definition, eligible customer population, special requirements, and service documentation. In some instances, a service may be discussed in terms of components or specialized services within the distinct service. For example, protective service counseling and diagnosis/assessment are adult protective service components which may be provided through a contractual agreement.

The SSBG grant/contract contains special legal provisions relating to all SSBG services that are not found in the legal documents or other funding sources. These obligations and the method used for determining compliance are:

Service Priority

SSBG contract agencies are required to give service priority to Tennessee Adult Protective Service customers authorized by the Department's staff. If the DHS APS case remains active, re-assessments should be given to the local Adult Protective Services staff that authorized the contract agency to provide service as completed.

Effective July 1, 2006, SSBG contract agencies that provide homemaker services are required to accept only DHS Adult Protective Service customers who are authorized by the Department's staff. If the contract agency feels the referral is inappropriate, the agency must fax the DHS state office for approval to decline the referral prior to denying service to the customer.

The agency's admissions policy must reflect that priority for service is given to the department's customers.

Referral logs must be maintained showing the applicant's name, date of referral, referral source, and date of admission or service initiation.

Continued Service to Department Customers for Homemaker Programs

The Department's Adult Protective Services staff may close a case and authorize the customer to continue to be eligible for services through a homemaker provider. Procedures allowing the homemaker provider to continue eligibility for these customers are addressed in SSBG Eligibility Policy.

SOCIAL SERVICES BLOCK GRANT (SSBG) ELIGIBILITY POLICY

A. Introduction

In order for a family or individual to receive services through a program funded under the Social Services Block Grant (SSBG), financial eligibility and the need for service must be determined. These funds are not available to nursing home residents because nursing homes offer twenty-four (24)-hour programs utilizing other State and Federal funds. A family or individual who has not been determined eligible in accordance with the Department's established policies and procedures is considered to be ineligible to receive services. Provision of services to an ineligible customer shall result in financial penalties.

This material establishes the policies and procedures that must be followed in determining the eligibility of all families or individuals receiving services in programs funded through the Social Services Block Grant.

B. General Provisions

1. Application for Services

Each individual wishing to receive services through a program funded under the Social Services Block Grant must have the opportunity to make an application without delay. In other words, the customer's application must be taken at the point he/she comes to the agency and requests that he/she be allowed to apply. All applications for services must be processed within 1 business day from the date of application. When eligibility is not determined within the required time frame, the record must reflect clearly the cause for delay in making disposition of the application. The applicant's failure to provide necessary information for the eligibility determination is cause for rejecting the application.

It is required that notification of eligibility status, i.e. notice of approval or denial, be provided. The denial notice must be in written form. If eligibility cannot be determined, the applicant must be informed in writing within **15** business days of the date of the decision.

Applications must include each of the state approved indicators through the state approved SSBG application, which clearly reflects all the relevant information for the eligibility intake process. The application/eligibility determination must document all information needed to establish eligibility. The information also documents that the department's policies and procedures have been followed in determining the eligibility of each applicant for services. The application/eligibility determination must include the following information either on the form or attached to the form:

a. The name of the applicant, the service(s) for which he/she is applying, and the applicant's statement of why the service(s) is(are) needed

b. The income and sources for all adult (over 18 years of age) members of the household

c. Documentation of SSN for all members of the household

d. The applicant's signature and date of application

e. If someone other than the applicant applies for the service(s) in his/her behalf, the application must be signed and dated by that individual with his/her relationship to the applicant stated

f. The explanation of how the applicant's representative is in a position to know his/her circumstances

g. The agency worker who takes the application must sign and date the form on the date the applicant or his/her representative signs and dates it

h. The supporting documentation to establish eligibility, i.e., current income verification documents

i. The agency worker establishing eligibility must initial and date the eligibility determination section on the date eligibility is determined

j. Documentation of notification of eligibility status

k. Method of eligibility determination

l. Period of certification

2. The application form must be completed and eligibility established prior to the initiation of services. Provision of services to an individual for whom eligibility has not been determined shall result in a financial penalty.

C. Method of Eligibility Determination

A determination of eligibility for services must be verified either by client self-declaration or through the verification method. The only exception would be to provide free standing information and referral services, otherwise, persons receiving any SSBG services must be within income guidelines and in need of the requested services or be an Adult Protective Service customer (which is without regard to income).

1. Customer Self Declaration

The declaration method can be used for all services unless monetary payments or tangible benefits purchased with SSBG funds are provided. Evidence of the attempts at proving eligibility must be contained in the client file.

2. Verification Method

The verification method is used for services when monetary payments or tangible benefits purchased with SSBG funds are provided. All points of eligibility (need and income) must be verified prior to the customer receiving service. The necessary verification must be obtained within ten business days of the application date.

3. Zero Income

After all avenues of documenting income eligibility are exhausted, self-declaration is allowable, but evidence of the attempts at proving eligibility must be contained in the client file, including a statement signed by the applicant indicating that the individual has no other proof of income. Please refer to Verification for Zero Income Households.

D. The Eligibility Determination Process

SSBG income guidelines mandate that both the need for services and financial eligibility be verified in order to determine eligibility.

1. Need for Service

The first point to be considered in the eligibility determination process is need for services. Establishing need for service involves knowing the circumstances of the individual or family, and basing the service need upon these circumstances. This involves judgment on the part of the agency staff who will determine eligibility.

The following are some points to be considered in establishing need:

a. What is the individual or family's stated reason for requesting service?

b. What are the conditions in the home?

c. What is the physical and/or mental condition of the persons(s) needing service?

d. Are there other services or resources available and not being utilized?

e. Do the home conditions and physical or mental conditions of the person needing service support the stated reason for requesting service?

f. Does the need meet one or more of the service goals?

Need must be established as part of the eligibility determination process, and the case record of each eligible customer must clearly document the need for each service which is being provided.

Other situations, establishing need, may be encountered as customers describe their circumstances. Individual contract agencies may establish policy and procedure in addition to the examples listed above.

2. Citizenship or Qualified Alien

The second point to be considered in the eligibility determination process is whether an applicant is a citizen or qualified alien.

A determination is based upon the applicant's signature and attestation on the application form and whether he or she is claiming to be a citizen or qualified alien as defined by 8 U.S.C § 1641(b), or eligible immigrants.

Request that the applicant present ONE (1) of the following documents to verify his or her *citizenship* for each participant requesting assistance:

a. A valid driver's license or photo identification license issued by the Tennessee Department of Transportation.

b. A valid driver's license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Transportation.

c. An official birth certificate issued by a U.S. state, jurisdiction or territory, including Puerto Rico, U.S. Virgin Islands, Northern Mariana Islands American Samoa, Swains Island, Guam; provided, that Puerto Rican birth certificates issued before July 1, 2010, shall not be recognized under this subdivision (c)(2).

d. A U.S. government-issued certified birth certificate

e. A valid, unexpired U.S. passport

f. A U.S. certificate of birth abroad (DS-1350 or FS-545);

g. A report of birth abroad of a citizen of the U.S. (FS-240);

h. A certificate of citizenship (N560 or N561);

i. A certificate of naturalization (N550, N570 or N578);

j. A U.S. citizen identification card (1-197, 1-179);

k. Any successor document of subdivisions (c)(4)-(9); or

l. A social security number that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

Request that the applicant present ONE (1) of the following documents to verify his or her *alien status* for each participant requesting assistance:

a. An applicant who claims qualified alien status, shall present **two (2)** forms of documentation of identity and immigration status, as determined by the U.S. Department of Homeland Security to be acceptable for verification through the SAVE program.

NOTE: Documents demonstrating immigration status may include: Arrival/Departure Record (form I-94), Permanent Resident Card (Form I-551), Employment Authorization Document (Form I-766) or Foreign Passport or Visa.

b. If an applicant who claims eligibility as a qualified alien is unable to present two (2) forms of documentation as described above, then the applicant shall present at least one (1) such document that the entity or local health department shall then verify through the federal SAVE program

Each Agency shall maintain a copy of all documentation submitted by an applicant for verification in a manner consistent with the Agency's rules, regulations or policies governing storage or preservation of such documentation.

Any document submitted as citizenship verification shall be presumed to be proof of an individual's eligibility under this chapter until a final verification is received by the state governmental entity or local health department, and no

entity or local health department can delay the distribution of any federal, state or local benefit based solely on the pendency of final verification.

Upon receipt of a final verification that indicates the applicant is not a U.S. citizen or qualified alien, the state governmental entity or local health department must terminate any recurring benefit and shall pursue action applicable against the applicant under the Tennessee Medicaid False Claims Act or the False Claims Act at Title 4, Chapter 18.

3. **Financial Eligibility**

The third point to be established in determining eligibility is whether the individual or family's income falls within the Social Services Block Grant income guidelines. In order to establish this point, the number of individuals making up the household must be determined, as well as the amount of income available to the household.

4. **Household Size**

A household is defined as any individual or group of individuals living together as one economic unit. The number of individuals in this economic unit will determine household size. Exception: There may be situations where "homeless individuals" are temporarily residing with another permanent household. The "homeless individual" would be considered as a separate economic unit from the permanent household only when applying for homeless services.

5. **Household Income**

Household income is the total gross income for all individuals in a household. Sources of income to be considered and not to be considered are as follows:

6. **Definition of Income**

Income is the sum of all monetary returns, either earned or unearned, of cash receipts earned before taxes within a given time period, *i.e.,* wages, salaries, profits, interests payments, rents, etc. Information regarding allowable exclusions can be found in the next section.

Cash Receipts Include:

a. Wages and Salaries before **any** deductions

b. Net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses). Refer to Verification of Income section.

c. Regular payments from social security*, TANF, railroad retirement, unemployment compensation, strike benefits from union funds, workers compensation, veteran's payments, alimony, child support, and military family allotments or regular support from an absent family member or someone not living in the household

d. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments

e. Foster care payments for children and adults

f. Dividends and/or interest

g. Net rental income and net royalties

h. Legal settlements, one-time insurance payments, or compensation for injury

i. Periodic receipts from estates or trusts; and

j. Net gambling or lottery winnings

k. Black Lung benefits will be considered income except for the first $20 of each monthly benefit.

*** Note**: Medicare premiums for SSA are not excluded. The gross amount of Low Income Security or Social Security Benefits is counted.

7. **Exclusions**:

The following Cash Receipts are not considered sources of income for the purposes of determining applicant eligibility:

a. Utility allowances provided to public housing and Section 8 tenants

b. Capital gains

c. Any assets drawn down as withdrawals from a bank

d. Money received from the sale of a property, house, or car

e. One-time payments from a welfare agency to a family or person who is in temporary financial difficulty

f. Tax refunds

g. Gifts, loans or lump-sum inheritances

h. Non-cash benefits, such as the employer-paid or union-paid portion of health insurance

i. Employee fringe benefits, food, mileage, stipend, travel, or housing received in lieu of wages

j. The value of food and fuel produced and consumed on farms

k. The imputed value of rent from owner-occupied non-farm or farm housing

l. Federal non-cash benefit programs such as Medicare*****, Medicaid, Supplemental Nutrition Aid Program (SNAP), school lunches, and housing assistance

m. Earned income for a child under the age of 18

n. Payments to Vista volunteers

o. Income received under Title V of the Older Americans Act

p. Education benefits received under the GI Bill

q. The value of child care paid by the Department of Human Services and received by client households and

r. Combat zone pay to the military

s. Foster Grandparent Payments

*** Note**: Medicare premiums for SSA are not excluded. The gross amounts of Social Security Benefits and Low Income Subsidy are counted.

8. **Proof of Eligibility/ACCENT**

Proof of income eligibility and the associated documentation to be included in the client file as follows:

a. Eligibility determined by the State of Tennessee for Families First, Medicaid, and/or SNAP

b. It is allowable to use information found in the State's case management and eligibility system (ACCENT) if the following condition is met:

c. The client's case is open and active

9. **Annualizing of Income**

When an applicant receives income for a part of the year, their partial income may be annualized to determine eligibility. The following information must be used to annualize income.

10. **Determining Gross Monthly Income**

The gross income from the current or previous month in relation to the date of application will be considered the applicant's gross monthly income. If the individual's employment status or rate of pay changes, the current income must be considered rather than the income of the previous month.

When income is received in other than regular monthly amounts, agencies will use the following methods to convert to monthly income:

a. **Hourly income:**

Determine the hourly wage and multiply this amount by the number of hours worked according to the individual's usual work day to determine gross daily pay. Multiply the daily pay by the number of days worked in the individual's work week to obtain weekly pay.

b. **Weekly income:**

Multiply the weekly income by 4.33 to determine monthly income

c. **Income paid every two weeks:**

Multiply the amount received each two weeks by 2.16 to determine monthly income

d. **Income received twice per month:**

Add the amounts received to obtain monthly income

Once the monthly income has been established, multiply by twelve (12) to obtain an annualized figure.

11. **Calculation of Unemployment Income**

For purposes of determining eligibility of unemployment income, the number of remaining eligible weeks of unemployment must be verified. SSBG applications with unemployment income cannot be denied for "over income" reason until number of eligible weeks has been established, unless other income would make household ineligible regardless of unemployment.

The number of remaining weeks of eligibility for unemployment income (based on the date of the SSBG application) multiplied by the weekly benefit amount will be the annual income from this source. Proper documentation must be placed in the client file.

12. **Verification of Income**

All income, including fixed income, for the family or individual must be documented at the time of application and at each redetermination. **Caution:** Fixed income must be verified along with other income, for all services requiring verification. The income will be either declared or verified according to the method of eligibility determination used.

When the verification is obtained from an employer, complete information concerning the amount and source must be documented. In addition to recording the income amount and the source, documentation must include the name and title of the person who gave the verification.

Each individual's income verification must identify the applicant by either his/her name and/or Social Security Number.

a. Paycheck stubs (determine the period covered by the check and whether it is representative) Income verification must show proof of current and representative income. Current income is defined as income received within the three (3) month period of the SSBG application date. Current paycheck stubs showing at least eight (8) weeks' worth of pay will be used to determine eligibility. If current income is not representative of usual pay, agencies are encouraged to use year-to-date amounts. When year-to-date amount is not available it is acceptable to use eight (8) weeks' worth of consecutive paycheck stubs from the period beyond the three months, as long as the reason is documented, and the period used is reasonably determined to be the most representative of annual income.

If it can be determined and documented that the customer is a salaried employee and all pay stubs are the same, and/or monthly income stays the same, it is acceptable to collect less than eight 8 weeks' worth of pay. Client statement is not an acceptable form of verification when determining whether income fluctuates from month to month, or if the pay stubs are always the same.

b. Bank statements can **only** be used for verification of SSI and VA income, and as supplemental documentation for other stable, unearned income such as retirement. It must be evident that gross income, without any deductions, tax or otherwise, is being verified.

c. Copies of court orders or legal documents.

d. Current records from ACCENT on open client cases. If there is a discrepancy between what was reported in SSBG application and what is available in ACCENT, agencies must use other means of verifying income. It is acceptable to verify income from more than one case in ACCENT, as long as all household members included on SSBG application can be accounted for, in one or more open cases in ACCENT, and it is clear that everyone resides at the address reported on SSBG application. ACCENT case must be open, not closed or pending.

e. Records of county or circuit courts

f. Written, signed and dated statements from employer(s)

Income verification must show proof of current and representative income. Current income is defined as income received within the three (3) month period of the SSBG application date.

g. Copies of income tax returns for self-employed income

h. Records maintained by self-employed persons

Income verification must show proof of current and representative income. Current income is defined as income received within the three (3) month period of the SSBG application date. Current verification showing at least eight (8) weeks' worth of pay will be used to determine eligibility.

Note: IRS filed quarterly forms should be the first choice in acceptable documentation here. If an applicant is truly self- employed, they will be filing quarterly with the IRS and filing proper paperwork with the IRS and the State as they are required to collect and pay sales tax.

i. Award letters and/or other 'proof of income' letter from Social Security

j. Social Security Check Stubs

It is acceptable to use the check stubs as **supplemental** verification of SS income. The additional documentation must ascertain whether the amount on the check stub is gross or net, and if the latter is true,

what the Medicare premium amount is. The final income must include the premium amount.

13. **Verification for Zero Income Households**

It is necessary to obtain confirmation when a household unit has zero income. The application must indicate the zero income status of each household member **18** years of age or older. In situations where zero income is listed on a SNAP printout for a household, the printout may be used as a sole source of income verification for SNAP cases that are open and active during the verification period. Statements of relatives and friends should be used only when other sources of verification are not available. All such documentation when considered as a whole must be reasonable and clearly indicate how the household is surviving without **any** cash income. Gifts of cash or in-kind contributions (food, clothing, etc.) are not considered as cash income. However, in documenting a household's zero income status, all gifts (cash or goods to meet basic necessities) must be documented with a statement of support and placed in the applicant's file.

The statement of support is a written document that must be attached to all applications for assistance by zero income households. The statement of support must be signed by the applicant and the support person who is supplying the information. It must describe the kind of support provided and indicate the relationship between the support person and the applicant.

The support statement should verify that the supporting person(s) have not received assistance claiming zero income. Agencies **may** require additional documentation and verification from support person as to the ability to provide support to multiple households. Agencies that are requiring additional verification must do so consistently for all applicants without bias.

An eligible customer may be certified for any period of time extending up to but no longer than six months from the date eligibility was established unless all members of the household are on a fixed income and no other income is present. When all members of the household are on fixed income from Social Security benefits, SSI benefits, or other pensions with no other income, the certification period may extend up to twelve (12) months from the date eligibility was established. When a household consists of both members having fixed income, and members having other types of income, the eligibility period cannot exceed six months.

The effective date of eligibility is the date the customer signs the application when the declaration method is used and the date the agency worker verifies income when the verification method is used. Eligibility must not be determined retroactively.

E. Other Considerations

1. Changes in Circumstances

The circumstances of a customer may change during the certification period. If the customer reports a change or the agency has reason to believe that a change is likely, eligibility must be determined within thirty (30) calendar days of the change being reported. The change may relate to household size, income,

or need for services. Please submit all changes in circumstances to the SSBG State Office using form **HS-3109 SSBG Change in Circumstance Form** to the SSBG State Office within ten (10) days of eligibility re-determination.

2. **Continuity of Services**

   Clients that have not received services within thirty **(30)** days will be terminated with closure notice sent to client and the Department of Human Services. However, the agency has the discretion to reopen the case within thirty (30) days of closure without a new referral or purchase of service when the client continues to display significant need for services. The case will be reopened under the Without Regard to Income category.

3. **Duplication of Services**

   Services provided through SSBG funds shall not duplicate services provided through State, Federal, or other funding sources or entities unless the services to be provided by SSBG are significantly different than those provided through another source. Exceptions to this policy may be made by the referring agency with justification provided by DHS staff.

4. **Financial Adjustments for Services Provided to Ineligible Clients**

   Financial penalties in the form of adjustments to the agency's monthly reimbursement will be assessed whenever it is found that the agency has served ineligible customers. The following are examples of how this might occur:

   a. Eligibility is not current
   b. All income is not documented
   c. Income is not verified for all adult members of the household
   d. Verifications are not complete and do not establish the customer's eligibility
   e. Application is not signed and dated by the applicant, or if appropriate by his/her representative
   f. Eligibility determination section is completed but is not signed and dated by worker determining eligibility
   g. Customer is over income guidelines
   h. Service is provided prior to verification for those services requiring verification method

5. **Collection of Fees/Fares/Contributions**

   This provision relates to the permissibility and/or prohibition of fees, fares, or contributions for services provided under the legal agreement. The following services may involve the collection of fees, fares or voluntary contributions.

   a. Day Care (child and/or adult) - Fee
   b. Transportation - Fare
   c. Homemaker - Contribution

All other services are prohibited from collecting fees or contributions as specified in the grant/contract.

All fees, contributions and fares are considered program income. Although fees, fares and/or contributions do not reduce the department's monthly reimbursement, money collected or contributed must be used in the program in which it was collected. If a customer has private insurance that will pay for service, it may be collected. Private insurance payments are considered program income, but the department's reimbursement to the agency must be reduced by the amount of these payments. The agency must maintain documentation supporting how money is collected and used.

Day care fees are to be collected each week unless another payment plan can be agreed upon by both the client and agency. When the fee payment is other than weekly, the case record must document the payment schedule. (Example: in advance, every two weeks, monthly or the first and the fifteenth of the month). Fees paid monthly or twice monthly will need to reflect the days of center operation, i.e., weekly fees may need to be divided by five to determine daily payments.

If the agency determines that paying the fee places a hardship on the SSBG client, the agency may arrange for a sponsor to pay the client's fee or the agency may pay the client's fee with any unrestricted funding source available to the agency.

When the fee is not paid according to the agreed upon schedule, the agency must document non-payment and attempt to collect. A written notice must be sent/given to the client at the end of the calendar month and a written plan for payment signed by the client must be established within seven working days after the notification is sent/given. If the plan is not established within this time frame or the plan is not followed, the case must be closed and a final notice given. Eligibility for service cannot be reestablished until the back fees are paid or the client has been out of the program for six **(6)** months.

6. **Day Care Fees (for Adults)**

Day care fees are charged based on a customer's income and family size. The fee must be collected at the end of each week unless the individual elects to pay in advance. Any deviation from the Department's prescribed policy for fee collection must have written approval from the program director of the Community & Social Services Programs Section or his/her designee.

The customer is responsible for the day care fee payment. Any agency that has other funding sources may assume responsibility for the fee payment or the agency may find sponsors who will pay the fee. When a fee is charged; the customer, his/her family or sponsor, or the agency's other funding source must keep the fee payment current. Otherwise, he/she is ineligible and must not be served. To demonstrate compliance the agency must document the collection of day care fees. This documentation must identify the customer, who pays the fee, the date the fee is paid and the time period covered by the fee. Documentation may be maintained in any or all of the following:

a. Case record

b. Receipt book

c. Ledger

All Income Eligible individuals with a monthly income at or above $979 are required to pay a weekly fee as shown in ***Attachment B***: ***Adult Day Care Fee Schedule***. An Income Eligible individual with income below $979 is not required to pay a fee. This fee schedule is applicable for SSBG Adult Day Care only.

Fees are not charged for the Without Regard to Income or Income Maintenance categories. If an individual has been determined to have zero income, the case must be set up for special action within thirty (30) days to determine continued eligibility without a fee being paid.

Weekly day care fees are based on full-time care, but some adults are in day care for what is considered to be part-time for fee setting purposes (less than twenty-four (24) hours a week for adults). When the adult regularly receives part-time day care, one half of the fee is to be charged. The client must pay the full weekly fee when he/she is absent due to illness or vacations. Fees must be prorated when the agency is closed for holidays, in-service training, etc.

After an individual has been determined Income Eligible based upon ***Attachment A***, the appropriate fee can be determined by referring to the monthly income according to family size in ***Attachment B***. If more than one member of the family unit is in day care, then each member must pay the appropriate fee based on the monthly income for the family unit.

7. **Case Closure/Appeal Process**

Notification of termination must be in writing, and must include the fact that the customer has ten (10) business days to appeal. Closure of an open case is not effective until ten (10) business days after the agency has notified the customer. The record must document notification of termination of services. **Note: Cases cannot be closed due to bed bugs.**

Reasons to deny or close cases:

a. Client is now capable of self-care

b. Client is now self-sufficient

c. Goals have been achieved

d. Client is non-compliance with service goals

e. Client no longer needs services

f. The home is an unsafe environment (weapons, drugs, and environment (structural))

g. Client refuses appropriate, qualified staff

h. Inappropriate behavior including violence or threats towards staff

i. Documented pattern of inappropriate behavior including cursing or disrespect toward staff, etc.

j. Repeated policy violations

k. Client has not received services in over thirty (30) days

8. **Grievance Procedure**

The grant/contract requires agencies to establish a system through which recipients of service may present grievances about the operation of the service program. This procedure must be explained to each customer or his/her representative if he/she is not competent to understand it, at the time service is initiated. To demonstrate compliance with this provision, the agency must have written policy which explains how the procedure will be implemented with its customers. The written procedure must include the Department of Human Services as the final step a customer can take regarding a complaint. The DHS appeal procedure cannot be used until the grievance has gone through the agency's internal procedure and resolution has not been reached.

Each contract agency shall submit a copy of the grievance procedure and any related forms for filing a grievance with the annual service proposal.

9. **Fair Hearing Process**

An applicant for, or recipient of, assistance or services has a right to appeal any action taken in regard to the assistance or services for which he/she has applied, is receiving, or which has been terminated.

Clients and applicants for services or assistance through any programs offered through the Department have a right to request a fair hearing for any of the following reasons:

a. Application for service or assistance is denied (**except for lack of funds**);

b. Applicant was not provided an opportunity to submit an application for services or assistance at the time of their initial request;

c. The notification of application status is not made within ninety **(90)** days of date of application; or

d. The client is dissatisfied with the services or assistance for any reason.

Every applicant or recipient of services or assistance shall be informed by local agency staff at the time of application and at the time of any action affecting his/her claims for assistance or services of the following:

a. His/her right to a fair hearing;

b. The method by which he/she may obtain a hearing; and

c. His/her right to be represented by an authorized representative, such as legal counsel, relative, or friend. Information and referral services shall be provided to help claimants make use of any legal services available in the community that can provide legal representation at the hearing.

10. **Responsibilities of Local Contract Agencies**

The right to appeal is provided to ensure due process for those individuals and families who are denied assistance under any of the Department's programs including the SSBG program. Each agency's Board of Directors will establish procedures for fair hearings at the local level.

When an applicant feels that he/she has been denied services or assistance, or the opportunity to apply for services or assistance, a review hearing will be held upon the applicant's written request. A client who is dissatisfied with the service or assistance that they received may also request a hearing.

Applicants may not appeal when an application is denied due to a lack of funds.

To file a request for a hearing, the applicant must fill out a complaint form (see Grievance Procedures, p. 17). The applicant will retain a copy of the form. A second copy will be provided to the department's Community Services office and a third copy will be placed in the applicant's permanent file by the local contract agency.

A letter will be sent to all applicants stating either that the application is approved with the awarded benefit amount listed or that the application is denied. Also, the letter will state the correct procedures to follow for an appeal of an application denial through the agency's established grievance procedures.

Applicants for services or assistance, or clients dissatisfied with the receipt of services or assistance must file their grievance within **thirty (30)** days of the denial of, or receipt of, the services or assistance. Upon receipt of a request for a hearing, the hearing must be held in a timely manner following the agency's established procedures for fair hearings.

If a client is dissatisfied with the agency's decision, he/she may appeal to the department. Requests to the department for a hearing may be made in writing, electronic mail, or telephone within thirty (30) days of the notification of the outcome of the local hearing. No request for a Department-level hearing will be accepted until a hearing at the local level is held as most issues can be resolved at the local level.

All requests for Departmental level appeals must be submitted to:

TN Department of Human Services
Appeals Clerk
505 Deaderick Street, 1st Floor
Nashville, TN 37243-1403
(615) 248-4682 Local
1(866)787-8209 Long distance
(615)532-2714 fax
AppealsClerkOffice.DHS@tn.gov

Following the receipt of a request for a hearing, the department's Division of Appeals and Hearings will be notified. The client will be contacted by Appeals and Hearings staff to schedule the hearing which will be conducted by a departmental hearing officer. If a request for a hearing is received, the local

agency will be requested to submit copies of files and documentation regarding the grievance and the steps taken to address the issues.

11. **State and Federal Requirements**

    Tennessee's Public Welfare Statutes and Federal law require that there be provisions for appeals and fair hearings for applicants and recipients of assistance and services provided by the department.

SSBG POLICY & PROCEDURES

A. Grant/Contract Availability

This provision of the grant/contract requires that agencies have on file and available to staff a copy of the legal agreement. All staff involved in the delivery of services must be given the opportunity to review the legal agreement including the narrative. This enables staff to have a better understanding of the agency's service program, as well as understanding their obligation for providing the contracted service. Since the budget contains salary information for all staff, the agency director may elect to remove this before making it available to staff.

B. Public Relations

This provision requires grantees/contractors to develop a strong public relations program which has citizen support and involvement. Grantees/contractors need to work with the department and other community service partners in the provision of services.

By entering into a legal agreement, the department and the grantee/contractor have obligated themselves to working together cooperatively. With scarce resources the importance of positive working relationships with other service partners cannot be ignored.

C. Funding Recognition

This provision requires that all notices, informational pamphlets, press releases, research projects, signs, and similar public notices prepared and released by the grantee/contractor shall include the statement: *"This project is funded (in part) under an agreement with the Tennessee Department of Human Services"*.

In any of the above named releases, the department must be recognized as a funding source when the agency's other funding mechanisms is identified. **It is not sufficient to say that the program is funded through a federal grant or a state matched grant.** Any informational release that describes the agency's programs but does not discuss funding sources would not violate this provision.

D. Depletion of Funding

When funding is depleted, it is appropriate to deny clients based on lack of funds. The agency will inform the client when the next open application period begins, so the client can check to see if additional funding is available. Agencies shall not deny clients until **all funds are depleted.**

A waiting list will be maintained of all SSBG applicants denied due to lack of funds. If additional funds become available during the program year, those SSBG applicants who were denied due to lack of funds will be notified of the change, if there is one.

E. Safety & Incident Reports

1. Licensing Requirements/Fire, Safety, and Health Codes:

This provision requires grantees/contractors/ to comply with all applicable state licensing requirements. In Tennessee, the Department of Human Services is responsible for licensing adult day care. Current licenses must be displayed in a prominent place within the agency. The food services component of the program must comply with standards established by the Department of Health. Homemaker providers are required to be licensed by a Personal Support Service Agency (PSSA).

2. Safety:

Agencies must ensure a safe environment for their staff. Every attempt to provide quality services to clients will be made; however, services may be inappropriate when safety cannot be reasonably assured.

a. Agencies may require clients to secure aggressive animals for the safety of staff.

b. Agencies may discuss the proper storage of weapons and may request clients store weapons securely or place them in an area staff does not have access to.

c. Agencies will be unable to provide services within areas of homes with significant structural damage.

d. Agencies will provide limited personal care and transfers; however, services will be provided based upon the equipment available and safety of client and staff.

Concerns regarding the safety of client or staff should be addressed with APS staff and the SSBG State Office on all active cases *prior* to the denial of services or case closure.

3. Abuse Reporting:

This provision requires agencies to comply with Tennessee Code Annotated, Section 37-1-403 and 71-6-103 by reporting cases of suspected abuse to the appropriate Department. State law requires persons having any knowledge of or suspecting abuse of children or adults to report this to the appropriate Department. Suspected abuse of adults should be reported to the Adult Protective Services hotline at 888-277-8366 via the Department of Human Services and of children to the 877-237-0004 via the Department of Children's Services. The agencies must maintain a log using form **HS#-3130, Abuse Reporting Log** identifying cases of suspected abuse reported to the local office of the appropriate Department. This log must show who made the referral, who in the Department accepted the referral, date of the referral, and identification of the suspected abused person(s). When possible, the log should include a statement of circumstances leading to the belief that abuse is occurring.

4. Incident Reports and Safety Plans:

It is the agency's responsibility to report changes in client's circumstances as they occur to the assigned DHS worker on all active cases. Agencies are required to report significant incidents regarding any APS or SSBG client funded through SSBG contract to the assigned DHS representative.

The following items will require a critical incident report be submitted:

a. Unexpected death

b. Theft

c. Any injury caused by staff

d. Suspected or actual physical, mental, or sexual abuse, neglect, or exploitation

When a critical incident is identified the Agency is required to complete a written incident report within forty-eight (48) hours and submit a completed investigation report within thirty (30) days. It is the Agency's discretion to remove and return staff to service. However, when staff is suspected of wrong doing leading to a critical incident report, DHS may request staff be removed from the homes of all clients funded by SSBG until an investigation is completed by both the Agency and DHS. In this case staff may not be returned to services until DHS has granted approval.

F. Monitoring, Fiscal Review, and Board Governance

1. Monitoring:

Staff from the Department's Program Review and Internal Audit staff conducts on-site monitoring activities for the SSBG program. Programmatic monitoring is conducted in local SSBG agency offices.

Emphasis in monitoring is placed on administration, efficiency, program design and implementation, customer eligibility (including reviews of outcomes) and recordkeeping. The Department of Human Services' Community Services staff has developed program policy against which agencies are evaluated. Monitoring staff will attempt to complete their program review in one visit. SSBG agencies are notified in writing of the findings of the review. If problems are identified, the SSBG agency is asked to submit a corrective action plan to the Department of Human Services for approval. If the review indicates the agency needs training or technical assistance, the Department of Human Services program staff provides follow-up. A copy of the review report and any corrective action activity is maintained in the Department of Human Services' file. The State follows required SSBG monitoring requirements by assuring each SSBG recipient is monitored at least every three **(3)** years. High**-**risk agencies are monitored annually.

Contract agencies are required to submit financial reports of expenditures to the Department's Fiscal Services. The report is reviewed by Fiscal staff and validated by State monitoring staff.

2. Fiscal Review:

The Department of Human Services Fiscal Services reviews expenditures reported on the agency's reimbursement report/invoice. Staff compares reimbursement reports with the agency's contract budget to determine liquidation rates and appropriate line-item expenditures. The agency's quarterly expenditure reports are also reviewed to determine that they agree with the monthly invoice amounts, and that expenditures appear to be reasonable and properly charged in accordance with the agency's approved cost allocation plan. This comparison enables fiscal staff to determine the amount of unexpended funding in each contract at the end of the contract period. The agency's unexpended funding is included in the next year's contract.

If the agency's reports indicate problems in overspending, costs are questioned, adjusted, or otherwise resolved before the end of the contract period's final reimbursement, the agencies may request technical assistance with fiscal issues which include bookkeeping systems, cost allocation plans, and fiscal reporting and budgeting. This technical assistance will be provided by Fiscal Services.

3. Governing Board Responsibility:

The governing board of private and public agencies contracting with the department is the legal contracting entity and ultimately is responsible for its overall operation. In the private agency, the governing board is a board of directors whose main function is to establish policies and to adopt rules, regulations and bylaws consistent with the purposes of the agency. It is responsible, also, for resolving management issues, evaluating the performance of the executive director, and functioning in an advisory capacity to the executive director. The public agency usually does not have a board of directors; however, if there is a designated governing body, that group must assume responsibilities similar to those of the board in a private agency.

The grant/contract usually is signed by the board chairperson, thus making the board of directors or governing board financially liable for the service program described in the legal agreement. In some instances, the board will delegate responsibility for signing the grant/contract to the agency head. It is important that those persons serving on the board understand their responsibilities. Board responsibilities include, but are not limited to the following:

a. Ensuring that all necessary requirements of the Department relative to the Department's grant/contract are met;

b. Establishing policies and adopting rules, regulations, and bylaws consistent with the purpose of the agency;

c. Establishing accounting systems and fiscal controls consistent with generally accepted accounting principles and good business practice;

d. Establishing policies prohibiting nepotism (one relative supervising another) whether between the board and the agency or within the agency itself;

e. Using good judgment to avoid even the appearance of a conflict of interest;

f. Active involvement in directing the agency's operations through the process of regular board meetings held in accordance with the agency's bylaws and

g. Accepting liability for and resolving any costs questioned as the result of audits.

G. Conflict of Interest

Contract agencies will have a conflict of interest statement signed by all employees involved with the SSBG program.

Pursuant to 2 CFR § 215.42 Codes of conduct, family members shall not be allowed to participate in the program in order to take care of their own family members, regardless of that member's request, unless the family member is the only qualified paraprofessional reasonably available to provide the services under the contract.

H. Title VI, Confidentiality, and HIPAA Compliance

Title VI coordinator/responsible party will hold mandated annual HIPPA and Title VI and training. Employee attendance will be documented. Each employee will also be provided with a copy of the agency's HIPAA and Title VI policy.

State SSBG requirements prohibit discrimination against any person on the grounds of race, sex, color, disability, national origin, age, religion, or any other classification protected by Federal or State constitutional and/or statutory law. No such person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available. A provision in each SSBG contract stipulates this requirement. Monitoring of local agency compliance with all discrimination requirements is done routinely by the state.

1. Documentation and Record Keeping Processes

Client records will be maintained for a minimum of three (3) years after the final invoice for current fiscal year has been submitted. Client records are kept in a secure location accessible only to pertinent staff. Computer files will be maintained under a secured system overseen by management.

2. Confidentiality of Client Information:

All employees shall be trained annually on client confidentiality, code of ethics and conduct, electronic communications, customer relations, and release of information. This information shall be contained in the Employee Handbook/Agency Policy Manual.

Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State shall be regarded as confidential information in accordance with the provisions of applicable state and federal law, state and federal rules and regulations, departmental policy, and ethical standards. Such confidential information shall not be disclosed, and all necessary steps shall be taken by the Grantee to safeguard the confidentiality of such material or information in accordance with applicable state and federal law, state and federal rules and regulations, departmental policy, and ethical standards. The Grantee's obligations under this section *do* not apply to information in the public domain; entering the public domain but not from a breach by the Grantee of the Grant Contract; previously possessed by the Grantee without written obligations to the State to protect it; acquired by the Grantee without written restrictions against disclosure from a third party which, to the Grantee's knowledge, is free to disclose the information; independently developed by the Grantee without the use of the State's information; or, disclosed by the State to others without restrictions against disclosure. Nothing in this paragraph shall permit Grantee to disclose any information that is confidential under federal or state law or regulations, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties.

3. <u>Customer Confidentiality</u>:

This provision requires agencies to maintain confidential customer records documenting services provided and progress made by all customers in the program. All information obtained on customers in the program shall be confidential. Information shall be shared professionally only with the authorization of the customer verified by a release of information signed by the customer or his/her representative. To further protect the customer's right to confidentiality, customer records must be maintained in a secure place in the agency at all times. Records should not be removed from the agency. The release must be signed by someone competent to do so. This could be the customer, his/her representative or conservator. If it is signed by someone who cannot write, his/her mark must be witnessed by one person other than the staff person responsible for securing it. All persons signing the release must also date the form.

Unless specified otherwise, the release of information is effective until the customer, conservator, or his/her representative revokes it. The release of information must allow the agency to secure and/or release specific information contained in the customer's case record. When sharing information, the release must identify the agency, organization, etc., that will be receiving the information and the purpose for which it is shared.

The department's grant/contract with the agency gives certain state and federal staff access to customer records. Upon entry into a program customers must be made aware that information in their case records is subject to review and be given assurance that reviewers are obligated to

keep information confidential. Customers unwilling for state and federal staff to have access to information about them must not be served in the grant/contract program.

I. Reporting

1. Annual Service Proposal

The Annual Service Proposal is the first step of the strategic planning process. Agencies define their mission, as well as develop goals and outcomes based upon the conditions and needs of the customers and the community in which they serve. The Annual Service Proposal should outline who is doing what, and how they plan to track their outcomes. **The Annual SSBG Service Proposal (HS-3115) should be completed prior to the start of the new fiscal year, at least 60 days before the end of the fiscal year for the next fiscal year.**

The grantee/contractor should retain a copy of the Annual Service Proposal, and send a copy to the Community Services Department, SSBG State Office. A copy of the Annual Service Proposal is found in the Forms index.

2. Program Evaluation/Annual Report

The Department of Human Services believes that grantee/contractors need to incorporate methods of best practice, assure effective service delivery which promotes self-sufficiency, and performance management which focuses on program evaluation, outcomes, and improved service delivery to the customer. Program outcome information will help the Department of Human Services to evaluate the degree to which the customer population has benefited from each service program.

The evaluation should include administrative and service related areas and be reported in both narrative and numerical form, as appropriate. The evaluation should focus on areas of strength and areas that need improvement. It should identify barriers to effective service delivery, including unmet needs of the contract agency and of the community served. The report should propose agency solutions to these problems, as well as include suggestions on how the Department of Human Services could assist in improvement of the service program.

Information concerning staff awards, credentials and any staff development of note should be included in the evaluation. Board or management changes of significance should be included as well as staffing patterns. Service related areas should include a current profile of the population served, highlights in service provision for the year, patterns or fluctuations in levels of service and a description of the working relationship with other community service partners, including the Department of Human Services. This section should, also, report any significant deviation of service provision from the description of the proposed service submitted by the agency for the grant/contract year.

Program outcome(s) should be evaluated by observing the movement of the customer population toward or away from the goals established for the program. Based on the need for program outcome information, the

department requires each agency to prepare an annual report addressing the following information:

a. The total number of customers who have received service in each grant program during the evaluation cycle

b. The total number of customers who have moved toward successful achievement of their program goal or been maintained at a given level of functioning during the evaluation cycle (Reference pages 30-31).

c. The total number of customers who have not moved toward achievement of their assigned program goal during the evaluation cycle.

d. Many programs deal with more than one goal. Agencies are required to address the above items with respect to each goal established for customers within a given program.

The grantee/contractor's Executive Director is responsible for ensuring that this report is prepared. Evaluations for programs funded with SSBG are based on the grant/contract year. **The Annual Program Evaluation (HS- 3131) will be completed every year. This report must be completed no later than ninety (90) days following the end of the grant/contract period.**

The grantee/contractor should retain a copy of the evaluation, and send a copy to the Community Services Department, SSBG State Office. A copy of the annual report is found in the Forms index.

3. <u>Documentation of Service</u>

The provision addressing customer confidentiality, also, requires agencies to maintain case records documenting eligibility, services provided, and progress made by all customers in the program. Regardless of the service that is provided under the grant/contract, the case record should contain information which is relevant to the provision of that customer's service. Its form and content should be such that agency staff clearly understands it. The case record not only substantiates eligibility and service delivery for the customer, but it also serves as a tool by which agency staff plan the ongoing service to meet his/her needs. Customer records must contain documentation supportive of services being provided on a regular basis and in accordance with the individual's needs. To accomplish this, basic information required in the case record generally includes:

a. Customer Eligibility

b. Social Assessment/Needs Statement

c. Service Plan/Plan Of Action

d. Alternate Forms Such As Electronic Documentation, Signatures Or

Electronic Visit Verifications Are Acceptable

e. Progress Recording Which Considers the Customer's Needs and Reflects Services provided to meet these needs.

4. Social Assessment and Service Plan

An appropriate social assessment based upon the individual and his/her home situation must be completed every six (6) months. The assessment will describe the individual's level of physical and mental functioning, family relationships and interactions, socio-economic status, etc. The assessment must be based on at least one home visit and be completed within thirty days of service initiation. This assessment must be completed by the case manager. When the provision of service exceeds six (6) months, an updated social assessment must be completed. The reassessment must be based on a home visit which re-evaluates the individual's current level of functioning. It must evaluate whether the homemaker service has assisted the individual and whether it supports/justifies the continued need for services. A portion of this evaluation should include documentation of the customer's feelings about the continuing service need and the benefits which have been derived from the homemaker services. The SSBG Social Assessment & Service Plan is the State Approved assessment form that shall be used for all assessments and reassessments. This form can be found in the Forms index.

5. Risk Assessment Matrix

Agencies will complete a risk assessment on form ***HS-3134 Risk Factor Matrix***, quarterly on all clients referred and served within the current fiscal year. The agency will keep a copy of the results of the Risk Assessment within the participant's file. The quarterly results of the Risk Assessment will be sent to the designated representative at DHS. The Department may request additional documentation or reports as needed.

6. Change in Circumstances

The circumstances of a customer may change during the certification period. If the customer reports a change or the agency has reason to believe that a change is likely, eligibility must be determined within fifteen (15) calendar days of the change being reported. The change may relate to household size, income, or need for services. Please submit all changes in circumstances *on form* ***HS-3109 SSBG Change in Circumstance*** to the SSBG State Office within ten (10) days of eligibility re-determination.

PROGRAMS

A. Social Services Block Grant Program Goals

Since service provision is to enable the adult to reach a goal, the need for service must be related to one of the five national goals. The goal established for the provision of a particular service is listed as applicable to that service in the Tennessee Social Services Block Grant Pre-expenditure report, which serves as the state plan. The goals are as follows:

Goal 1: Achieving or maintaining economic self-support, including the reduction or prevention of dependency.

This goal directs client and worker activity toward the prevention, reduction or elimination of the client's need for financial assistance. The goal is appropriate for the client who has the potential to replace financial assistance with wages or salary from employment.

The goal is achieved when a client's need for financial assistance is reduced or eliminated, and the client satisfies his/her financial need through wages or salary.

The goal is maintained when the client's demonstrated capacity to satisfy financial need through wages or salary is assured by the provision of social services. This assurance prevents the occurrence or reoccurrence of a need for financial assistance.

Goal 2: Achieving or maintaining self-sufficiency including the reduction or prevention of dependency.

The goal directs client and worker activity toward the prevention or reduction of the client's dependence on professional social services. The self-sufficiency goal is appropriate for the client who has the potential to increase personal competence and social resourcefulness thereby improving the quality of his/her life.

The goal is achieved when a client's need for social services is reduced or eliminated, and the client satisfies his/her personal and social needs through independent functioning.

The goal is maintained when the client's achieved level of functioning and quality of life is assured through the provision of social services. This assurance prevents the occurrence or reoccurrence of greater dependence on professional social services.

Goal 3: Preventing or remedying neglect, abuse or exploitation of adults unable to protect their own interest or preserving, rehabilitating or reuniting families.

This goal is achieved when neglect, abuse or exploitation is prevented or remedied.

Goal 4: Preventing or reducing inappropriate institutional care by providing community based care, home based care, or other forms of less intensive care.

This goal is achieved when a client's need for institutional care is prevented or an institution-based client is enabled to move into community-based care, home-based care or some other form of less intensive care.

Goal 5: Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

This goal is achieved when the client is admitted to appropriate institution-based care yet may require social services to achieve maximum benefit from the institutional program.

B. Protective Services for Adults

1. Definition

These are services to adults who are unable to protect their own interest due to mental or physical dysfunction or advanced age and have no available, willing and responsibly able person to assist them and who are abused, neglected or exploited, or they are threatened with abuse, neglect or exploitation.

2. Unit of Service

A unit of service is defined as an hour of service provision.

3. Components:

a. Receiving reports

b. Conducting investigations of reports

c. Identifying and assessing the individual or his/her appropriate representative

d. Counseling with the individual or his/her appropriate representative

e. Assisting in locating or maintaining adequate food, shelter and clothing

f. Assisting in obtaining required medical care or mental health services

g. Emergency shelter is care provided in a home or facility available to receive adults on a twenty-four (24) hour basis when emergencies arise requiring removal from the home or normal residence. Food, shelter and clothing are basic components

h. Assistance with transportation necessary in the provision of these service components

i. Respite care to provide short-term relief for caregivers

4. Method of Determining Eligibility- Without Regard to Income

Eligibility Criteria for services: Need for Services

5. Procedure for Establishing Need for Service

An adult's need for protective services is based entirely on the adult's need for protection. The adult in need of protective services must meet the following conditions:

a. Be 18 years of age or older

b. Have no available, willing, or responsible person to assist him/her and be unable to protect his/her own interest due to:

- Advanced age
- Mental dysfunction,
  or
- Physical dysfunction

c. Is abused, neglected or exploited or threatened with abuse, neglect or exploitation.

6. Purchased Services

This service is provided "Without Regard to Income" for protective service eligible individuals. When components of adult protective services are purchased through a grant contract, they will be authorized by the Department's Adult Protective Services staff. The one exception is when the Adult Protective Services staff authorizes individuals to receive homemaker services through a contract agency and then closes the case for direct services. The contract agency providing Homemaker Service may continue to provide homemaker services "*Without Regard to Income*". Policy regarding case closure and the authorization process is addressed on pages 16 and 31 of this policy.

Note: Effective July 1, 2006 SSBG Homemaker contractors are restricted from accepting Non-Protective Service Referrals. Income Maintenance and Income Eligible clients that were eligible and receiving agency services as of June 30, 2006 may continue to receive services for as long as they need services.

The "Without Regard to Income" method is used when the client is eligible for the SSBG Purchased Service based on need only. Income is not a consideration with this method. The Department's staff authorizes purchased services or components of service for active Adult Protective Services-APS cases in the WRI-"without regard to income" category. **The contract agency (provider agency) will be involved in determining eligibility in the Without Regard to Income category only when the Department has closed its case for adult protective services and has authorized the agency to continue providing homemaker services.**

7. Service Authorization by the Department

Form ***HS-0041 Purchase of Service Authorization and Request for Services*** is used by the department's staff to authorize an agency to provide services to protective services eligible adults. The authorization must be submitted to the agency at the point the purchased service is requested. This authorization shall remain in effect until the department terminates the service, and no re-authorization is required. When the agency receives HS-0041 and begins the service authorized by DHS, the agency must send a copy of the HS-0041 to the State office.

Although the department's staff is not required to re-authorize services, they must advise the agency in writing of any change in the client's circumstances which affects the purchased service.

When the department closes its adult protective services case, the counselor must notify the agency. The notification must be written (HS-0878) is used for this purpose), and it should advise the agency on whether the purchased service is to continue or be terminated. If the purchased services are to be continued, the agency must assume responsibility for all eligibility determinations.

The effective date of authorization, i.e., the first date a client can be served by the agency is the same date the counselor completes the HS-0041 unless the agency already has processed an application and begun serving the client.

In these instances, the agency would have initiated service based on its own eligibility determination. Upon receipt of the department's authorization the client will be served under that authorization, and the agency will not be required to re-determine eligibility during the period the department authorizes services.

Special procedures are applicable to authorizing homemaker services for adult protective services clients.

8. Goal Relating to Service

Preventing or remedying neglect or abuse.

9. Eligible Population

Individuals served in this program are adults over the age of **eighteen (18)** who are victims of abuse or neglect and are authorized by the department's Adult Protective Services staff.

10. Customer Record Documentation

Customer record documentation for homemaker services includes:

a. Name, address, telephone number, gender, and date of birth;

b. Date of service enrollment;

c. Name, address, and telephone number of an emergency contact person;

d. Written fee agreement, when applicable. If the licensee charges fees for personal support services, a written agreement dated and signed by the service recipient or the service recipient's legal representative (conservator, parent, guardian or legal custodian) or person paying for services prior to the provision of services. The agreement shall include at least the following information:

- The fee or fees to be paid by the service recipient;
- The services covered by such fees; and
- Any additional charges for services not covered by the basic service fee.

e. Written acknowledgement that the service recipient or service recipient's legal representative (conservator, parent, guardian or legal custodian) has been informed of the service recipient's rights and responsibilities and the agency's general rules affecting service recipients;

f. A written service plan based on a needs assessment which indicates type, frequency, duration, and amount of services to be provided;

g. Consent for services by the service recipient or service recipient's legal representative (conservator, parent, guardian, legal custodian), surrogate

decision maker under T.C.A. § 33-3-219 or attorney-in-fact under a durable power of attorney for health care, when applicable;

- If applicable, address, phone number or e-mail address to reach the service recipient's legal representative (conservator, parent, guardian or legal custodian) or surrogate decision maker under T.C.A. § 33-3-219 or attorney-in-fact under a durable power of attorney for health care;

h. Documentation of party responsible for payment of services;

i. A record of services actually delivered with dates and times documented.

11. Admissions Policy/Customer Population

The Department requires agencies to have formalized written admission policies for each service provided through a grant/contract. The policy must be non-discriminatory, describe how customers are accepted into the program, identify any customer groups that are given priority, and describe any parameters or restrictions pertaining to the delivery of a particular service. Any criteria used to deny services or to establish priorities for customer waiting lists must be made a part of the written admissions policy. Restrictions must be applied to the total population served under the grant/contract. The admissions policy must be approved by the Board of Directors for private, non-profit agencies and submitted for approval to the Community Services Program staff during the grant/contract negotiation process. In addition to the formalized admissions policy, the agency must maintain a file that gives information about all applicants who are rejected for service. The file must show whether these persons were actually allowed to apply for services, whether they were given an explanation of why they could not be accepted, and whether they were referred elsewhere. Unwritten policy can be challenged and is not routinely upheld in an appeals process.

12. Staff Qualifications

Agencies are required by Fiscal Policies and Procedures to maintain personnel files for all staff employed under the grant/contract. The narrative of the grant/contract includes job descriptions which establish the qualifications for each position. If the employee is assigned duties in a service with Performance Standards, the employee must possess the qualifications established by the Standards. The employment of any staff not meeting those requirements must be approved by the Community Service Program Director or his/her designee. A written waiver of qualifications must be requested prior to the person's employment. The written request for the waiver must explain the reason for employing someone who does not meet qualifications. If approved, a copy of the request for waiver and approval must be maintained in the employee's personnel file. The waiver covers the period of the individual's employment and is applicable to that individual only.

In addition to the above information, Fiscal Policies and Procedures require inclusion of the following information in personnel files:

a. Application/resume (Resumes of former work experience and references for new employees are required.)

b. Job description

c. Performance evaluation (completed annually or more often, if needed)

d. Employment contract (if required by the agency)

e. Deduction authorizations, including IRS form W-4

f. Any other information required by state or federal regulations

g. References

h. Background checks which include local law enforcement checks, sex offender checks, TN Department of Health Vulnerable Abuse Registry check, and the TN Felony Database Registry check (PSSA requirement).

To satisfy the requirement that staff are qualified for the positions in which they are employed, it is necessary that the agency obtain verification of education, prior employment, and/or training.

13. Staff Training

Applicable Performance Standards discuss staff development and in-service training requirements. Agency records must document either in a central file or in individual personnel files that this training occurred. Documentation of in-service training must include:

a. Type and topic of training activity

b. Dates of training activity

c. Amount of time involved in training

d. Identification of all staff participating in training

e. Identification of presenters

f. Annual Civil Rights training

14. Unannounced Visits

The Department's staff may make unannounced visits to a contract agency where there are known problems with service delivery or allegations of problems have been made to the Department's staff. If an unannounced visit is to be made, the department's staff will notify the agency prior to arriving that day for the purpose of alerting the agency to the visit. At that point, it becomes the agency's responsibility to alert any customers who are present that the Department's representatives are making a visit. This will allow these customers an opportunity to leave the premises if they do not want to see the Department's staff.

When the investigation has been completed, the Department's staff will report in writing the findings to the agency board. This communication, also, may involve a meeting of the Department's staff, the Agency board and staff.

Contract agencies are also formally monitored periodically by the Department of Finance and External Program Review staff.

C. Day Care Services for Adults

1. Definition

Day Care Services for Adults is a structured program of personal care and training offered for less than twenty-four (24) hours a day in an approved community based facility. These services, preventive and/or protective in nature, shall be provided for adults who are not capable of full independent living as a result of physical disability, development disability, emotional impairment, and/or frailty resulting from advanced age.

2. Unit of Service

A unit of service is a day of customer attendance.

3. Components:

a. Work activities
b. Nutritional services
c. Life enrichment activities
d. Continuing education
e. Counseling for the client and/or family
f. Speech and hearing therapy
g. Health monitoring
h. Transportation to and from the program
i. Physical and psychological examination if needed for entry and continuance in the program

4. Method of Determining Eligibility – Verification (see p. 4, SSBG Eligibility Policy (For Income Eligible (IE) Populations Only)

There are two eligibility criteria for services:

a. Need for service
b. Financial status

5. Procedure for Establishing Need for Service

The need for day care for adults is determined when an individual, **eighteen (18)** years or older, requires supervision for less than twenty-four (24)-hours a day in a structured protective environment due to physical or mental impairment as evidenced by:

a. Severe and/or chronic disability attributable to mental and/or physical disability which is likely to continue indefinitely and has resulted in functional limitations in social and daily living skills (individuals with disabilities who may benefit from aged day care programs).

b. Individuals who are sixty (60) years or older and reside with a caretaker (relative or non-relative) due to functional limitations in daily living skills and who require supervision for part of the day to allow the caretaker to be away from the home (day care for the aged)

c. Persons sixty (60) years of age or older who are experiencing depression, confusion, withdrawal, chronic illness, deteriorating mobility and/or deteriorating social and life skills such as personal hygiene, meal preparation, and money management and are as a result, in risk of institutionalization (day care for the aged.)

For reimbursement purposes, the adult is considered a full-time participant when the plan of attendance meets his/her need for care. An agency may want to divide a full-time space between two individuals and this is allowable. The hours of need for these individuals must be compatible, *i.e*., one adult may need care on Monday, Wednesday and Friday whereas another adult needs care on Tuesday and Thursday.

6. Special Eligibility Requirements for Services to Persons in Nursing Homes

When an agency has a client who enters a nursing home the agency may not provide any services except to provide transitional services as needed to assure a smooth transition of casework responsibilities to the nursing home. The transitional services must not exceed thirty (30) calendar days.

7. Special Eligibility Requirements for Payment of Day Care Fees

All income eligible individuals are required to pay a weekly fee. The procedures for determining the fee, The Monthly Income, and Weekly Fee Tables may be found on pages 13-14 of this policy.

8. Goals Relating to Service:

a. Achieving or maintaining self-sufficiency

b. Preventing or remedying neglect or abuse

c. Preventing or reducing institutional placements through community based care

d. Securing institutional placement when appropriate

9. Eligible Population

Service eligibility is based on requirements addressed in SSBG Eligibility Policy Section.

10. Special Requirements

Providers are required to have six (6) hours of planned programming which promotes meaningful engagement, excluding transportation. Providers should provide transportation for all customers who need it and are able to attend the full program day. Day care services can be provided for a period not exceeding a maximum of three (3) months to persons currently

institutionalized who are in the process of being deinstitutionalized. Specific requirements are addressed in SSBG Eligibility Policy. Performance Standards for Aged Day Care must be met. These standards address staff to customer rations, staff qualifications, group size, use of volunteers, environmental and safety factors (Performance Standards will be replaced by Licensing Standards at the point they become effective.)

SSBG Income Guidelines for FY 2016

Family Size	0-50% of poverty	51-75% of poverty	76-100% of poverty	101-125% of poverty
1	$0-5,885	$5,886-8,827.50	$8,827.51-11,770	**$11,771-14,712.50**
2	$0-7,965	$7,966-11,947.50	$11,947.51-15,930	**$15,931-19,912.50**
3	$0-10,045	$10,046-15,067.50	$15,067.51-20,090	**$20,091-25,112.50**
4	$0-12,125	$12,130-18,187.50	$18,187.51-24,250	**$24,251-30,312.50**
5	$0-14,205	$14,206-21,307.50	$21,307.51-28,410	**$28,411-35,512.50**
6	$0-16,285	$16,286-24,427.50	$24,427.51-32,570	**$32,571-40,712.50**
7	$0-18,365	$18,366-27,547.50	$27,547.51-36,730	**$36,731-45,912.50**
8	$0-20,445	$20,446-30,667.50	$30,667.51-40,890	**$40,891-51,112.50**
For each additional person add	$0-2080	$2,081-3,120	$3,121-4,160	**$4,161-5,200**

10. Special Requirements

Providers are required to have a six hour planned program day, excluding transportation, available for all customers who need and are able to attend the full program day. Day care services can be provided for a period not exceeding a maximum of three months to persons currently institutionalized who are in the process of being deinstitutionalized. Specific requirements are addressed in SSBG Eligibility Policy. Performance Standards for Aged Day Care must be met. These Standards address staff customer ratios, staff qualifications, group size, use of volunteers, environmental and safety factors. (Performance Standards will be replaced by Licensing Standards at the point they become effective.)

11. Attendance Documentation

All day care agencies must maintain a central attendance record that lists all customers enrolled in the program. The attendance record is used to document the service level (days of attendance) provided during a given month.

12. Customer Record Documentation

a. The customer's record must include at a minimum the following information:

b. Application for services (for Income Eligible customers only)

c. Intake study

d. Eligibility documents updated as required

e. Social assessment, which includes objective functional assessment and current medical information, updated as needed

f. Service plan, updated as needed

g. Monthly summaries of customer progress with a quarterly summary sent to the Department's local Adult Protective Services counselor, if the customer is APS eligible

h. Signed release of information Authorization for emergency medical care

i. Medication record

j. Discharge Plan Follow-up documentation as needed.

D. Homemaker Services

1. Definition

Homemaker services are supportive services provided by qualified persons employed as homemakers, directed to provide protective supervision or household assistance to adults.

2. Unit of Service

A unit of service is defined as **one (1)** hour of direct contact.

3. Components:

a. Protective supervision for adult.

b. Case management by professional staff (mandatory)

c. Teaching of homemaker skills

d. Provision of household management

e. Essential shopping

f. Household tasks

g. Provision of personal care

h. Provision of temporary care to help the adult return to or remain in his/her own home.

4. Method of Determining Eligibility- Declaration

Eligibility Criteria for Services:

a. Need for Service (for those that are IE)

b. Financial Status (for those that are IE)

5. Procedure for Establishing the Need for Service

The need for homemaker services for adults can be determined in the following situations:

a. An adult or couple, living alone, who is/are unable because of temporary illness or infirmity to manage some of the household tasks.

b. An adult in a hospital, nursing or boarding house who can return to his/her home if some of the household tasks are done for him/her.

c. An ill or infirm adult who is not receiving proper care or is living in hazardous circumstances.

d. An abused, neglected or exploited adult who needs to be taught basic skills in caring for himself/herself and or his/her home.

6. Special Eligibility Requirements for Services to Persons in Nursing Homes

When an adult enters a nursing home, the homemaker service must be terminated. However, as needed, the agency can provide transitional services to assist the adult in

his/her adjustment to services from the nursing home staff. These transitional services must not exceed thirty (30) days.

7. Special Eligibility Requirements for Services to Persons in Institutions

An institutionalized adult is eligible for homemaker services to enable him/her to move out of the institution into the community. Services should be provided only after the institution has a written plan which shows the adult will be moving back into the community within thirty (30) calendar days.

8. Goals Relating To Services

a. Achieving or maintaining self-sufficiency

b. Preventing or remedying neglect or abuse or exploitation

c. Preventing or reducing institutional placements through community based care

9. Eligible Population

Service eligibility is based on requirements addressed in SSBG Eligibility Policy for grandfathered income eligible clients only. **(This eligibility refers to SSBG funded homemaker service.)**

SSBG Income Guidelines for FY 2016

Family Size	0-50% of poverty	51-75% of poverty	76-100% of poverty	101-125% of poverty
1	$0-5,885	$5,886-8,827.50	$8,827.51-11,770	**$11,771-14,712.50**
2	$0-7,965	$7,966-11,947.50	$11,947.51-15,930	**$15,931-19,912.50**
3	$0-10,045	$10,046-15,067.50	$15,067.51-20,090	**$20,091-25,112.50**
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8	$0-20,445	$20,446-30,667.50	$30,667.51-40,890	**$40,891-51,112.50**
For each additional person add	$0-2080	$2,081-3,120	$3,121-4,160	**$4,161-5,200**

10. Special Requirement

Performance Standards have been developed. These standards address such areas as appropriate homemaker activities, staff qualifications and supervision of homemakers, training appropriate for population served, and definition of a unit of service.

If authorized to do so, agencies may continue protective service homemaker services after the department closes its Adult Protective Services case. The agency must follow the special authorization process outlined below.

11. Special Authorization Procedures for Protective Service Homemaker for Adults

When the department's local staff makes a referral for an adult to receive homemaker service, the counselor must give basic information about the client's circumstances and establish the activities the homemaker will perform. In addition to this information, the agency must be given authorization.

In Adult Protective Service homemaker cases, the department closes its case at the point the assessment (HS-0878 Termination of Services) has been completed and it is determined the client's only protective need is for homemaker services. The assessment identifies areas of risk and the needed intervention.

If the case warrants protective services but all identified needs are met with homemaker services, then the adult protective service case may be closed. If the agency can serve the client, the homemaker service will continue to be provided in the Without Regard to Income (WRI) category. Adult Protective Services staff must make certain the homemaker agency can initiate services promptly before closing their case. While SSBG contract agencies are required to accept only DHS referrals, there could be instances when the agency does not have a vacant slot. In such cases, every effort should be made to not place Protective Service clients on a waiting list for services. When possible, service times of other active clients should be adjusted to accommodate the new referral.

It is the DHS counselor's responsibility to notify the agency in writing that homemaker services are to continue, and that the client should continue to be classified in the Without Regard to Income (WRI) category. The service may continue in this category as long as the need exists. The agency is responsible for establishing the client's ongoing need for homemaker services at six month intervals after the department closes its case.

12. Client Record Documentation

The Performance Standards for Homemaker Services are incorporated into the grant/contract. Customer record documentation for both SSBG and state funded homemaker services includes:

a. Social assessment (completed within thirty (30) days of opening the case) and service plan updated as needed

b. Application for services (Income eligible customers only)

c. Customer eligibility updated as needed

d. Release of information as needed but at least once in a 12 month period

e. Homemaker summaries of activities performed.

STANDARDS FOR HOMEMAKER SERVICES

A) Definition

Supportive services provided by qualified para-professional, someone who is employed as a homemaker, has a minimum of a high school education (or an equivalent) who is trained by a professional to do the tasks trained for and assigned by a professional (case manager). Is supervised by professional staff, directed to provide protective supervision to adults; teaching homemaker skills; provision of household management; essential shopping; household tasks; provision of personal care; and/or provision of temporary care to help the adult return to or remain in his/her own home. Case management by professional staff may be included as a component of this service.

1. **Goals of Homemaker Services:**

   Each SSBG service must be directed to achieving one or more of the national goals, as defined for the SSBG Homemaker Services Program. Homemaker Services must be directed toward achieving at least one of the following goals:

   Goal 2- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.

   Goal 3- Preventing or remedying neglect, abuse or exploitation of adults unable to protect their own interest.

   Goal 4- Preventing or reducing inappropriate institutional care by providing for community-based care, home-base care, or other forms of less intensive care.

2. **Purposes of Standards:**

   The following Standards are designed to help agencies which provide homemaker services organize and deliver a well-defined service. In addition, Standards assist agencies in implementing a professional program which is amenable to evaluation. Standards make it possible to monitor and evaluate both the service and the delivery process used.

   a. Service Delivery Process
   b. Eligibility Process

   The department has responsibility for establishing the need for homemaker services.

   When the department's adult protective services staff determine that the only service needed is homemaker services, the protective service case will be closed, and the agency will be asked to continue services. The service will continue to be classified in the Without Regard to Income (WRI) category. The agency must reestablish need, prepare an updated social assessment and service plan at six (6) months intervals after the department closes its case. Closed adult protective service cases may continue to be served in the WRI category as long as the need exists.

3. **Need for Service:**

   Only Adult Protective Services referral clients will be served with the exception of those clients grandfathered in prior to July 1, 2006. (Please see eligibility for IE clients)

4. **Designation of Primary Client(s):**

   The primary client is the individual who benefits directly from the provision of service. One or more primary clients may be designated in a family. The activities performed on behalf of a primary client may involve collateral contacts with family members and relatives and various community resources. These contacts are activities performed on behalf of these individuals as part of the

service plan. Persons contacted for this purpose would not be classified as receiving homemaker services.

5. **Social Assessment, Reassessment and Service Plan:**

   The homemaker's activities are based on either the caseworker or professional person's social assessment and service plan. In adult protective services cases, the department's caseworker completes the assessment, reassessment, and service plan. The assessment and service plan may need to be amended during the six month interval. This can be done at any appropriate point. Changes or revisions to the assessment and service plan must be documented in the individual's record.

6. **Social Assessment and Reassessment:**

   An appropriate social assessment based upon the individual and his/her home situation must be completed every six months. The assessment will describe the individual's ability to be independent, his/her natural supports, family relationships and interactions, socio-economic status, etc. The assessment must be based on at least one home visit and be completed within thirty days of service initiation. This assessment must be completed by the professional person. When the provision of service exceeds six months, an updated social assessment must be completed. The reassessment must be based on a home visit which re-evaluates the individual's current level of functioning. It must evaluate whether the homemaker service has assisted the individual and whether the outcomes support/justify the continued need for services. A portion of this evaluation should include documentation of the person's feelings about the continuing service need and the benefits which have been derived from the homemaker services. Form ***HS-3116 SSBG Social Assessment and Service Plan*** is the state approved assessment form that shall be used for all assessments and reassessments.

7. **Service Plan:**

   A service plan, consisting of one or more explicitly stated objectives directed toward each identified goal and defined with or on behalf of the individual, must be developed by the case manager and included in the case record. Activities planned for achieving these objectives to be implemented by the agency, individual, or by others on his/her behalf, also, should be defined and recorded. When the duration of the service exceeds six months, a new service plan must be developed and included in the case record.

8. **Service Delivery:**

   Homemaker services involve a series of personal contacts in the home by a qualified para-professional who is employed as a homemaker and is acting under the supervision and guidance of a case manager. Activities and contacts by the homemaker are to be with or on behalf of the individual or his/her caregiver. These activities and contacts must be in accordance with the service plan which has been established. The frequency of contacts is determined by the service plan. Contacts should be scheduled often enough to establish and maintain the kind of relationship which is essential to effective service delivery.

   Once a month visits cannot be considered to be a professional homemaker service. EXCEPTION: Less frequent visits may be appropriate when the service is being terminated or a client is being maintained at a level of functioning already achieved.

9. **Common Areas:**

   Common areas shared by family members or others living in the home are to be serviced by the homemaker. Areas that are not common areas do not need to be addressed by the homemaker. Common areas include:

   a. Shared bedrooms,

b. Shared bathrooms,

c. Living areas, and

d. Kitchen/dining rooms

10. **Services to Adults:**

Homemaker services may be provided to elderly and/or adults who are experiencing problems in remaining in their own home or who have been designated as Protective Services eligible (WRI) by Department staff. In adult cases, services often focus on activities which the individual can no longer perform for himself/herself and which are necessary for him/her to remain in the home. Emphasis may need to be placed on maintaining an individual at their current level of independence. There are some elderly and/or adults with limited abilities who may benefit from the teaching, supervision and skills development as the focus of homemaker services. In addition to helping the individual remain in his/her home, the homemaker is in a position to provide emotional support and encouragement during periods of loneliness and depression.

Homemaker services to adults may include, but are not limited to the following:

a. Assistance with personal care, teaching good grooming and healthy living habits such as toileting, eating, dressing, grooming, and walking; and may include bathing (Note: Assisting the individual in and out of the tub or shower, and helping the individual in and out of bed and/or wheelchair, are activities that can be performed by a homemaker who has specialized training.)

b. Completing health care routines, including any diet restrictions and recommended exercises;

c. Performance of routine household chores, maintenance and upkeep such as sweeping, mopping, dusting, making beds, washing dishes, etc.;

d. Providing assistance with the care for clothing;

e. Assistance in accessing appropriate medical care;

f. Performance of essential shopping and errands with (the individual as much as possible) or for the individual (for example, grocery shopping, having prescriptions filled, paying bills);

g. Preparation of and/or providing education about the preparation of nutritious appetizing meals;

h. Provision of consumer education and assistance with household budgeting;

i. Giving prompts to individuals or caregivers in taking or giving medications;

j. Provision of assistance in the selection and purchase of items needed to make the home accessible for the individual;

k. Assisting the individual or caregiver in establishing or improving a home;

l. Assisting individuals or caregivers in accessing community resources;

m. Provision of temporary supervision of an individual in his/her own home in the absence of the caregiver in an emergency situation, such as illness of the caregiver or temporary absence of the caregiver; and

n. Consulting with Department staff.

The provision of transportation of individuals, or transportation provided on behalf of these individuals, in the course of carrying out the above activities is allowable. However, provision of transportation is not allowable if this is the only activity performed.

Many activities for which the elderly and persons with disabilities may need assistance are subject to advanced training and/or licensing requirements. The following actions, and possibly others not listed, require the person administering them to be licensed or certified, and therefore, homemakers must not perform the following:

a. Change dressings;

b. Administering medications, including insulin shots;

c. Physical therapy;

d. Give enemas or irrigating catheters;

e. Speech therapy; or

f. Position the individual in bed for the prevention of contractures.

Agency staff should determine if other actions which the Homemaker may be called upon to perform require a license or certification. Homemakers, and the agencies that employ them, may be subject to liability for actions for which result in injury to the client.

11. **Service Delivery Documentation:**

Case records must document all activities, including all collateral contacts, performed with or on behalf of the individual. Documentation must be sufficient to establish that services are being provided in accordance with the service plan, and activities are consistent with the definition of homemaker services. Regardless of the format the agency chooses to use in documenting services, the record must be adequate to substantiate the number of units being claimed for reimbursement. At a minimum, records must include:

a. Eligibility documents;

b. Assessments/reassessments and service plans; and homemaker's summaries of activities performed. (Dates of visits should be recorded in the Summary or on the day sheets).

c. Unit of Service

The unit of service shall be defined as an hour of direct contact. Each homemaker or full-time equivalent homemaker is expected to provide 75% of weekly total hours of direct service per week.

Activities considered a part of direct contacts are:

a. Individual contacts;

b. Collateral contact on the individual's behalf;

c. Transportation:

- To and from individual's place of personal residence
- For performance of essential shopping and errands
- To transport individual to medical resources
- To transport individual for purpose of teaching good shopping practices
- Supervisory conferences regarding specific case situations.

12. **Unit Cost Determination:**

The unit cost is computed based on the budget divided by number of full-time equivalent homemaker's times thirty (30) hours a week times forty-five (45) weeks per year.

13. **Qualifications of Homemaker Service Staff:**

Minimum Qualifications of Homemakers – Homemaker Service Staff will have the ability to follow oral and written directions and keep simple records. Homemaker Service Staff will have experience in dealing with the elderly or people with disabilities, providing in-home care.

Desirable Qualifications of Homemakers: High School graduation or GED or completion of a generic training program to prepare the homemaker for the tasks and responsibilities of this service.

Minimum Qualifications of Professional Staff (Example: supervisor or caseworker) - graduation from an accredited four-year college or university including or supplemented by twenty-one semester hours in behavioral sciences, i.e., social work, psychology, sociology, and/or consumer sciences (graduation from an accredited school of nursing and licensed to practice in Tennessee as a registered nurse may be considered an acceptable substitute).

14. **Training:**

a. Initial Generic Training

Each homemaker must be provided a minimum of forty (40) hours of basic orientation (twenty-five (25) if homemaker possesses a CNA or Bachelor's Degree) training or have completed an equivalent training program. Such training is vital to an effective and safe homemaker program. Appropriate training areas include agency policy and regulations, mental illness, physical handicaps, understanding people with disabilities who may have chronic or acute illness, or advanced age or protective services.

b. In-Service Training

Ongoing in-service training is required for all para-professional homemaker staff. A specific training plan, outlining the content to be covered, must be developed by the agency. A minimum of twenty-five (25) hours of such training must be provided per year, in addition to normal supervisory guidance and training. If possible, the training should be spread across the four quarters of the year. Training hours will be documented for each employee.

15. **APS and Homemaker Meetings:**

Homemakers and APS staff shall meet no less than quarterly to foster communication and provide problem resolutions and updates to active cases on APS customers.

ATTACHMENT A – 2015 Income Table

SSBG Adult Day Care and Homemaker Services

125% of Federal Poverty Guidelines

Family Size	125% Federal Poverty Guidelines	
	Year	Month
1	$ 14,712.50	$ 1,226.04
2	$ 19,912.50	$ 1,659.38
3	$ 25,112.50	$ 2,092.71
4	$ 30,312.50	$ 2,526.04
5	$ 35,512.50	$ 2,959.38
6	$ 40,712.50	$ 3,392.71
7	$ 45,912.50	$ 3,826.04
8	$ 51,112.50	$ 4,259.38
For each additional person add	$ 5,200.00	$ 433.33

Family Size	0-50% of poverty	51-75% of poverty	76-100% of poverty	101-125% of poverty
1	$0-5,885	$5,886-8,827.50	$8,827.51-11,770	**$11,771-14,712.50**
2	$0-7,965	$7,966-11,947.50	$11,947.51-15,930	**$15,931-19,912.50**
3	$0-10,045	$10,046-15,067.50	$15,067.51-20,090	**$20,091-25,112.50**
4	$0-12,125	$12,130-18,187.50	$18,187.51-24,250	**$24,251-30,312.50**
5	$0-14,205	$14,206-21,307.50	$21,307.51-28,410	**$28,411-35,512.50**
6	$0-16,285	$16,286-24,427.50	$24,427.51-32,570	**$32,571-40,712.50**
7	$0-18,365	$18,366-27,547.50	$27,547.51-36,730	**$36,731-45,912.50**
8	$0-20,445	$20,446-30,667.50	$30,667.51-40,890	**$40,891-51,112.50**
For each additional person add	$0-2080	$2,081-3,120	$3,121-4,160	**$4,161-5,200**

ATTACHMENT B – Adult Day Care Fee Schedule

FY 2016 Adult Day Care Fee Schedule 125% Federal Poverty Guidelines	
Family Size One - $1,226.04	
Monthly Income Range	Weekly Fee Per Individual
$980.83-$1,038	$ 10.00
$1,039-$1,098	$ 12.00
$1,099-$1,158	$ 14.00
$1,159-$1,226.04	$ 16.00
Family Size Two - $1,659.39	
Monthly Income Range	Weekly Fee Per Individual
$1,327.50-$1,393	$ 10.00
$1,394-$1,474	$ 12.00
$1,475-$1,555	$ 14.00
$1,556-$1,659.38	$ 16.00
Family Size Three - $2,092.71	
Monthly Income Range	Weekly Fee Per Individual
$1,674.17-$1,764	$ 10.00
$1,765-$1,865	$ 12.00
$1,866-$1,966	$ 14.00
$1,967-$2,092.71	$ 16.00
Family Size Four - $2,526.04	
Monthly Income Range	Weekly Fee Per Individual
$2,020.83-$2,088	$ 10.00
$2,089-$2,189	$ 12.00
$2,190-$2,290	$ 14.00
$2,291-$2,526.04	$ 16.00
Family Size Five - $2,959.38	
Monthly Income Range	Weekly Fee Per Individual
$2,367.50-$2,476	$ 10.00
$2,477-$2,626	$ 12.00
$2,627-$2,777	$ 14.00
$2,778-$2,959.38	$ 16.00

Social Services Block Grant Program (SSBG)

FORMS INDEX

HS-3109 SSBG Change in Circumstance

HS-3115 SSBG Service Proposal

HS-3116 SSBG Social Assessment and Service Plan

HS-3117 SSBG Application for Services

HS-3130 SSBG Abuse Reporting Log

HS-3131 SSBG Annual Program Evaluation

HS-3134 SSBG Risk Assessment Matrix

RECORDS RETENTION

Records referenced in the SSBG 2015 Policy & Procedures Manual as listed specifically below may be subject to retention under the following Records Disposition Authorities (RDA):

SW21	Grants	http://tnsos.net/rmd/rda/detail_rda.php?rda_id=1932
SW15	Annual Report Working Papers	http://tnsos.net/rmd/rda/detail_rda.php?rda_id=1806
SW16	Temporary Records	http://tnsos.net/rmd/rda/detail_rda.php?rda_id=1899
SW17	Working Papers	http://tnsos.net/rmd/rda/detail_rda.php?rda_id=1897
SW20	Fiscal Administrative	http://tnsos.net/rmd/rda/detail_rda.php?rda_id=1931
SW24	Publications	http://tnsos.net/rmd/rda/detail_rda.php?rda_id=1966

References to SSBG 2015 Policy & Procedures Manual

Page	Description	RDA #	RDA Title
2	Service Priority – Referral Logs	SW21	Grants
4	Application for Services – Applications	SW21	Grants
6	Citizenship or Qualified Alien – Agency shall maintain a copy of all documentation submitted by applicant for verification	SW21	Grants
19	Grant/Contract Availability – requires that agencies have on file and available to staff a copy of the legal agreement	SW21	Grants
20	Press Releases	SW24	Publications
21	Copy of the (monitoring) review report and any corrective activity is maintained in the DHS file.	SW21	Grants
21	Contract agencies are required to submit financial reports of expenditures to the Department's Fiscal Services.	SW21	Grants

23	Agencies are required to maintain confidential customer records documenting services provided and progress made by all customers in the program.	SW21	Grants
26	Agencies should retain a copy of the annual program evaluation.	SW21	Grants
27	Agencies will keep a copy of the results of the Risk Assessment within the participant's file.	SW21	Grants
32	Homemaker Services – Customer Record Documentation	SW21	Grants
33	Admissions Policy / Customer Population – says admissions policy must be maintained by agency along with file that gives information about all applicants who are rejected for service.	SW21	Grants
Page	Description	RDA #	RDA Title
46	Staff Qualifications – agencies are required by "Fiscal Policies and Procedures" to maintain personnel files for all staff employed under the grant/contract. (to include in-service training, p. 29)	SW21	Grants
37	Attendance Documentation – all agencies must maintain a central attendance record	SW21	Grants
38	Customer Record Documentation (Day Care Services)	SW21	Grants
41	Client Record Documentation (Homemaker Services)	SW21	Grants
43	Service Plan must be developed by case manager and included in case record. (Social Assessment & Service Plan, attachment E to the manual.)	SW21	Grants
45	Service Delivery Documentation (Homemaker Services)	SW21	Grants

23	Documentation and Record Keeping Processes: Client records will be maintained for a minimum of three (3) years after the final invoice for current fiscal year has been submitted. Client records are kept in a secure location accessible only to pertinent staff. Computer files will be maintained under a secured system overseen by management.	SW21	Grants