I. Intake

A. Definitions

Abuse: means infliction of or intent to inflict physical pain or injury on or the imprisonment of any incapacitated adult or resident of a nursing home or other residential facility.

Adult Family Care Home: means a placement setting within a family unit that provides support, protection and security for up to three individuals over the age of eighteen.

Adult Family Care Provider: an individual or family unit that has been certified by the Department of Health and Human Resources to provide support, supervision and assistance to adults placed in their home for which they receive payment.

Adult Emergency Shelter Care Home: means a home that is available on a short-term, emergency basis for residential care type clients for whom no other appropriate alternatives currently exist, agreeing to accept placement on a twenty-four (24) hour basis.

Adult Emergency Shelter Care Provider: means an individual or family unit that has been certified by the Department of Health and Human Resources to provide support, supervision and assistance to adults placed in their home at any time on short notice.

Cognitive deficit: means impairment of an individual's thought processes.

Emergency: means a situation or set of circumstances which present a substantial and immediate risk of death or serious injury to an incapacitated adult.

Incapacitated Adult: means any person who by means of physical mental or other infirmity is unable to independently carry on the daily activities of life necessary to sustaining life and reasonable health.

Neglect: means the failure to provide the necessities of life to an incapacitated adult or resident of a nursing home or other residential facility with the intent to coerce or physically harm such incapacitated adult or resident of a nursing home or other residential facility **or** the unlawful expenditure or willful dissipation of funds or other assets owned or paid to or for the benefit of an incapacitated adult or resident of a nursing home or other residential facility.

Personal Care Home: A group living facility licensed by the Office of Health Facilities and Licensure and Certification(OHFLAC) providing 24 awake supervision of activities of daily living.

Personal Care Home Provider: A individual, and every form of organization, whether incorporated or unincorporated, including any partnership, corporation, trust, association or political subdivision of the state licensed by OHFLAC as a Personal Care Home Provider.

Residential Board and Care Home: A group living facility licensed by the Office of Health Facility Licensure and Certification to provide accommodations, personal assistance and supervision for a period of more than twenty four(24) hours to four or more individuals.

Residential Board and Care Home Provider: Any person and every form of organization, whether incorporated or unincorporated, including any partnership, corporation, trust, association or political subdivision of the State licensed by OHFLAC to maintain and operate a RB&C.

Physical deficit: means impairment of an individual's physical abilities.

B. Introduction and Overview

Personal Care Homes (PCH) are residential settings for adults that provide supervision, support, protection and security in a group living setting. This may be an appropriate option for individuals who are no longer able to safely remain in their own homes due to physical, cognitive, and/or emotional deficits. Although an individual may be experiencing deficits in one or more of these domains, the deficits are not significant enough to warrant the level of care provided in a nursing home.

The Personal Care Home provider must be licensed by the Department of Health and Human Resources, Office of Health Facilities Licensure and Certification. Once licensed, the provider may provide care for the number of residents approved on their license. A Personal Care Home provider receives payment for the care provided. This payment may come from the client placed in the home, the Department or a combination of these two sources. A PCH may provide personal assistance to four (4) or more residents who may need limited and intermittent nursing care. This service is a direct hands-on nursing care of no more than two (2) hours of nursing care per day for a period of no longer than ninety (90) consecutive days per episode

C. Eligibility Criteria

Personal Care Home services and the associated services, including pre-admission evaluation, placement, supportive services, supervision and discharge planning, are available to adults who are no longer able to remain in their own home and require an alternate living arrangement requiring 24 hour awake care due to physical, mental, or emotional limitations. Eligibility for placement in this type of setting is not limited by type and amount of client income. Payment by the department, however, for placement in Personal Care Home is affected by the amount of

income received by the client and the level of liquid assets available. Assets can not exceed the established level, currently $2,000. (See Payment and Comprehensive Assessment for detailed information). In order to be eligible to receive a supplemental payment from the department for Personal Care Home services, the individual must meet at least one (1) of the following criteria:

- he/she must be age sixty-five (65) or older;
- he/she must be at least eighteen (18) years of age and have an established disability or a disability may be established by a thorough evaluation and documentation of the person's condition by a licensed physician and a determination by the social worker that this medical evaluation does indicate the need for supervised care; **or**,
- he/she be at least eighteen (18) years of age is currently receiving Adult Protective Service or APS Preventive Services from the department.

In the case of eligibility based on an active APS or APS Preventive Services case, Personal Care Home services must be needed to eliminate the abuse, neglect or exploitation that was verified during the APS investigation. Further, the identified problem area(s) and the use of PCH placement to address these must be documented in the client's service plan.

D. Required Information

Basic identifying information and detailed information about the client's needs are to be gathered during the Intake process. This information must be sufficient to determine the type of services and/or assistance being requested, the specific needs of the individual, and other relevant information. At a minimum, the following must be included:

- name of client;
- date of birth or approximate age of the client;
- social security number;
- client's current living arrangements;
- household composition;
- physical address of client;
- telephone number of client;
- directions to client's home;
- significant others - relatives, neighbors, friends;
- legal representative(s), if known;
- reporter/caller information, if different than client;
- type of service(s) reporter/caller is requesting;
- specific needs of the client;
- description of how needs are currently being met; and,
- other relevant information.

When the intake information is completed, the intake worker is to conduct a search to determine if the agency has had prior contact with the client. At a minimum, this search must include the FACTS system. When the search is completed the request to receive Personal Care Home services is to be forwarded to the appropriate supervisor for further action.

II. Assessment

Prior to a client being considered for placement in an Personal Care home, the social worker must gain a thorough knowledge of the client, their needs, wishes, strengths and limitations. A comprehensive assessment is essential to gaining this level of understanding.

A. Screening of Referrals

Upon receipt of the referral, the supervisor will review the information collected during intake. If the intake appears to meet the criteria for Personal Care Home (PCH) services, the supervisor will assign the referral to a social worker for additional follow-up, including completion of a Comprehensive Assessment. If the intake does not appear to meet the criteria for PCH services the supervisor may take one of four actions:

- screen the referral out and take no further action;
- screen the referral out for Personal Care Home and redirect the referral to another unit within the department that is appropriate to meet the identified need(s);
- screen the referral out and forward a referral to the appropriate entity(ies) outside of the department; or,
- assign the intake to a social worker to contact the client and/or referent to gather additional information so a determination may be made.

Whenever a referral is screened out by the supervisor for any reason(s), the reason for the screen out must be documented in FACTS. Finally, if not completed previously by the intake worker, the supervisor is to complete a search of the FACTS system to determine if other referrals, investigations, and/or cases already exist for the identified client.

B. Comprehensive Assessment

A thorough assessment must be completed for each individual who has requested to receive Personal Care Home Services and who is subsequently assigned to a social worker. In order to develop a detailed understanding of the client and their needs, the social worker must conduct a face-to-face contact with the client and complete the Comprehensive Assessment. Completion of the Comprehensive Assessment involves interviews with the client and other significant individuals. The information gathered is to be considered during the assessment phase and recorded on various screens in FACTS is outlined below. This information will then be used as the basis for the client's service plan.

The Comprehensive Assessment must be completed within thirty (30) days following assignment of the case for assessment. Thereafter, completion of a new Comprehensive Assessment is not required. Completion of a new Comprehensive Assessment should, however, be considered whenever there has been a significant change in the client's circumstance, functioning and/or needs.

Note: The Comprehensive Assessment form, when printed, will not necessarily reflect all of the information outlined in the following sections. It is, however, appropriate to gather all of the information as part of the assessment process.

1. *Time Frames:*

A Comprehensive Assessment, including face-to-face contact with the client and development of the service plan, must be completed for each individual who is assigned for assessment for Personal Care Home services. This assessment must be completed within thirty (30) calendar days following the date the case is assigned for assessment.

2. *Information to Be Collected:*

a. Identifying Information

Demographic information about the client, their family and their unique circumstances is to be documented. This includes information such as (not an all inclusive list):

- name;
- address (mailing and residence);
- telephone number;
- date of birth/age;
- household members;
- other significant individuals;
- legal representatives/substitute decision-makers (if applicable);
- identification numbers (SSN, Medicaid, Medicare, SSA Claim, etc.);
- gender/ethnicity;
- marital status; and,
- directions to the home.

b. Referent Information

Information about the person(s) making the referral is to be documented. With requests to receive Personal Care Home (PCH) services the client frequently will make the request on their own behalf. If this is the case, the social worker must indicate that this is a self-referral and documentation of additional referent information is not necessary. When the referent is someone other than the client, the information to be gathered must include but is not limited to the following:

- referent name;
- referent address;
- referent telephone number
- relationship to the client
- how they know of the client's needs; and,
- other relevant information.

c. Services Requested

Document the specific service(s) being requested. This should include information such as the following:

- the specific type(s) of assistance being requested;
- why assistance is being requested;
- how needs are currently being met; and,
- other relevant information.

d. Living Arrangements

Document information about the client's current living arrangements. This should include information about where the client currently resides such as the following:

- client's current location (own home, relative's home, hospital, etc.);
- is the current setting considered permanent or temporary;
- type of setting (private home/residential facility, etc.);
- household/family composition;
- physical description of the current residence (single family dwelling, duplex, townhouse, apartment, retirement community, foster home, group home, nursing facility, etc.);
- interior condition of the residence;
- exterior condition of the residence;
- type of geographic location (rural, urban, suburban, etc.);
- access to resources such as family/friends, transportation, shopping, medical care/services, social/recreational activities, religious affiliations, etc.

e. Client Functioning

Document information about the client's current physical and medical conditions. This should include information about the physical condition and description of the client during the face-to-face contact as well as information about their diagnosed health status. Included are areas such as:

- observed/reported physical conditions of the client;
- primary care physician;
- diagnosed health conditions;
- current medications;
- durable medical equipment/supplies used; and,
- nutritional status including special dietary needs, if applicable.

f. Mental/Emotional Health

Document information about the client's current and past mental health conditions. This should include information about how the client is currently functioning , their current needs and supports, and his/her past history of mental health treatment, if applicable. Included are areas such as:

- current treatment status;
- current mental health provider;
- mental health services currently receiving;
- medication prescribed for treatment of a mental health condition;
- prescribing/treating professional;
- observed/reported mental health/behavioral conditions; and,
- mental health treatment history.

g. Financial Information

Document information about the client's current financial status. This should include information about the client's resources and his/her ability to manage these independently or with assistance. The thoroughness and accuracy of financial information is especially critical for clients who will receive PCH services since the payment calculation and much of the individual agreement between the department, the client and the provider is created by FACTS based on this information. Included are areas such as:

- financial resources - type, amount and frequency;
- other resources available to the client (non-financial);
- assets available to the client (can not exceed a maximum of $2,000 to be eligible for a PCH supplemental payment);
- outstanding debt owed by the client;
- extraordinary expenses;
- health insurance coverage; and,
- information about the client's ability to manage their own finances.

h. Educational/Vocational Information

Document information about the educational/vocational training the client has received or is currently receiving. This should include information such as:

- last grade completed;
- field of study;
- history of college attendance/graduation; and,
- history of special licensure/training.

i. Employment Information

Document information about the client's past and present employment, including but not limited to sheltered employment. Information should include:

- current employment status;
- current employer;
- type of employment; and,
- prior employment history.

j. Military Information

Document information about the client's military history, if applicable. This should include information such as:

- branch of service;
- type of discharge received;
- date of discharge; and,
- service related disability, if applicable.

k. Legal Information

Document information about the client's current legal status. This should include information about all known legal representatives, and the specific nature/scope of that relationship. This should include information such as:

- assessment of the client's decision-making capacity by the social worker;
- information about legal determination of competence, if applicable;
- information about efforts to have the client's decision-making capacity formally evaluated; and,
- identification of specific individuals who assist the client with decision-making.

3. *Conclusion of Comprehensive Assessment:*

When the Comprehensive Assessment is completed, all the information and findings are to be documented in FACTS. This, along with the service plan that was developed as a result of the assessment findings, is then to be submitted by the social worker to the supervisor for approval.

C. Criteria for Selection of PCH Clients

It is important for the social worker to complete a thorough assessment of the client in order to determine if Personal Care Home (PCH) is an appropriate placement option. If so, a client who is being considered for this type of placement setting must meet the following criteria. They must be:

- in need of supportive living in order to remain in or return to a community living setting;
- able to care for his/her own personal needs such as bathing and dressing with minimal assistance or has the capacity to develop these skills with training from the PCH provider and/or other professional;
- alert and stable enough to be able to express their wishes regarding their living arrangements and able to participate in planning for their needs **or** has been determined by a medical professional to be in need of PCH and able to benefit from placement;

- able, or have a legally appointed representative who is able, to understand what PCH is and expresses a desire for this type of placement;
- willing to contribute to their cost of care to the extent possible;
- unable to live alone as a result of physical or mental incapacity;
- no other suitable living arrangements are available;
- able to meet the established admission criteria for the facility being considered; and,
- free from communicable disease that would endanger the health of others.

In addition, they must **NOT**:

- be incontinent at time of admission or,
- be dangerous to themselves or others ("dangerous" means a person who currently exhibits or has exhibited behavior that can or is likely to result in infliction of injury or damage to other persons or property)

III. Case Management

Once a client has been opened as a recipient of Personal Care Home services (PCH) through the department, various case management activities must occur. These include tasks such as:

- advising the client of their approval to receive PCH services;
- location and selection of an appropriate provider;
- arranging pre-placement visits with the potential PCH provider(s) when appropriate;
- arranging placement of the client in the PCH;
- explaining the payment process to both the client and the provider;
- completing all documentation in FACTS necessary to generate the Payment Agreement;
- review the Resident Agreement for Participation with the client and secure the required signatures;
- review the completed Payment Agreement with the client and the provider and secure all necessary signatures;
- in conjunction with the client, the provider and other appropriate parties, develop the service plan;
- arrange for additional services for the client and/or provider as appropriate; and,
- review and monitor the case as required, making modifications and changes as indicated.

A. Placement

When placement of an adult in a Personal Care Home (PCH) is being considered, it is important to consider both the needs of the client and the characteristics of the PCH. The success of the placement often depends on how good a "match" there is between the client, the provider and other residents of the PCH. Careful consideration of these factors prior to placement can facilitate a successful placement and minimize placement disruptions later.

1. ***Selection of the Provider:***

The successful placement of a client in a Personal Care Home (PCH) will depend largely on assuring a good "match" between the client being placed and the provider. In order to ensure as good a match as possible, the social worker must evaluate the client in the following areas:

- current physical health status and medical history;
- current mental/emotional/cognitive status and history;
- individual or special needs as viewed by the client, the physician, and the social worker;
- the client's expressed wishes regarding his/her living arrangements;
- family, friends and community ties - who these individuals are, where they are located, and assistance they are willing to provide to the client;
- family experiences of the client such as the kind of home life he/she had and attitude toward any remaining family;
- educational and employment history;
- religious preferences, interests, hobbies, likes and dislikes, and personal habits;
- household possessions or pets and plans for what will be done with these;
- physical appearance and personal characteristics (e.g. neat/untidy, withdrawn/outgoing);
- behavior problems that are currently present or that have been present in the past;
- problems with any prior placement;
- unusual habits that could be problematic for a provider; and,
- financial resources such as income, medical insurance and assets.

2. ***Placement of Clients Being Discharged From a State Institution:***

Individuals who have resided in a state operated facility for an extended period of time will face some unique challenges as they adjust to a Personal Care Home (PCH) setting. In order to ensure a smooth adjustment, it is important for the PCH provider to be aware, not only of the client's needs, but also of the prior routine and personal habits to which the client has become accustomed. A gradual transition from the familiar routine to a new setting and new routines will make for a smoother and more successful transition to the Personal Care Home.

Because of these unique considerations, clients who are being discharged from a state operated facility for placement in an PCH must meet certain additional requirements before placement will be arranged. Specifically, the discharging facility must arrange for the completion of 1) a thorough current medical history, including both physical and mental health histories and 2) a thorough social history, including a description of the client's routine at the discharging facility. These reports are to be completed by a representative of the discharging facility who is familiar with the client's daily habits and activities while they have been placed in the facility. Upon completion, the reports must be submitted to the department along with a request for placement

in an PCH setting. The department and the discharging facility are to work in cooperation to arrange a trial visit at the proposed PCH.

3. *Trial Visit - General:*

A trial visit between the client and the prospective Personal Care Home (PCH) provider should be arranged whenever placement is being considered, prior to making permanent arrangements. This provides the social worker, the potential provider and the client the opportunity to evaluate the client-provider match and the client's suitability for placement in a PCH setting. Whenever the client is being discharged from a state operated mental health facility to an PCH, a trial visit is **required**. In this situation, the client is not to be fully discharged from the facility until they are stabilized in the PCH setting.

For adults who are coming from a setting other than a state operated mental health facility, the social worker is responsible for the following tasks in preparation for the trial visit:

- provide a summary of the client, his/her needs, and other required information to the prospective PCH;
- consult with the receiving county to arrange/coordinate the trial visit;
- arrange transportation of the client to the prospective PCH;
- arrange an adequate supply of medication for the client during the visit; and,
- arrange for payment of the PCH provider for the trial visit.

For adults who **are** coming from a state operated mental health facility, these tasks are to carried out the jointly by the DHHR social worker and the discharge planner or other appropriate staff from the facility.

Following the trial visit the social worker is to confer with the client and the provider individually to determine whether or not the placement is suitable. Results of the trial visit must be documented in FACTS and the results reported to the social worker in the receiving county. If both the client and the provider agree to making the placement permanent, all documentation and case activity must be completed in FACTS by the social worker in the sending county. Upon completion and approval by the sending county supervisor, the case may be transferred to the appropriate supervisor in the receiving county. The case may then be assigned to a social worker for ongoing case work activity. (See also Case Management - Transfers for detailed information about the case transfer process).

4. *Trial Visit - Clients From Another County or Institutional Setting:*

If the client is coming from another county or is being discharged from an institutional setting, the sending county/discharge planner must provide the social worker in the receiving county with written, detailed summary of the client's characteristics and needs, prior to arranging a trial visit. This summary must include the following information, at a minimum: client identifying

information, description of client's current functioning, areas of need, description of support/assistance required, strengths, limitations, medical and psychological history, current medical/psychological needs, explanation of why placement is being sought, and other relevant information. For clients currently receiving adult services from the department, the completed Comprehensive Assessment in FACTS may be used to meet this requirement.

For clients who are being discharged from an institutional setting, it is essential that the social worker receive thorough and accurate information regarding the client, his/her functioning and their needs prior to placement. Upon receipt of this information, the social worker must discuss the client and their needs with the prospective provider. In doing so the social worker is to prepare the provider for accepting the client for the trial visit and possible placement. In addition, clients who are coming from an involuntary commitment in a state operated mental health facility are **required** to be released from the mental health facility on convalescent status and placed on a provisional basis in the Personal Care Home (PCH). This provisional placement may last for a period of up to six (6) months. The purpose of the provisional placement with this population is to ensure a smooth transition from the institutional setting to the community and to facilitate the return of the client to the institution in the event of a failed placement without requiring another hearing before the mental hygiene commissioner. Upon completion of a successful provisional placement, the client may be fully discharged from the mental health facility and permanently placed in the PCH. In no instance shall the department authorize placement in a PCH for an institutionalized client who is fully discharged from the institutional setting on the date of initial placement in an PCH.

5. *Client Medical Evaluation:*

OHFLAC licensure requirements for PCH requires a health assessment by a licensed physician or other health care professional not more then forty-five (45) days prior to admission or no more than five (5) working days following admission and at least annually thereafter. Completion of this assessment serves two purposes. First, it documents the current health status of the client and second, it indicates that the resident is free of communicable diseases to the best of the physician's knowledge.

6. *Placement When No Supplemental Payment Made by Department:*

There may be situations when an individual is in need of the level of care available in a Personal Care Home (PCH) setting but his/her financial resources exceed the determined cost of care. These types of placement will be handled as private pay arrangements and the payment arrangements are to be made by the individual or his/her family. In situations where the individual is not capable of making these arrangements independently and has no relative or interested party who can or will make the arrangements on his/her behalf, the department may assist in arranging the private pay placement. The procedures regarding placement in an

approved PCH are applicable when placing an individual for whom there will be no supplemental payment made by the department. The differences are as follows:

- In private pay arrangements, the department shall **not** be a party to the payment arrangements between the client and the PCH;
- clients who are placed in PCH as a private pay placement are **not** eligible for special medical authorization to cover medical expenses for which they may have no coverage unless a policy exception is granted by the Office of Social Services (See Special Medical Authorization and Exceptions to Policy for detailed information; and,
- when the department is not making a supplemental payment, the adult residential service case is to remain open if the department is providing case management or other supportive services. If no other services are being provided by the department, the adult residential services case is to be closed.

The social worker should inform the client and provider about possible benefits that may be available at the time placement is being arranged or approved by the department. Once the initial placement is made, the social worker is to assist in arranging social services as needed. The business arrangement between the client and the provider concerning payment is not the social worker's responsibility. It must be made clear to the provider at the time of placement that the payment arrangements for private pay clients is a private arrangement and the department will not provide payment to the provider in the event the client or his/her representative fails to make payment as agreed.

7. ***Required Notification of Placement:***

At the time of placement of the adult in the Personal Care Home (PCH) is completed, the social worker must send/ensure notification of the placement to certain parties. Specifically, if the adult is receiving any services through Office of Family Support (e.g. Food Stamps, Medicaid, Emergency Assistance, etc.), written notification is to be provided advising that office/unit of the placement. This notification is to be done using the Interdepartmental Referral Form (DHS-1) and must include the type of placement the client resides in, the date placement became effective, the client's new address and telephone number, client identifying numbers such as SSN, SSA Claim number, Medicaid number, etc., the name of the provider, and the monthly amount paid by the client to the provider for his/her care.

Also, notification of the client's change of address and living arrangements must be sent to all of the client's sources of income. This notification may be done by the client, the provider, or another responsible party. The social worker, however, should follow up with the individual designated to provide this notification to ensure that this is done promptly. If not handled promptly, problems may result in the provider receiving payment from the client in a timely

manner. In the event the social worker sends this notification, the Interagency Referral Form is to be used.

Note: The social worker should encourage the client and/or provider to complete a "Change of Address" card with the with the appropriate post office.

8. ***Initial Placement Period:***

During the first several weeks following placement, the client and provider will need regular guidance and support from the social worker to ensure a smooth adjustment. The social worker is to maintain regular contact with the client and provider during this adjustment period to monitor the client's and the provider's adaptation to the new placement and to assess the client's functioning in the PCH. At a minimum, the social worker must conduct a visit to the facility when the client first arrives, and a follow-up visit within one (1) week following placement. Thereafter for the first six (6) months, visits are to be conducted on a regular basis. The frequency of visits should be determined by the level of support and contact needed by the client and provider in order to facilitate a smooth adjustment and, to resolve any problems that arise in a timely manner. Depending on the individual needs, this visitation may be conducted weekly, bi-weekly, or monthly. Contact during the first six (6) months must be made at least once every month.

9. ***Resident Agreement for Participation:***

At the time of placement, a Resident Agreement for Participation must be completed. In order to complete this document the social worker must review the terms of participation with the client. To participate in the Personal Care Home services offered by the department, the client must be willing to agree to the terms set forth and to signify his/her agreement by his/her signature. If the client has a legally appointed representative, this individual must sign on the client's behalf. After obtaining the signature of the client or his/her representative, the social worker is to sign on behalf of the department. A copy of the signed document is to be provided to the client and/or their representative. The completed document is then to be filed in the client's case record with a notation in FACTS as to the location of the original signed document.

Note: The Resident Agreement for Participation is available as a merge document on the hard drive of your PC (C:\).

10. ***If the PCH Placement Fails:***

It is essential that the social worker carefully consider the characteristics and needs of the client and the characteristics and resources of the provider in order to ensure as good a match as possible. If, after placement, problems arise, the social worker will recommend/encourage the

provider to arrange the assistance and/or training necessary to enable them to furnish appropriate care to the client. If these efforts are unsuccessful and the arrangement remains unworkable, the social worker may assist in placement of the client with another provider who is better able to address the client's needs.

As part of the process of arranging the new placement, the social worker must include a trial visit with the prospective new provider whenever possible. (See policy section on Trial Visits for detailed information) After a successful match is found and the client is placed with a new provider, the social worker must monitor the new placement carefully. While it is important to maintain regular contact with both the provider and client during the weeks immediately following any placement, this is especially important when the placement has occurred as a result of a failed placement in another setting. Regular contact with the client and provider will ensure the support and opportunity necessary to promptly identify problems, should these occur, and seek appropriate resolution.

B. Payment by the Office of Social Services

Providers of Personal Care Home (PCH) services may receive reimbursement from the department in two ways, automatic payment and demand payment. Reimbursement to the provider for the care and supervision furnished to the client will be done by automatic payment, in accordance with the term of the Payment Agreement in effect.. Demand payments are available for a very limited and specific set of expenses that may occur in the PCH setting.

1. *Rate of Payment:*

Personal Care Home (PCH) providers are paid a flat rate for the care and supervision furnished to each adult placed in the facility by the department. An additional payment of up to $100 may be made for each individual placed by the department who has been determined to be Hartley eligible. The payment is calculated by FACTS and is based on a variety of information entered in the system by the social worker. Key areas used in calculating the rate of payment include:

- employment information, including sheltered employment;
- income and asset information;
- debt and expense information; and,
- Hartley eligibility.

Complete and accurate documentation in each of these areas is essential in determining the rate of payment. This information must be entered before calculation of the payment can occur and before the Payment Agreement can be created.

a. Resource Deductions

In unique situations the client may be allowed to keep a portion of his/her monthly resources rather than using these to pay for his/her care. Granting a resource deduction may be considered only when the following criteria are met:

- client has a special need (if a medical need - must be documented by their physician);
- granting the deduction would prevent the client from moving to a higher level of care; and,
- there are no other resources to pay the costs for which the resource deduction is being granted.

When it has been determined by the social worker that these three criteria are met, the social worker may show that a resource deduction is being granted by completing the required information on the debt/expense screen of FACTS. Whenever a resource deduction is being granted, the expense that the deduction is allowed for, the amount of deduction to be allowed, and the reason(s) the resource deduction is being granted must be documented. Completion of the debt/expense information is required as part of the process to create a Payment Agreement. When completed, the social worker must submit the debt/expense information along with other information required to create a Payment Agreement to the supervisor for approval.

Upon receipt, the supervisor must review all applicable information prior to approving the Payment Agreement. (See Payment Agreement for detailed information about creating the Payment Agreement) In addition to approval by the supervisor, resource deductions also require approval by the Office of Social Services (two-tiered approval). The Payment Agreement can not be generated by FACTS until the required approval(s) are done.

Some examples of situations for which the social worker may consider granting a resource deduction are:

1) Example: a client in a PCH who, according to a physician's statement, must take numerous/expensive medications or use medical supplies that are not reimbursable by Medicaid, other insurance carrier, or special medical authorization. A resource deduction may be considered to allow the client to retain the portion of their income necessary to purchase these medications/supplies. The balance of their income, after this deduction, would then be applied to payment of their cost of care.

Example #1:

Total monthly income $512.00
Personal Expense Allowance .....$ 61.00
Un-reimbursable medication expenses $150.00
Resource deduction granted $150.00
Disposable income to be applied to care $301.00

2) Example: a client is temporarily placed in a PCH while recovering from an illness. The client is unable to manage without some assistance but according to their doctor's statement, prognosis

for full recovery and return home is very good. Anticipate return home in 3 months. Client needs to continue to pay utilities until return home to avoid termination of services and re-connect fees. In this case the social worker should negotiate with the various utilities before requesting a resource deduction to see if they will offer a reduced rate for these types of situations. In addition the social worker should explore other resources for assisting with these payments. If no other resources are available, a resource deduction could be requested as outlined in the example below:

Example #2:

Total monthly income $512.00
Personal Expense Allowance .....$ 61.00
Total monthly utility expense $100.00
Discounts/church assistance available .....$ 75.00
Resource deduction granted .....$ 25.00
Disposable income to be applied to care $426.00

(**Note:** As shown in example #2, it is not necessary to grant a resource deduction for the full "monthly payment amount")

b. Personal Expense Allowance

The personal expense allowance is the amount a client placed in a Personal Care Home (PCH) is permitted to retain from the total monthly income they receive in order to meet their personal expenses. The amount of the personal expense allowance is established by the Office of Social Services and may be adjusted periodically. All clients placed by the department in a PCH shall receive the full personal expense allowance amount each month or have this amount readily available for their use.

Note: OHFLAC regulations require a PCH to set up an accounting system so as not to co-mingle residents funds with the facility funds. If the resident's fund exceeds two-hundred dollars ($200), these funds shall be deposited for the resident in an interest bearing account at a local bank. The resident account record shall show in detail, with supporting documentation, all monies received on behalf of the resident and the disposition of all funds received. Persons shopping for the resident shall provide a list showing a description and price of items purchased if the purchase exceeds $10.00, along with payment receipts for these items. This record must be available for review by the department at any time and by the resident at least quarterly.

The client may use his/her personal expense allowance to purchase any item(s) they choose so long as the purchases do not conflict with established house rules or regulations applicable to operation of a PCH. The allowance must be available to the client and used as he/she desires. The personal expense allowance shall NOT be used to obtain basic necessities such as food, clothing, shelter costs, medication, transportation, or medical care unless it is the desire of the client to do so.

Examples of items that may be purchased with the personal expense allowance, if the client so desires, include:

- tobacco products;
- extra clothing;
- jewelry;
- radio or television;
- games, books and other recreational items of unique interest to the client;
- postage stamps and stationary;
- cosmetics;
- pre-need burial trust fund;
- hair styling/permanents;
- hair spray, cologne, aftershave; and,
- hair care above and beyond the basic care that must be provided to maintain cleanliness and neatness of the client's hair;

Items that are the responsibility of the provider to furnish and ARE NOT to be paid for with the client's personal expense allowance:

- basic personal hygiene articles (toothbrush, toothpaste, soap, deodorant, towels, wash cloths, etc.);
- regular hair cut (applies to all clients, male and female);
- basic clothing (undergarments, shoes, all appropriate clothing for normal everyday use);
- basic recreational needs; and,
- medications, including over the counter drugs and preparations recommended by the client's physician

If certain prescribed medications are determined, by a physician, to be the sole drug the client can take, and that drug is not eligible for reimbursement by Medicaid, the social worker must seek alternate resources to pay for this medication. If alternate resources are not available, the social worker may consider requesting a resource deduction to allow the client to retain a portion of their income to pay for this medication rather than using their personal expense allowance for this purpose. (See Resource Deductions for detailed information). They may also consider doing a demand payment. If a resource deduction is requested, the amount of the deduction and the reason it is to be granted must be documented in FACTS. In addition, the social worker must obtain a statement from the client's physician stating why this particular medication is needed. Approval for this or any resource deduction requires a two-tier approval. This means that the supervisor must first approve the resource deduction. If supervisory approval is granted, the request will be forwarded automatically to the Office of Social Services for approval. Both levels of approval must be granted before the resource deduction may be included in calculating the payment for the client's care.

Note: if the client has a court appointed legal representative, the legal representative has the ultimate decision making authority regarding the use of the personal expense allowance, however, the funds must be used for the client's benefit and the client should be permitted and encouraged to be involved in decisions about how the funds are to be used.

c. Hartley Eligibility

An incentive payment is available to providers who serve Hartley eligible clients. Qualified providers may be reimbursed up to an additional $100 for each eligible client placed in their home by department staff. While the provider is eligible for the full additional $100 payment based on the client's verified Hartley eligibility, the payment of the total cost of placement, including the Hartley payment, is to be shared between the department and the client based on the client resources.

Example #1:
Placement rate.....$627
Hartley Payment.....+$100
Total Cost of Placement.....**$727**
Client Resources (less Personal Expense Allowance).....-.$451
To be paid by DHHR.....$276

Example #2:
Placement Rate.....$627
Hartley Payment..... +$100
Total Cost of placement $727
Client resources (less personal expense allowance .....-$651
To be paid by DHHR.....$76

In this second example, the client was not eligible for a supplemental payment by the department initially. Upon verification of Hartley eligibility, however, they became eligible for a supplemental payment.

All adults placed in a supervised care setting by the department or whose placement in one of these settings has been approved by the department, are to be assessed for Hartley eligibility at the time of the initial placement. In addition, a review of Hartley eligibility is to be completed annually by the social worker as part of the regularly scheduled case review process. When Hartley eligibility is based on eligibility for targeted case management, the review of Hartley eligibility must include written verification of continued eligibility for targeted case management.

In addition to eligibility of the provider to receive a Hartley payment, the client placed in their home must also meet certain eligibility criteria. (See Provider Eligibility for Hartley Payment and Client Eligibility for Hartley Payment for detailed information) Client eligibility for a Hartley payment is based on both the client's eligibility as a Hartley class member **and**

verification by the social worker of this eligibility. A Hartley payment shall not be made to a provider until it is determined that **all** applicable eligibility criteria are met (provider eligibility, client eligibility as Hartley class member, and verification of Hartley eligibility).

Determination of Eligibility

Client Eligibility as Hartley Class Member

In order to qualify as a Hartley class member, the client must meet one or more of the following criteria. They must:

1. Have a diagnosis of mental illness, substance abuse, or developmental disability **and** have received treatment for the diagnosed condition at one or more of the following state operated facilities - Colin Anderson Center, Greenbrier Center, Huntington Hospital (Mildred Bateman Hospital), Weston Hospital, Sharpe Hospital, Lakin (Psychiatric) Hospital and Spencer Hospital;
2. Meet the Office of Behavioral Health Services diagnostic and functional impairment criteria to qualify for targeted case management, clinic services or rehabilitative services; or,
3. Be an individual who is in crisis and for whom diagnosis and functional impairment is not known, until a determination of diagnosis and functional impairment can be made. This determination must be made within seventy-two (72)hours after the individual presents for services.

Eligibility based on criteria #1:
This is the most easily verifiable criteria. Individuals who are determined to be eligible based on this criteria will be eligible as a Hartley class member for the rest of their life.

Eligibility based on criteria #2:
Eligibility based on this criteria will be more difficult and time consuming to determine and will require documented communication and cooperation between the department and local behavioral health providers. Additionally, eligibility based on this criteria may change over time based on the client's needs and functioning level. As a result, Hartley eligibility must be reassessed and verified in writing annually to ensure that they continue to be eligible for this payment.

Eligibility as a Hartley class member under this criteria is based on the individual's eligibility for one of the specified service groups, not receipt of those services. While it is desirable that these services be arranged whenever the individual would benefit from them, there may be instances where the individual is eligible but the needed services are not available or accessible for some reason or the services are available but the client refuses to accept services. If this situation should occur, the reason(s) services are not provided must be documented.

Eligibility based on criteria #3:
Eligibility based on this criteria may not be used to determine payment to a provider. While an individual may qualify as a Hartley class member if they meet this criteria, reimbursement to the provider based on Hartley eligibility shall not be made until that eligibility is verified by the social worker.

Client Eligibility for Hartley Payment

In order for a client to be eligible for a Hartley payment to be made to the provider for their care, the client must meet **all** the following criteria:

1. The client must be placed with an eligible type of provider;
2. The client must have been placed, or approved for placement, in this setting by the department;
3. The client must meet the requirements to qualify as a Hartley class member; and,
4. Hartley eligibility must have been verified by the social worker.

After it is determined that all of these criteria are met, the social worker must complete the applicable documentation in FACTS. Verification of Hartley eligibility will effect the amount of payment to be received by the provider and therefore, the payment agreement must be revised accordingly.

If Hartley eligibility is verified at the time of placement, Hartley eligibility must be documented in FACTS and the additional $100 payment must be reflected in the Payment Agreement. In this situation the payment to the provider, including the Hartley payment, the date of placement in the home is to be entered as the effective date and payment to the provider shall begin on this effective date.

If Hartley eligibility **can not** be verified at the time of placement, the Payment Agreement must be completed absent this information. If Hartley eligibility is verified at a later date, verification must promptly be documented in FACTS and a new Payment Agreement must be created reflecting the additional $100 payment. In this situation the Hartley payment **shall begin on the date the documentation verifying Hartley eligibility is received by the department**. This date is to be entered as the effective date of the newly created Payment Agreement. (See Verification of Eligibility for additional details about verification of Hartley eligibility and Payment Agreement for detailed information about developing the Payment Agreement)

Provider Eligibility for Hartley Payment

In order for a provider to be eligible to receive additional reimbursement for clients placed in their home/facility who are Hartley eligible, they must meet both of the following criteria. The provider must:

1. Be one of the following types of providers:
   a. Adult Family Care Home;

b. Residential Board and Care Home; or,
c. Personal Care Home; and,

2. Be certified or licensed by the Department of Health and Human Resources as one of the provider types listed.

Verification of Eligibility

After it is determined that all eligibility criteria is met by the client and the provider, the social worker must complete the applicable documentation in FACTS in order to verify Hartley eligibility. This verification will impact the amount of payment to be received by the provider and therefore, the payment agreement must be revised accordingly if there is one in effect at the time verification is completed.

If Hartley eligibility is verified at the time of placement, Hartley eligibility must be documented in FACTS and the additional $100 payment must be reflected in the initial Payment Agreement. In this situation the payment to the provider, including the Hartley payment, shall begin on the date of placement in the home, which is to be the "effective date" of the Payment Agreement.

If Hartley eligibility **can not** be verified at the time of placement, the Payment Agreement must be completed absent this information. If Hartley eligibility is verified at a later date, verification must promptly be documented in FACTS and a new payment agreement must be created reflecting the additional $100 payment. In this situation the Hartley payment shall begin on the date the documentation verifying Hartley eligibility is **received** by the department. This date must be entered as the "effective date" of the newly created payment agreement. (See Case Management - Payment Agreement for detailed information about developing the Payment Agreement).

In order to verify Hartley eligibility, written documentation is required. Official documentation from the facility where the client received treatment may be used to verify periods of hospitalization in one of the specified state operated facilities thereby providing the needed justification to qualify the client. For more current documentation as well as documentation of Hartley eligibility based on the client's eligibility for targeted case management, clinic services or rehabilitation services through Medicaid, written verification must be obtained from a behavioral health provider. A Hartley Verification Letter has been developed for this purpose. (See Forms) This form letter is available on the C:/ drive as merge form.

The social worker is to complete the identifying information on each page of the Hartley Verification Letter (client name & date sent), secure the client signature on the "release of information" statement, indicate the return address in the space provided, and sign the letter where indicated. The social worker is then to send the verification letter to the local mental health provider to complete the verification of eligibility portion of the letter. Upon receipt by the department of the completed verification letter, the social worker must complete all required

documentation in FACTS, prepare a revised Payment Agreement if applicable, and file the verification letter in the client's case record.

The date on which written verification is received by the department is the effective date for initiation of the Hartley payment. Since payment to the provider is directly impacted by a verification of Hartley eligibility, it is imperative that the social worker document this verification immediately and develop a revised Payment Agreement. There may be unique situations where verification of Hartley eligibility is received but can not be entered into FACTS the day received. In this event, it is essential that the information be entered as soon as possible.

Note: The effective date entered for Hartley eligibility **can not** be more than a maximum of thirty (30) days prior to the date the information is actually entered by the social worker. In the event entry of Hartley verification should be more than thirty (30) days following the date verification was received by the department, full payment will not be made to the provider. Payment will not be made for any period of time exceeding the allowable thirty (30) days. Payment amounts that are revised based on Hartley eligibility after the deadline for automatic payments, must be adjusted by demand payment for the initial month. Thereafter, the revised payment amount, including the Hartley payment, will be the amount paid to the provider by automatic payment.

Sample Hartley Verification Letter

A sample letter has been developed for the purpose of obtaining verification of eligibility as a Hartley class member. This verification must be completed for each individual who has been placed in a residential setting by the department and for whom the department is making a supplemental payment. The sample letter to be used for this purpose is available as a merge form on the hard drive of your PC (C:\). It is also contained in the FORMS section of this policy.

d. Sheltered Employment Income

Adults who have been placed in a residential setting by the department who receive income for sheltered employment are entitled to keep a portion of their income from this source. The adult is permitted to keep up to $65.00 of income earned from this source. Individuals who receive $65.00 or less per month from this source are entitled to keep the full amount earned while those who earn more than $65.00 from this source are permitted to keep $65.00 and the balance is to be applied to their monthly payment to their residential care provider.

Sheltered employment income is included in determining the amount of payment due from the department and from the client. Since the amount of sheltered employment income will vary monthly, a new Payment Agreement must be developed each month. The social worker must complete documentation in FACTS indicating sheltered employment wages as the income type. Thereafter, on a monthly basis the social worker must update the amount of income received from this source. The amount entered is to be the full amount of monthly earnings from

this source for the preceding month. FACTS will calculate payment amounts and disregard the appropriate amount up to the maximum allowed $65.00.

Example #1:

The adult earns $120.00 during month of August for sheltered employment. A new Payment Agreement will be done in September using the $120.00 amount. The client will be able to keep $65.00 of this income and the balance ($55.00) will be applied to calculation of the monthly payment.

Monthly Payment Rate..... $627
Hartley Eligible.....+$100
Total Payment Due to Provider.....**$727**

Client's Income (SSI).....$512
Client's Sheltered Employment Income.....+.$120
Client's Total Income.....**$632**

Personal Expense Allowance.....$ 61
Sheltered Employment Disallowance.....+$ 65
Amount Client Able to Retain.....**$126**

Payment Calculation:

Client's Total Monthly Income.....$632
Less Amount Client Able to Retain.....-..$126
Client's Income to be Applied to Monthly Payment.....$506

Total Payment Due to Provider.....$727
Less Client's Client's Income to be Applied to Monthly Payment....-.$506
Monthly Payment Due to Provider from Department.....$221

Example #2:

The adult earns $45.00 during month of August for sheltered employment. A new Payment Agreement will be done in September using the $45.00 amount. The client will be able to keep the entire $45.00 of this income. Since the monthly sheltered employment income is less that the allowed $65, none of this income will be included in the calculated payment.

Monthly Payment Rate $627
Hartley Eligible.....+$100
Total Payment Due to Provider.....**$727**

Client's Income (SSI).....$512
Client's Sheltered Employment Income.....+.$ 45
Client's Total Income.....**$557**

Personal Expense Allowance.....$ 61
Sheltered Employment Disallowance.....+$ 45
Amount Client Able to Retain.....**$106**

Payment Calculation:

Client's Total Monthly Income.....$557
Less Amount Client Able to Retain.....-..$106
Client's Income to be Applied to Monthly Payment.....$451

Total Payment Due to Provider.....$727
Less Client's Client's Income to be Applied to Monthly Payment....-.$451
Monthly Payment Due to Provider from Department.....$276

2. ***Payment Agreement:***

Immediately following placement of a client in a Personal Care Home (PCH), an agreement outlining the terms of payment to the provider must be completed. In no instance may completion of the Payment Agreement exceed five (5) working days following placement of the client in the PCH. Once created and signed by all parties, this document is a legally binding agreement between the client, the provider, and the department. It identifies all parties to the agreement and sets forth the terms and the amount of payment due to the provider and payable by the client and/or the department. It also identifies the date on which the agreement becomes effective. Payment to the PCH will be an automatic payment and will be at the amount set forth in the Payment Agreement.

a. Creation of the Payment Agreement

The Payment Agreement is created by FACTS based on a variety of information entered in FACTS by the social worker. Specifically, information from the following areas of FACTS is used in creating the Payment Agreement: 1) financial, 2) debt/expenses, 3) employment, and 4) Hartley eligibility. Therefore, it is essential that documentation in these areas is complete and accurate prior to creation of the Payment Agreement.

Based on information entered in these areas of FACTS, the appropriate amounts will be entered on the Payment Agreement when the document is printed. Upon completion of all documentation, the social worker must submit the Payment Agreement to the supervisor for review and approval. Prior to granting approval, the supervisor must review all the areas indicated above.

Once the supervisor approves the Payment Agreement, the social worker must print the agreement. The social worker must then check the printed document for accuracy. Finally, the social worker must review the Payment Agreement with the client and the provider and obtain the necessary signatures. The signed copy of the Payment Agreement is to be filed in the paper record with a notation made in document tracking.

Note: The Payment Agreement is available as a DDE in the reports area of FACTS. A copy of this form is also available in the FORMS section of this policy for informational purposes. The per diem rate entered in certain sections of the Payment Agreement are based on the following formula: *monthly rate x 12 months ÷ 365 days = daily rate*.

b. Entry/Update of Payment Information

Entry or update of payment information **and** supervisory approval must be completed in a timely manner in order to avoid delay in payment to the provider. Due dates for entry of information necessary for creation of the payment agreement are as follows:

- for initial agreements (first time placement) information must be **entered and approved** by noon on the fourth (4th)working day of the month following the month in which placement occurred;
- for current agreements that are being terminated (eg discharge from the facility) information must be **entered and approved** by the close of business on the last day of the month in which the change occurred; and,
- for situations that are to be updated effective on a future date (eg SSI increase becomes effective on the 1st day of following month) information must be **entered and approved** after the 5th working day of the month in which the change becomes effective but before noon on the last day of that month. For example, if the change in income becomes effective January 1st, the case information must be updated between the 5th working day of January and noon on January 31st.

Information must be entered and/or updated as outlined in order to prevent inaccurate or delayed automatic payment. Payment information that is not entered and approved by the specified date may require a demand payment for the purpose of doing a payment adjustment/correction.

Note: Demand payments to Personal Care Homes for the purpose of doing a corrective payment may only be made by the Office of Social Services, Financial Unit staff.

c. Payment For Individuals With No Available Income

No Income:

If a client who is being placed in a Personal Care Home (PCH) has no income, all potential financial resources must be explored by the social worker. When appropriate, this will involve preparation of referral(s) to other agencies such as the Social Security Administration or Veterans Administration.

If the client has no income, the Payment Agreement developed between the social worker, provider and the client will reflect that the department will reimburse the provider for the full cost of care. In addition, payment will be included in the provider's reimbursement for the client's personal expense allowance, which the provider is then responsible to make available for the client's use. If, at some point, the client begins to receive income, the social worker must develop a new Payment Agreement with the provider and client reflecting the client's resources and the amount of payment he/she will be responsible for.

Income not available:

If a client who is being placed in a Personal Care Home (PCH) has income but it is not presently available to him/her, the social worker must determine how the client might gain access to their resources and what other potential resources the client might be eligible for. This may involve working closely with individual(s) who are assisting the client in making their personal and financial decisions.

If the client has income but it is not available for their use at the time of placement, the Payment Agreement developed between the social worker, provider and the client will reflect that the department will reimburse the provider for the full cost of care. In addition, payment will be included in the provider's reimbursement for the client's personal expense allowance, which the provider is then responsible to make available for the client's use. At the point the client's income becomes available for their use, the social worker must develop a new Payment Agreement with the provider and client reflecting the client's resources and the amount of payment he/she will be responsible for. In addition, the department may request reimbursement for payments made on the residents behalf.

d. Review of the Payment Agreement

The Payment Agreement must be reviewed as part of the six (6) month case review process. In addition, whenever there is a change in the client's financial situation, the Payment Agreement must be reviewed. A new Payment Agreement must be completed any time this review reveals that there is a change in the resources available to the client to contribute to their cost of care.

3. *Automatic Payments:*

The primary method used to make payment to Personal Care Home (PCH) providers will be by automatic payment. This payment process involves four steps. *First*, FACTS will calculate the payment to the provider based on the information entered in FACTS about the provider and the client(s) placed in the facility. *Second*, the PCH provider must prepare and submit an original, signed monthly invoice to the Office of Social Services, Financial Unit, identifying each resident for whom reimbursement from the department is being requested. (see PCH Invoicing) *Third*, the information in FACTS will be compared with the monthly invoice submitted by the provider. The invoice information must match the information in FACTS in order for the payment to be

approved. Any discrepancies must be resolved before payment will be approved. *Fourth*, when the payment information is verified and approved, payment will be mailed to the provider.

To ensure that payments to the provider are accurate and received by the provider without delay, it is essential that the social worker enter the required information and secure the necessary approval(s) in a timely manner.(See Entry/Update of Payment Information for detailed information about applicable time frames.) It is equally important that the provider prepare and submit the required invoice by the specified due date, the 5th working day following the month of service.

After the total rate of payment is calculated by FACTS, the social worker can create the Payment Agreement. The Payment Agreement will reflect several amounts related to the payment the provider is to receive. These include:

- the total monthly rate of payment due to the provider for a full month of care;
- the total daily rate due to the provider for a partial month's care;
- the portion of the monthly payment which is to be paid by the client for a full month of care;
- the portion of the daily rate that is to be paid by the client for a partial month's care;
- the portion of the monthly payment, if any, which is to be paid by the department for a full month of care;
- the portion of the daily rate, if any, that is to be paid by the department for a partial month's care; and,
- the amount, if any, the provider must furnish the client for their personal expense allowance.

After the Payment Agreement is created based on the information entered in FACTS, the social worker must carefully review the printed document for completeness and accuracy. (See Payment Agreement for detailed information about creation of the Payment Agreement.)

Finally, prior to noon on the fourth working day, the social worker must review the monthly payment approval screens in FACTS in order to verify that the payment information in the system and due for release during the next payment cycle is accurate. If there are errors detected, the social worker must make the necessary changes prior to noon on the fourth working day of the month. If no errors are detected, the social worker must verify the payment shown.

4. *PCH Invoicing:*

In order for payment to Personal Care Homes (PCH) to be approved, they are required to submit a monthly invoice which then must be reconciled against the payment information in FACTS. The following requirements and procedures apply to this invoicing process.

General Requirements & Information:

The Personal Care Home (PCH) must submit a monthly invoice in order to receive payment from the department. Payment will not be made without an invoice. The invoice is to include all adults for whom DHHR is making a payment. Residents for whom the department is NOT making a supplemental payment are NOT to be included on the invoice.

A sample invoice has been developed for providers to use for this purpose. Use of this form is optional. The PCH may use the sample invoice provided or use one of their own as long as all required information is included. Invoices must be submitted **by** the 5th working day of the month following the service month. Providers should check invoices carefully prior to submission since late, incomplete or inaccurate information could result in a delay in payment. Payments are automatic based on info entered in FACTS **BUT** must be approved by OSS financial unit before payment will be made. This approval is based on a comparison of the invoice information with the information in FACTS.

Invoicing Procedures:

An original, signed invoice must be submitted by the provider to the Office of Social Services, Financial Unit, by the 5th working day of month following service provision. A faxed invoice is not acceptable. The invoice must be on the agency's letterhead or the sample form provided and must include the following information, at a minimum:

Provider Information:

- Official name of provider as used on their federal income tax reporting,
- Provider mailing address (where reimbursement is to be mailed)
- Provider identification # (assigned by DHHR)
- Provider representative to be contacted if there are questions about the invoice (name & phone #)
- Statement certifying that info is true and accurate and that the invoice is original and that payment has not been received
- Signature of person authorized by provider to sign invoices

Client Information

- Name of each client who has been placed by the department and for whom reimbursement by the department is being requested
- For each client invoiced
  - date of admission and indication if this is a new admission during the billing month
  - date of discharge, if discharge occurred during the billing month
  - total number days in care during the month

- total amount invoiced for the month (monthly rate if the client was in placement the full billing month, daily rate x the number of days in care if the client was in placement for a partial month)

Note: For partial month placements, the day of placement **is** counted, day of discharge **is not** counted.

Department Information

- Name and phone number of the DHHR social worker who manages that provider and placements made there
- Invoices are to be submitted to the **Office of Social Services, 350 Capitol Street, Room 731, Attn: Financial Services Unit**

Verification & Approval of Payments:

The Office of Social Services (OSS), Financial Unit staff is responsible for verification of invoice information and approval of payment to Personal Care Homes. This approval is accomplished by comparing information on the invoice with information in FACTS. Information is verified and payments approved client by client. If information on the invoice matches the information in FACTS, payment will be approved. If information DOES NOT match, the social worker will be contacted to resolve the problem area(s). When the next automatic payment is generated, payment for all **approved** clients will be made. Any clients for whom payment has not been approved will not be included in the automatic payment to the provider. When the problem(s) are resolved, a demand payment is to be requested by OSS financial unit staff to reimburse the provider for the care provided to the client.

Adult Services Staff Responsibilities

- talk with providers about the invoicing procedures;
- provide additional clarification, answer questions as needed;
- ensure that applicable information in FACTS is accurate and current; and,
- assist financial staff in resolving invoicing/payment errors upon request.

Personal Care Home Provider Responsibilities

- prepare and submit monthly invoice;
- submit corrected invoice if error in invoice is identified; and,
- advise department of any payment errors.

Office of Social Services Financial Unit Staff Responsibilities

- reconcile monthly invoice information with information in FACTS (client-by-client);
- if no errors found, approve payment for the client;
- if error(s) found, notify social worker of problem identified and request assistance as appropriate;

- when error is resolved, approve payment; and,
- request corrective payment if applicable.

5. ***Demand Payments:***

Most costs associated with the care of an adult placed in a Personal Care Home (PCH) will be included in the monthly reimbursement paid to the provider by automatic payment. There are, however, certain specific costs that may be incurred that are not included in that monthly reimbursement. The demand payment process may be used to request reimbursement for certain costs incurred for/on behalf of clients placed in a PCH by the department **or** for specific expenses incurred by the PCH provider that are not client specific (provider training incentive payment). The need for a demand payment of any type must be determined jointly by the social worker and the provider **prior** to any cost being incurred and must be reflected in the client's service plan when the expenditure is client related.

Some demand payment types require a two-tiered approval meaning they must first be approved by the supervisor and then must also be approved by the Office of Social Services. Those payment types that require a two-tiered approval are marked with an (*) in the list below. The demand payment will not be generated by FACTS and sent to the provider until the required approval(s) is done. **Only the following demand payment types are permitted:**

- trial visit (when client does not have resources to pay this cost);
- clothing allowance
- educational expenses for special education students;
- provider training incentive payment (not client specific);
- co-payment on prescription medications;
- *durable medical equipment and supplies;
- *non-Medicaid covered services;
- *food supplements;
- *over-the-counter drugs/DESI drugs or prescriptions not covered by insurance/Medicaid;
- *$1,000 incentive payment to provider for their efforts in client's return home; and,
- *other demand payments.

Note: Payment adjustments for corrective payments to Personal Care Homes may only be made by OSS Financial Unit personnel.

Demand payments are done on a weekly basis, based on information entered in FACTS by the social worker. Information that is required in order for FACTS to generate demand payments include:

1) information identifying the provider to be paid;
2) client for whom request is being made, if applicable;
3) invoice date;

4) service month;
5) amount to be paid;
6) payment type; and,
7) explanation of why the payment is necessary.

After the social worker has entered the required information, the payment information must then be forwarded to the supervisor for approval. Demand payments require supervisory approval. After the supervisor approves the demand payment, those requests which require a two-tiered approval will automatically be forwarded to the Office of Social Services for final approval.

Finally, after the required approval(s) is granted, the social worker must review the payment on the demand payment verification screen to ensure that the amount to be paid to the provider is accurate. If the payment is accurate, verify the payment. If not, identify and resolve the problem(s).

a. Trial Visit

If a client who is currently an active adult services client is planning to move to another home or a different type of setting, a trial placement is recommend to assure a good match between the prospective provider and the client. If an overnight stay is planned as part of a trial visit, the department may reimburse the prospective provider.

If the client is being discharged from an institutional setting or coming from the community and is not an active adult services client at the time of the trial visit, the client must be encouraged to use his/her resources to make payment to the prospective provider. If it is determined that the client does not have resources to pay the provider for the trial visit, the social worker is to request that payment to the provider be made by the department as a demand payment.

Reimbursement made by the department for a trial visit is to be at the current daily rate for a Personal Care Home. Hartley eligibility is not to be considered when determining the daily rate of payment for a trial visit.

b. Clothing Allowance Payment

Clients who are placed in residential settings by the department are to have adequate clothing. A clothing allowance is available for adults who are placed in a residential setting by the department. The clothing allowance is available at the time of placement and on six months intervals throughout the placement. Requirements related to the use of a clothing allowance include the following:

- department must be making a supplemental payment to the provider for the client's care;
- must be based on the client's need for clothing;
- initial placement allowance can not exceed $100 (one time only);
- re-placement allowance can not exceed $75 during a 6 month period;

- need for placement clothing or re-placement clothing must be planned in advance of purchase by the provider and the social worker; and,
- to receive reimbursement by the department, an itemized invoice for the clothing purchased must be submitted.

(See Clothing Allowance, for detailed information)

c. Educational Expenses for Special Education Students

Adults who are enrolled in special education programming may incur costs associated with their educational program. In order for the department to reimburse the provider for these costs, the adult must be enrolled on a full-time basis in an educational program. In addition, the costs for which reimbursement is requested must not be reimbursable by any other source and must be related to enhancing or completing their educational program. Examples of costs that may be reimbursable include graduation fees and special fees for school trips/functions.

d. Provider Training Incentive Payment

Personal Care Home (PCH) providers who are currently receiving a supplemental payment for a client(s) placed in their home by the department are entitled to receive reimbursement for approved training they receive. This reimbursement is offered as an incentive to encourage providers to participate in relevant training opportunities to enhance their skills and knowledge as PCH providers. Training that would be acceptable in order to qualify for this payment would include training provided by the department or training that is furnished by another agency/entity that has been approved in advance by the department. This reimbursement is available for up to five (5) designated staff to attend.

In order to be eligible to receive this training allowance, each staff member for whom reimbursement is being requested must attend a minimum of six (6) hours of approved training during the quarter for which reimbursement is being requested. The quarters to be used for determining this allowance are based on the calendar year. Specifically, the quarters to be used are January - March; April - June; July - September; and October - December. Upon completion of the required hours of approved training, the provider may request payment of the training allowance by the department. Verification of attendance of the approved training must be submitted at the time reimbursement is being requested. Without verification that training was attended, payment shall not be made.

Upon receipt of the required verification of attendance of at least six (6) hours of approved training during the quarter, the social worker may then prepare a request for a demand payment in the amount of $25.00 each, for up to five (5) staff. Upon completion of the demand payment request, the social worker must forward the request to the supervisor for approval.

Note: The training allowance can not be prorated. If a full six (6) hours of training is not completed within the quarter, the provider is not eligible for this payment.

e. Co-Payment on Prescription Medications

The cost of required co-payments for medications may be reimbursed for adults who have been placed in a Personal Care Home (PCH) by the department and for whom the department is making a supplemental payment. Reimbursement by the department may only be considered after it has been determined by the social worker that there is no other personal or community resource that can meet this need. In addition, the medications to which the co-payment applies and for which payment is requested must:

- be prescribed by the adult's physician;
- meet an identified need on the adult's service plan; and,
- be necessary to prevent the need for a higher level of care;

In order to request reimbursement for this type of expense, the provider must submit required documentation and the receipt for the required medications after they have been purchased. The social worker must then prepare a request for a demand payment in order to reimburse the provider for the cost incurred. The request must address each of the identified areas. Upon completion of the demand payment request, the social worker must forward the request to the supervisor for approval.

f. Durable Medical

In certain situations the cost of obtaining durable medical equipment or supplies may be reimbursed for adults who have been placed in a Personal Care Home (PCH) by the department and for whom the department is making a supplemental payment. Reimbursement by the department may only be considered after it has been determined by the social worker that there is no other personal or community resource that can meet this need. In addition, the durable medical equipment/supplies for which payment is requested must:

- be prescribed by the adult's physician;
- meet an identified need on the adult's service plan;
- be necessary to prevent the need for a higher level of care;
- be a one (1) time only expense rather than a reoccurring cost;
- not exceed the current Medicaid rate; and,
- not in violation of OHFLAC requirements .

In order to request reimbursement for this type of expense, the provider must submit the receipt for the equipment/supplies after they have been purchased. The social worker must then prepare a request for a demand payment in order to reimburse the provider for the cost incurred. The request must address each of the identified areas. Upon completion of the demand payment request, the social worker must forward the request to the supervisor for approval. This demand payment type requires approval by the Office of Social Services in addition to the supervisory approval (two-tiered approval). The demand payment will not be generated by FACTS and sent to the provider until the required approval(s) is done.

g. Non-Medicaid Covered Services

Clients placed a Personal Care Home (PCH) by the department may, at times, incur expenses that are medically necessary but are not reimbursable by Medicaid. Reimbursement by the department for these costs may only be considered after it has been determined by the social worker that there is no other personal or community resource that can meet this need. In addition, the services for which payment is requested must:

- be recommended/authorized by the adult's medical professional;
- meet an identified need on the adult's service plan; and
- be necessary to prevent the need for a higher level of care.

In order to request reimbursement for this type of expense, the provider must submit the receipt for the services after they have been provided. The social worker may then prepare a request for a demand payment in order to reimburse the provider for the cost incurred. The request must address each of the identified areas. Upon completion of the demand payment request, the social worker must forward the request to the supervisor for approval. This demand payment type requires approval by the Office of Social Services in addition to the supervisory approval (two-tiered approval). The demand payment will not be generated by FACTS and sent to the provider until the required approval(s) is done.

h. Food Supplements

In unique situations, food supplements may be required by an adult placed by the department in a Personal Care Home (PCH) in order to maintain sound nutritional status. In certain situations the cost of obtaining these food supplements may be reimbursed by the department. Reimbursement by the department may only be considered after it has been determined by the social worker that there is no other personal or community resource that can meet this need. In addition, the food supplements for which payment is requested must:

- be prescribed by the adult's physician;
- meet an identified need on the adult's service plan;
- be necessary to prevent the need for a higher level of care; and,
- not in violation of OHFLAC requirements ..

In order to request reimbursement for this type of expense, the provider must submit documentation of the medical necessity and the receipt for the food supplements after they have been purchased. The social worker may then prepare a request for a demand payment in order to reimburse the provider for the cost incurred. The request must address each of the identified areas. Upon completion of the demand payment request, the social worker must forward the request to the supervisor for approval. This demand payment type requires approval by the Office of Social Services in addition to the supervisory approval (two-tiered approval). The demand payment will not be generated by FACTS and sent to the provider until the required approval(s) is done.

i. Over-the-Counter Drugs/DESI Drugs or Rx Not Covered

In certain situations medications may be required by an adult placed by the department in a Personal Care Home (PCH) that are not covered by Medicaid or other insurance. These include

items such as over-the-counter medications, DESI drugs, or other prescription medications that are medically necessary but not covered by Medicaid or other insurance. The cost of these medications may be reimbursed by the department. Reimbursement by the department may only be considered after it has been determined by the social worker that there is no other personal or community resource that can meet this need. In addition, the medications for which payment is requested must:

- be prescribed/ordered by the adult's physician;
- meet an identified need on the adult's service plan;
- be necessary to prevent the need for a higher level of care; and,
- not in violation of OHFLAC requirements.

In order to request reimbursement for this type of expense, the provider must submit the receipt for the after they have been purchased. The social worker must then prepare a request for a demand payment in order to reimburse the provider for the cost incurred. The request must address each of the identified areas. Upon completion of the demand payment request, the social worker must forward the request to the supervisor for approval. This demand payment type requires approval by the Office of Social Services in addition to the supervisory approval (two-tiered approval). The demand payment will not be generated by FACTS and sent to the provider until the required approval(s) is done.

Note: DESI Drugs (Drug Efficiency Study Implementation) - These are older drugs that have since been replaced by newer versions and are now considered to be " less than effective". In some situations, however, an individual can not tolerate the newer versions of the drugs or experience higher degree of side effects and the physician chooses to continue prescribing the older version of the drug.

j. $1,000 Incentive Payment

The intent of this incentive payment is to reward a Personal Care Home (PCH) that has been primarily responsible for a client improving to the point that they no longer require residential care services and consequently can return to their own home to live. This payment is not intended to provide additional compensation for providers who have provided short term care to clients with short term needs.

In order to qualify for this payment, a provider must be nominated by the social worker. In order for a provider to be considered for nomination to receive this incentive payment, all the following criteria must be met:

- the client must have been income eligible and the provider having received a monthly supplemental payment from the department for the service they rendered (private pay clients are not to be considered);
- the provider must have provided full time care to the client for a minimum of twelve consecutive months;

- a multi-disciplinary team, such as a Community Planning Team (CPT) used with guardianship cases, must have been involved in the establishment of the goal of independent living and the development/monitoring of the service plan that was implemented;
- independent living must have been the planned objective on the client's Service Plan and progress toward the achievement of this goal should be well documented in the six (6) month case review;
- the provider must have been assigned, as part of the Service Plan, key/measurable tasks toward the achievement of the client's goal of independent living;
- the social worker must be able to demonstrate the client's return to the level of independence was primarily due to the efforts of the provider;
- an after care plan must be in place to identify the tasks to be accomplished, and by whom, during the six (6) month period the client is living in their own home; and,
- once the client has returned to their home, they must remain there independently for at least six (6) months before the bonus can be given.

Close communication between the local staff and the Office of Social Services is encouraged throughout this very involved procedure. When a client is first identified as a possible candidate for independent living, the social worker will need to consult with their supervisor. If it is agreed that the provider has identified a potential nominee, the social worker is to notify the Office of Social Services of their intention to proceed. An appropriate Service Plan must be developed with the goal of independent living and the specific tasks assigned to the provider in accomplishing this goal clearly identified. Regular monitoring of the progress being made by the client toward the achievement of the established goal of independent living is to be documented by the social worker. Upon completion of the six (6) month case review, an update regarding the status of progress must be forwarded to the Office of Social Services.

If supportive services are required once the client goes home, an after care plan must be developed to identify what services are to be provided and who will be responsible for the provision of those services. The social worker must continue to provide case management services for at least six (6) months after the client's return home. Follow-up during this period of time must include, at a minimum, monthly monitoring visits. If more frequent monitoring is required, this should be evaluated carefully as it may be an indication that the case may not be stable and the client may need to return to a more supportive type of setting.

Note: The client's placement is to be end dated upon discharge from the PCH to home, however, the case is to remain open as an Adult Residential case in FACTS during the six (6) month aftercare period so contacts and progress can be documented and the incentive payment generated when applicable.

If, at the end of the six (6) month aftercare period the client is able to continue to live independently, the worker must prepare a request for payment of the $1000.00 provider bonus. Upon completion,

the request must be submitted to the supervisor for approval. At a minimum, the request must include the following:

- the date the client went into placement with the provider; and,
- adequate documentation/justification to support the provider's eligibility to receive the bonus, based upon each of the criteria listed above.

If the supervisor concurs with the worker's recommendation that the provider is eligible to receive this special compensation, the request is then to be forwarded, to the Adult Services Unit of the Office of Social Services for consideration and approval. Once approval of both the supervisor and the Office of Social Services has been obtained, a demand payment may be issued by the department. In addition to the payment, the local office is encouraged to send a letter of commendation to the provider recognizing them for their efforts.

k. Other Demand Payment - Not Specified

In certain situations the cost of obtaining needed supplies or services may be reimbursed for adults who have been placed in a Personal Care Home (PCH) by the department and for whom the department is making a supplemental payment. Reimbursement by the department may only be considered after it has been determined by the social worker that there is no other personal or community resource that can meet this need. In order for the department to reimburse the provider for these costs, the provider must submit receipts for the costs incurred. Examples of costs that may be reimbursable include legal expenses, conservator fees when this cost has not been handled as a resource deduction, etc. This demand payment type requires approval by the Office of Social Services in addition to the supervisory approval (two-tiered approval). The demand payment will not be generated by FACTS and sent to the provider until the required approval(s) is done.

6. *Bed Hold*

There may be times when an adult who has been placed in a Personal Care Home (PCH) by the department must be out of the facility for a brief period of time for client hospitalization or scheduled social activities. The intent of the bed hold is to ensure the availability of a bed and to prevent disruption of a stable placement whenever possible and appropriate. A bed hold shall not automatically be granted.

Specific time frames apply to each of the situations. There may be instances when an extension of established time frames may be required. In this event, the social worker must request a policy exception. This must be done through FACTS and must include thorough documentation and justification for extension of the bed hold.

Medical

A bed may be held for a resident for up to fourteen (14) days per episode when it is necessary for the client to be absent from the facility for inpatient hospitalization/treatment. Payment at the established rate will continue for up to fourteen (14) days, or until such time as it is determined that

the client will not be returning to the facility, not to exceed the fourteen (14) day limit. Payment by the department and/or the client will continue in accordance with the terms of the Payment Agreement in effect. If it is determined that the resident will not be returning to the facility, the social worker must end date the Payment Agreement and advise the provider. In order to grant a bed hold for medical treatment purposes, ALL the following criteria must be met:

- the provider must notify the department of the adult's need for out of facility treatment (in advance whenever possible, the next working day whenever out of facility care is required on an emergency basis);
- the adult for whom payment is being continued was placed in the facility by the department and the department is currently making a supplemental payment for their care;
- the adult's absence from the Personal Care Home is to be temporary and short-term, not to exceed fourteen (14) days per episode;
- the resident is expected to continue to be appropriate for placement in a Personal Care Home upon discharge from treatment/hospital; and,
- the resident will be returning to the Personal Care Home upon discharge.

Social

Providers are to encourage residents to engage in appropriate social and recreational activities. Examples include; natural family visitation, natural family vacations, special camps, overnight field trips, etc. A client may be absent from the facility for these types of events for up to fourteen (14) days per calendar year. During the resident's absence, the Personal Care Home will continue to receive payments uninterrupted. In order to grant a bed hold for social purposes, ALL the following criteria must be met:

- the activity must be scheduled in advance and reflected in the client's service plan;
- the adult for whom payment is being continued was placed in the facility by the department and the department is currently making a supplemental payment for their care;
- the adult's absence from the PCH is to be temporary and short-term, not to exceed 14 days per calendar year; and,
- the resident will be returning to the PCH.

All overnight absences for this purpose must be approved in advance by the local DHHR staff.

7. *Special Medical Authorization:*

Most clients who are placed in a Personal Care Home (PCH) will be eligible for Medicaid or some other type of medical insurance to cover the cost of needed medical care. If the client does not have coverage for medical care, the social worker must thoroughly explore all potential options for securing appropriate medical coverage. If, after this exploration, the client does not have the resources to pay for needed medical care, use of the special medical authorization may be requested.

Lack of resources means that:

- the client does not have funds to pay for medical care; and,

- is not eligible for any type of medical coverage; **or,**
- is eligible for medical coverage but benefits are not currently available (recent application - not yet approved for coverage).

Regardless of the reason(s) resources are not available, use of the special medical authorization may only be used to meet an emergent need or to prevent an emergency from occurring. When this is the case, the social worker may request use of the special medical authorization to cover the cost of certain medical care or services. The special medical authorization may only be issued for a period of up to six (6) months. At the end of the six month period, if continuation of services are necessary, a new authorization must be requested.

a. Allowable Costs

Special medical authorization is available for use by adults placed by the department in a Personal Care Home (PCH) in very limited situations. This authorization may only be used when all the following conditions exist:

- the client is currently a resident in a PCH;
- the client was placed by the department or was placed by another party but the placement was approved by the department;
- the department is making a supplemental payment to the PCH;
- the treatment, service, or certain supplies for which authorization is being requested is deemed medically necessary by the client's physician; and,
- the medical treatment, service or certain supplies are needed to remedy an emergency medical situation or to prevent a medical emergency from developing.

Note: The special medical authorization may be used to cover certain medical costs however, all Medicaid eligible services are not necessarily covered by this authorization (Example - services such as hospitalization and behavioral health day treatment ARE NOT covered by the special medical authorization). The limits of coverage are determined by the Bureau for Medical Services.

b. Required Procedures

If a client, who has been placed in a Personal Care Home (PCH) by the department, has no medical coverage, does not have the resources to pay for and is determined by their physician to be in need of medically necessary treatment or services, special medical authorization may be requested to cover the cost. To request special medical authorization, the social worker must prepare a request in FACTS. This request must be approved before a special medical authorization form can be generated by FACTS. The approval process is sightly different dependent on whether or not the department is making a supplemental payment for the PCH placement at the time of the request.

DHHR is Making a Supplemental Payment - the approval for use of a special medical authorization must be done by the supervisor

DHHR is NOT Making a Supplemental Payment - a policy exception must be requested and submitted to the state Office of Social Services for approval.

Whether the supervisor or the Office of Social Services does the request approval, all the following information, at a minimum, must be documented in FACTS:

- client's goal related to providing the requested services;
- explanation of how provision of the requested services will prevent movement of the client to a higher level of care;
- list the specific service(s) payment is being requested for and associated cost (can not exceed current Medicaid rate);
- statement of verification that all potential resources have been explored and there are no other resources available to meet the cost;
- anticipated duration of request (can not exceed 6 months);
- name of provider;
- income amount and source;
- amount of supplemental payment being made by the department; and,
- any other relevant information.

The special medical authorization may only be issued for a period of up to six (6) months. At the end of the six month period, if continuation of services are necessary, a new authorization must be requested.

If approved:

The social worker must print the special medical authorization and review the printed document to ensure that all information is complete and accurate. The social worker then must provide the completed authorization letter to the vendor who will be providing the service. The information about this authorization will be forwarded electronically from FACTS to the Bureau for Medical Services (Generally this will occur within 5 days following the approval. Because of this delay, the vendor will not be able to immediately call to verify authorization with the Bureau of Medical Services. The written authorization letter printed by the social worker is to provide verification of the approval.)

If at any time during the approval period the authorized services are no longer required, the social worker must send written notification to the vendor advising them to discontinue provision of the authorized services.

If denied:

The social worker may provide additional information and re-submit the request if the denial was based on insufficient information, otherwise the social worker must seek alternate resources to cover the services requested.

8. ***Clothing Allowance:***

a. Purpose

The purpose of providing a clothing allowance is to insure that all clients placed by the Department of Health and Human Resources and for whom the department is making a supplemental vendor payment, have adequate clothing while in placement. Provision of a clothing allowance is not to be considered an automatic payment. Rather, it is to be based upon the individual client's need for clothing. There are two (2) types of clothing allowance available for eligible adults: an initial placement allowance, and a re-placement clothing allowance. An assessment of the need for clothing is to be done by the social worker at the time of placement and again every six (6) months, during the case review process to determine if a clothing allowance will be needed.

b. Determination of Eligibility

Certain adults in residential settings are eligible to receive a clothing allowance. In order to be eligible for this allowance, the client must meet two (2) criteria. These are: 1) they must reside in a supervised care setting **and** 2) the department must be making a supplemental payment to the residential placement provider for the client's care.

c. Initial Placement Allowance

In order to insure that the adult has sufficient and adequate clothing at the time of placement, an initial placement clothing allowance may be requested. Eligibility for the initial placement allowance begins on the date of placement and ends on the day prior to the date of the six (6) month review or the date of discharge, whichever occurs first. A maximum of $100 is available for the initial placement clothing allowance. It is not necessary to use the entire amount permitted at one time, however, purchases do need to be completed prior to the six month case review following placement. Any unspent portion of the client's initial clothing allowance will be forfeited and may not be carried over to the following six (6) month period.

The initial placement allowance is available at the first placement of the adult and is a one time only allowance. In the event the adult would move from one placement setting to another, the adult is not again eligible for an initial placement allowance. The discharging provider is to send the adult's clothing with them at the time of removal from their home. The social worker is to insure that this occurs and that the adult has adequate clothing when placed with the new provider. If clothing is needed, any balance remaining in the client's replacement clothing allowance for the six (6) period may be used to purchase needed clothing.

d. Replacement Clothing Allowance

In order to insure that the adult has sufficient and adequate clothing throughout their placement, a replacement clothing allowance may be requested every six (6) months. Eligibility for a replacement clothing allowance begins on the date of the six (6) month review and ends on the day preceding the date of the next six (6) month review or upon discharge, whichever occurs first. A maximum of $75 is available for each six (6) month period. It is not necessary to use the entire amount allowed at one time, however, purchases do need to be completed prior to the six (6) month case review. Any

unspent portion of the client's re-placement clothing allowance will be forfeited and may not be carried over to the following six (6) month period.

e. Required Procedures

To request an initial or replacement clothing allowance for an eligible client, the Personal Care Home (PCH) provider may contact the social worker or, the PCH provider and social worker may jointly identify this as a need during the placement or review process. When a clothing allowance is needed, the following must occur:

Reimbursement to the PCH provider:

- The PCH provider must purchase clothing. The adult should be encouraged to assist wit selection and purchase of their clothing whenever possible. If the adult is unable to assist, the provider is to purchase the needed clothing for the adult, taking into consideration the adult's wishes and preferences; and,
- The PCH provider must submit the itemized receipts to the department's district office for approval and reimbursement.

Payment to the Vendor:

- The social worker must issue a completed DF-38 to the vendor. (This form is available in the reports area of FACTS.); and,
- Upon completion by the vendor, the DF-38 is to be submitted to the department's district office for approval and payment through FACTS.

Social Worker must do the following:

- Verify the accuracy and completeness of the invoice/documentation;
- Complete a demand payment request, selecting the "clothing allowance" payment type;
- Forward the request to the supervisor for approval (payment will be processed upon supervisory approval);
- Retain a copy of all receipts and/or DF-38 in the client's case record with documentation in FACTS as to the location of this documentation; and,
- If a DF-38 has been used, after information to generate the demand payment has been entered into FACTS, mark the DF-38 (VOID) to prevent duplicate payment.

C. Service Planning

Following completion of the assessment or review process, a service plan shall be developed to guide the provision of services. Development of the service plan is to be based on the findings and information gathered during completion of the assessment or review process. Based on this information, goals must be identified and set forth in the service plan. These will provide the milestones for assessing progress and success in the implementation of the plan. The service plan

provides a written statement of the goals and desired outcomes related to the problem areas identified in the assessment or review process.

Development of the service plan is to be a collaborative process between the social worker, the client, the PCH provider and others such as service providers or a legal guardian. In addition, the principle of self-determination, which is essential in intervention with adults, extends to the client's right to decide with whom they associate and who should be included in the service planning for them. Those individuals who are involved in development of the service plan should also be involved in making changes/modifications to the plan.

The service plan must be reviewed and updated at least every six (6) months. However, the service plan can and should be reviewed and modified as appropriate, any time there is a significant event or change in the client's circumstances.

Document the details of the service plan in FACTS, clearly and specifically delineating the plan components. When completed, forward the plan to the appropriate supervisor for approval. The Comprehensive Assessment must be submitted along with the service plan whenever 1) the service plan being submitted is the initial service plan or 2) a new Comprehensive Assessment has been completed based on a change in the client's circumstances. After approval by the supervisor, a copy of the service plan is to be printed and required signatures obtained. Required signatures include the client or their legal representative, and all other responsible parties identified in the service plan. The signed copy is then to be filed in the client record and it's location documented in FACTS. A copy of the completed service plan is to be provided to all of the signatories.

Note: The service plan is available as a DDE in the reports area of FACTS.

1. ***Inclusion of the Incapacitated Adult in Service Planning:***

Inclusion of incapacitated adults in the service planning process presents the social worker with some unique challenges. Although legally determined to lack decision-making capacity, the client may have the capacity to participate in the development of the service plan and should be permitted and encouraged to participate in it's development as well as signing of the completed document. Some special considerations for the social worker include the following:

- When there has been a legal determination that the client lacks decision-making capacity and has a court appointed representative, the representative must be respected as the spokesperson for the client and their consent must be obtained in completion of the service plan. If the court appointed representative is the perpetrator in the Adult Protective Services case, or is unwilling or unable to take/permit the action(s) necessary to carry out the service plan, that individual shall not participate in development of the service plan nor shall they

sign the completed document. In this situation, the service plan must address seeking a change in the client's legal representative.

- When the client has an informal representative (e.g. close relative or friend), this individual should be included in the service planning process and may sign the service plan. The relationship of the informal representative is to be documented in the client record.
- When the client appears to lack decision-making capacity, but does not have a court appointed or informal representative, the social worker may complete the service plan without the client's consent and involvement if the primary goal in the plan is to obtain appropriate legal representation.
- When a client appears to have decision-making capacity and could benefit from intervention but is resistant, it is appropriate for the social worker and the provider to work cooperatively to try to overcome some of this resistance. Ultimately, however, a client with decision-making capacity has the right to refuse services. In this situation, the client's refusal and the reason(s) for their refusal are to be documented.

The situations listed above are the most likely to occur and require consideration by the social worker. Variations, however, may occur and could require consultation between the social worker and their supervisor to determine the most appropriate approach.

2. ***Determining the Least Intrusive Level of Intervention:***

In the provision of services to adults, the principle is well established both in law and policy that the least intrusive means of intervention should always be used. When applying this principle to individual situations there is some discretion in determining the appropriateness of the manner in which the Department intervenes in the life of the client and the level of care/assistance required in order to meet the client's needs. Intervention is to begin with the least intrusive approach that is appropriate to meet the client's needs. Intervention is to move from the least intrusive to the most intrusive option(s).

Dedication to the principle of least intrusive intervention requires a commitment to the maximum level of self-determination by the client. The client and/or their court appointed representative need to be presented with options, educated about the benefits and consequences of each, and then permitted to make decisions. The service plan is used to document these choices and to guarantee the integrity of the decision-making process.

It is important to clearly document the efforts made to assure the least intrusive level of intervention. In the event these efforts are unsuccessful, this fact and the reason(s) they were not successful must also be clearly documented in the case record. This becomes increasingly important if legal intervention becomes necessary.

3. ***Required Elements - General:***

The service plan must be completed as part the assessment/review process. Based on the information gathered during the assessment/review, including but not limited to discussions with the client and the provider, the social worker is to create the service plan. The service plan must contain all the following components in order to assure a clear understanding of the plan and to provide a means for assessing progress.

- specific criteria which can be applied to measure accomplishment of the goals;
- specific, realistic goals for each area identified as a problem. This will include identification of the person(s) for whom the goal is established, person(s)/agency responsible for carrying out the associated task(s), identification of services, and frequency/duration of services;
- specific tasks which will be required in order to accomplish the goal. These are tasks or activities that are designed to help the client progress toward achieving a particular goal and should be very specific and stated in behavioral terms (specifically stating what action is to occur e.g. Mary Jones will attend AA meetings at least once weekly). These tasks are typically short-term and should be monitored frequently; and,
- identification of the estimated date for goal attainment. This is a projection of the date that the worker, the client, and the provider expect that all applicable tasks will be achieved, that minimal standards associated with change will have been attained.

Other important considerations for the service planning process are:

- the client's real and potential strengths;
- attitudes, influences and interpersonal relationships and their real or potential impact on implementation of the service plan; and,
- levels of motivation of both the client and the PCH provider.

All information required for the creation of the service plan must be documented in FACTS. When completed, the service plan is to be forwarded along with the Comprehensive Assessment, if applicable, to the supervisor for approval. Once approved, the social worker must print a copy of the service plan, review the printed document with the client and the provider, and secure all required signatures. Finally, a copy of the service plan must be provided to the client, the PCH provider and all other signatories. The original signed service plan is to be filed in the client's case record (paper file) and recorded in document tracking. The service plan is to be reviewed periodically (see Case Review for detailed information)

Note: Service plan is available in FACTS as a DDE and can be accessed through the report area.

4. *Developing a Plan to Reduce Risk/Assure Safety:*

When it is determined through the assessment process that risk factors exist which compromise the safety of the adult, the identified problem areas must be addressed in the service plan. When developing a plan to assure safety of the client, it is important to involve them in the discussion of

the behaviors which are problematic, options for managing the behaviors and, the formalization of a plan to address the behaviors and their cause(s).

D. Case Review

1. *General Considerations:*

Evaluation and monitoring of the Personal Care Home (PCH) case and the progress being made should be a dynamic process and ongoing throughout the life of the case. For PCH cases, regular monitoring is essential in order to evaluate progress, identify potential problems and seek prompt resolution. At a minimum, the case must be reviewed by the social worker every six (6) months. Review must be completed more frequently if the client's circumstances, living situation, level of care, income, etc. should change prior to the six month review date.

NOTE: OHFLAC regulations require the review of all physician orders at least every three (3) months, or more if the medical condition requires, to determine the amount of care needed and if the facility can provide the level of care required by the resident.

2. *Purpose:*

The purpose of case review is to consider and evaluate progress made toward achievement of identified goals in the service plan. Re-examination of the service plan is a primary component of the review process. The social worker must consider issues such as progress made, problems/barriers encountered, effectiveness of the current plan in addressing the identified problem areas, and whether or not modifications/changes are indicated.

Note: The Comprehensive Assessment is not required as part of the case review, however, it is recommended that a new Comprehensive Assessment be completed whenever the client's circumstances change significantly.

3. *Time Frames:*

At a minimum, the social worker must have face-to-face contact with the client every three (3) months and a formalized case review must occur at least every six (6) months. However, the service plan can and should be reviewed and modified as appropriate, any time there is a significant event or change in the client's circumstances. These time frames have been established as minimum standards. The social worker can and should have regularly scheduled contact with the client and provider between the required reviews in order to monitor progress and identify and resolve potential problem areas promptly. These contacts by the social worker are to be face-to face contacts with the client and provider. The need for contact more frequently than the minimum requirement is to be determined based on the unique circumstances of the case and stability of the placement.

4. ***Conducting the Review:***

A formal review of the case must be completed at six (6) months following case opening and again at six (6) month intervals thereafter so long as the case remains open. Finally, the case is to be reviewed prior to case closure. The review process consists of evaluating progress toward the goals identified in the current service plan. This requires the social worker to review the service plan and have a face-to-face contact with the client and the Personal Care Home (PCH) provider. Follow-up with other individuals and agencies involved in implementing the service plan, such as service providers, must also be completed. During the review process, the social worker is to determine the following:

- summary of changes in the individual or family's circumstances;
- summary of significant case activity since the last review;
- assessment of the extent of progress made toward goal achievement;
- whether or not the identified goals continue to be appropriate and, if not, what changes and/or modifications are needed;
- barriers to achieving the identified goals; and,
- other relevant factors.

Based on the results of the case review, a new service plan must be developed. (See Service Panning for detailed information)

Note: The Case Review Summary is to be used to guide the social worker through the review process. This form is available as a FACTS merge document and may be accessed on the hard drive of your PC (C:\). A copy of this form is also available in the FORMS section of this policy for informational purposes.

5. ***Review of Personal Expense Allowance Use:***

As part of the regularly scheduled case review process, the social worker is to discuss how the personal expense allowance is being used with the client and the provider to ensure that these funds are being used appropriately. If the social worker believes that the Personal Care Home (PCH) provider is negligent or exploitive with a client's personal expense allowance, the social worker may require the provider to furnish an accounting of how the client's personal expense allowance funds have been used. In the event the provider is not cooperative with this request or does not appear willing to correct any inappropriate behavior or practice regarding the handling of the personal expense allowance, consideration should be given to arranging alternative placement. When ever the social worker becomes aware of mismanagement of the personal expense allowance by the PCH , the Office of Health Facilities Licensure and Certification (OHFLAC) must be informed.

6. ***Documentation of Review:***

At the conclusion of the review process the social worker must document the findings in FACTS. This includes reviewing the service plan in FACTS and end dating any goals that have been achieved or are to be discontinued or modified for some other reason(s). Goals that have not been end dated must be continued on the new service plan and additional goals may be added as appropriate.

When completed, the social worker must submit the review and new service plan to the supervisor for approval. Once approved, the social worker must print a copy of the revised service plan and secure all required signatures. Finally, a copy of the service plan must be provided to the client, the PCH provider and all other signatories. The original signed service plan is to be filed in the client's case record (paper file) and recorded in document tracking.

E. Reports

1. *Comprehensive Assessment:*

The Comprehensive Assessment must be completed in the assessment phase of the casework process. In addition, a new Comprehensive Assessment may be completed at any time when there is a significant change in the clients circumstances. The printed version of this report is a compilation of information from several areas of the system and is available as a DDE in FACTS, accessible through the report area. This report may be opened as a WordPerfect document and will be populated with information that has been entered in FACTS. The social worker then has the ability to make modifications, as appropriate, before printing the document. The completed document must then be saved to the FACTS file cabinet for the case. Finally, creation of this form must be documented in the document tracking area of FACTS. A copy of this form is available in the FORMS section of this policy for informational purposes.

2. *Social Evaluation:*

This form is used to provide information to the provider concerning this client. The social worker is to furnish the provider with a copy of this form as soon as possible after placement, to be filed by the provider in the record they maintain for the client. Information included on this form is: identifying information, activities of daily living {ADL's), functioning capacity, medications, characteristics, formal and informal support systems. This form is available as a FACTS merge document and may be accessed through the hard drive of your PC (C:/). The social worker must file a copy of the document in the provider record (paper record), and record in document tracking where the copy is located. The completed document must also be saved to the FACTS file cabinet for the case.

3. *Payment Agreement:*

The Payment Agreement, which is completed during the case management phase of the case work process, is the document that sets forth the terms of payment for placement in the Personal Care Home (PCH). Within this document, the following information is specified: 1) the payment amount due to the provider, 2) the portion of payment to be paid by the client, and 3) the portion of the payment to be paid by the department. The agreement further identifies the monthly rate (for full month of placement) and the daily rate (for a partial month of placement). Finally, the agreement identifies the amount that is to be available to the client as personal expense allowance and whether the client is to retain this amount from their funds or if the provider is to furnish this amount from their reimbursement by the department. The Payment Agreement is created by FACTS based on information entered by the social worker. After all required documentation has been completed, the Payment Agreement may be printed and required signatures obtained.

This form is available as a DDE in FACTS and may be accessed through the report area. It may be opened as a WordPerfect document, populated with information that has been entered in FACTS. The social worker then has the ability to make modifications, as appropriate, before printing the document. The completed document must then be saved to the FACTS file cabinet for the case. Creation of this form must be documented in the document tracking area of FACTS. Finally, after printing the Payment Agreement the worker must secure all required signatures, provide the client and all signatories with a copy, file the original signed document in the client case record (paper record), and record in document tracking where the original signed document is located. A copy of this form is available in the FORMS section of this policy for informational purposes.

Note: The social worker must review the Payment Agreement carefully to insure the accuracy of the information. Particular attention should be paid to the facility type and payment amounts reflected on the document.

4. *Resident Agreement for Participation:*

The Resident Agreement for Participation, which is completed during the case management phase of the case work process, is an agreement that the social worker completes with the client being placed in a Personal Care Home (PCH) that specifies certain requirements that the client agrees to abide by while in placement. This form is available as a FACTS merge document and may be accessed through the hard drive of your PC (C:\). Finally, after printing the Resident Agreement for Participation, the social worker must secure the required signature, provide the client and provider with a copy, file the original signed document in the client case record (paper record), and record in document tracking where the original signed document is located. A copy of this form is available in the FORMS section of this policy for informational purposes.

5. *Hartley Verification Letter:*

The Hartley Verification Letter is to be used to obtain written verification of eligibility as a Hartley class member for an individual who has been placed in a Personal Care Home (PCH). Completion of this verification in a timely manner (at the time of placement or shortly thereafter) is essential since verified Hartley eligibility does effect the amount of payment due to the provider. This letter is to be sent to the appropriate agency to be completed. It is available as a FACTS merge document and may be accessed through the hard drive of your PC (C:\). A copy of this form is also available in the FORMS section of this policy for informational purposes.

6. ***Service Plan:***

The Service Plan is completed in the case management phase of the casework process. This form is available as a DDE in FACTS and may be accessed through the report area. It may be opened as a WordPerfect document, populated with information that has been entered in FACTS. The social worker then has the ability to make modifications, as appropriate, before printing the document. The completed document must then be saved to the FACTS file cabinet for the case. Creation of this form must be documented in the document tracking area of FACTS. Finally, after printing the service plan the worker must secure all required signatures, provide the client and all signatories with a copy, file the original signed document in the client case record (paper record), and record in document tracking where the original signed document is located. A copy of this form is available in the FORMS section of this policy for informational purposes.

7. ***Case Review Summary:***

The case review process is to occur during the case management phase of the case process. A formal review of the case must be completed every six(6) months. In addition, a formal case review must be completed at any time there is a significant change in the client's circumstances. When completing a case review, the Case Review Summary must be completed to document the results of the review. This form is available as a DDE in FACTS and may be accessed through the report area. It may be opened as a WordPerfect document, populated with information that has been entered in FACTS. The social worker then has the ability to make modifications, as appropriate, before printing the document. The completed document must then be saved to the FACTS file cabinet for the case. A copy of this form is available in the FORMS section of this policy for informational purposes.

8. ***Negative Action Letter:***

Any time a negative action is taken in a Personal Care Home (PCH) case, such as case closure or a reduction in services, the client or their legal representative must be provided with written notification of the action being taken. The negative action taken must be clearly and specifically stated, advising the client/legal representative of the action being taken and the reason(s) for the action. In addition to notification of the negative action, the client or their legal representative must

be made aware of their right to appeal the decision and advised of what they must do to request an appeal. A form letter titled "Notification Regarding Application for Social Services" is to be used for this purpose. This form is available as a FACTS merge document and may be accessed through the hard drive of your PC (C:\). A copy of this form is also available in the FORMS section of this policy. (See Common Chapters for specific information regarding grievance procedures.)

F. Record Keeping

Upon placement of the client in the Personal Care Home (PCH) or shortly thereafter, information about the client and his/her needs is to be given to the provider by the social worker. The provider is to establish a file for each individual placed in their home and maintain all information about the client for reference as needed. Information that must be given to the provider by the social worker and maintained in the client file by the provider includes the following:

- identifying information about the client;
- information about significant others such as family members, friends, legal representatives, etc.;
- information about the client's interests, hobbies and church affiliation;
- medical status including current medications, precautions, limitations, attending physician, hospital preference;
- advance directive(s) in force;
- information about client's burial wishes, plans and resources;
- the Social Evaluation (this form may contain much of the required/client identifying information)
- copy of the signed Resident Agreement for Participation;
- copy of the current and all previous Payment Agreements; and,
- copy of the current Service Plan;

All other information received by the provider that is specifically related to the client is to be maintained in the provider's client file. This applies to information provided by the social worker as well as information from other sources.

G. Confidentiality

1. *Confidential Nature of Adult Services Records:*

Legal provisions concerning confidentiality have been established on both the state and federal levels. In federal law, provisions are contained in the Social Security Act. On the state level, provisions related to confidentiality of client information is contained in §9-2-16 &17 of the West Virginia Code. Additionally, requirements related to confidentiality specifically related to Adult Protective Services cases are contained in §9-6-8. In addition, this provision requires DHHR "to

establish rules and regulations governing the custody, use, and preservation of the records, papers, files and communications" concerning applicants and recipients of DHHR services.(For more detailed information, refer to Common Chapters.)

2. ***When Confidential Information May be Released:***

All records of the Office of Social Services concerning an Adult Services client shall be kept confidential and may not be released except as follows: (See Adult Protective Services Policy for specific information about what information is shared and with whom.)

- In many instances courts will seek information for use in their proceedings. The process by which a court commands a witness to appear and give testimony is typically referred to as a subpoena. The process by which the court commands a witness who has in his/her possession document(s) which are relevant to a pending controversy to produce the document(s) at trial is typically referred to as subpoena duces tecum.

  Records shall be released to a court only upon receipt of a valid subpoena duces tecum or court order. Immediately upon receipt of a subpoena or subpoena duces tecum the social worker must follow the protocol established to contact the Assistant Attorney General (regional attorney)in order to determine if further assistance or review is necessary. For example, in some instances the request for document(s) in a subpoena duces tecum may not be relevant or their release may violate state or federal law. The attorney should make this determination and may file a motion to quash the subpoena duces tecum when this is appropriate.

  If there is insufficient time to consult the Assistant Attorney General, seek the advice of the local prosecuting attorney. If there is insufficient time to obtain legal advice from either the Assistant Attorney General or the local prosecutor prior to the hearing, the Department must comply with the subpoena or the subpoena duces tecum. Failure to do so may result in the social worker or the Department being held in contempt. Also, the Department should always comply with an order of the court unless that order is amended by the court or over-turned. Questions regarding the validity of a court order may be submitted to the Office of Social Services for possible submission to the Assistant Attorney General for review.

- For reporting and statistical purposes, non-identifying information may be released for the preparation of non-client specific reports.

- The client may request to view his/her client record and should be allowed to do so. Certain information contained in the record shall not be accessible such as: APS information and /or sensitive issues. Before any information is viewed/released, the social worker must confer with his/her supervisor and Community Service Manager.

3. *Subpoenas, Subpoena duces tecum & Court Orders:*

The department may be requested by the court or other parties to provide certain information regarding adult services cases with which we have/have had involvement. The various mechanisms that may be used are 1) subpoena, 2) subpoena duces tecum, or 3) court order. Upon receipt of any of these, the department MUST respond. Failure to comply is contempt of court and could result in penalties.

A subpoena commands a witness to appear to give testimony while a subpoena duces tecum commands a witness, who has in his/her possession document(s) that are relevant to a pending controversy, to produce the document(s) at trial. Subpoenas may be court ordered or administrative (ordered by a party other than the court). Though all subpoenas must be responded to, the manner in which this response occurs is somewhat different dependent on who issues the subpoena.

a. Court ordered Subpoenas:

These include subpoenas issued by the circuit court, the magistrate court or the mental hygiene commissioner. There may be times when a questionable court order or a subpoena requesting that confidential information be provided is received. In this event, the social worker must advise his/her supervisor immediately and promptly refer the matter to the appropriate Assistant Attorney General (regional attorney) for review and possible legal action, including filing a motion to quash. The locally established protocol is to be followed whenever a referral is being made to the Assistant Attorney General. In the event there is not sufficient time for the assistant attorney general to become involved in the situation, prior to the scheduled hearing, the department should request a continuance until such time as legal representation can be arranged. If a continuance is not granted, the department should comply with the subpoena or court order.

b. Administrative Subpoenas:

These include subpoenas issued by an attorney or administrative law judge (other than a DHHR administrative law judge). These subpoenas generally request that the social worker appear to provide testimony and/or produce the case record. The social worker must advise their supervisor immediately and promptly refer the matter to the appropriate Assistant Attorney General (regional attorney) for review and possible legal action, including filing a motion to quash. The locally established protocol is to be followed whenever a referral is being made to the Assistant Attorney General. In the event there is not sufficient time for the assistant attorney general to become involved in the situation, prior to the scheduled hearing, the department should request a continuance until such time as legal representation can be arranged. If a continuance is not granted, the department should comply with the subpoena or court order.

H. Transfer of PCH Cases

There may be times when it becomes necessary for a client to transfer from one Personal Care Home (PCH) to another PCH or to another type of residential setting or from one county to another. When a case must be transferred, this is to be a planned effort with close coordination between the sending worker/county and the receiving worker/county.

1. ***Timing of Transfers:***

It is recommended that case transfers be planned for the beginning or end of a month in order to minimize confusion related to payment. If this is not possible, the sending social worker must calculate the amount of payment due to the original provider from the client. If the client paid the provider the full monthly amount, the social worker must request that the original provider reimburse a pro-rated amount for the remaining days of the month. This amount is then to be used by the client to pay the new provider upon placement. The client is responsible for paying the new provider in accordance with the new payment agreement. In addition, the original provider is to reimburse the client any portion of their personal expense allowance that remains at the time of transfer to the new provider.

2. ***Sending Worker/County Responsibilities:***

When it is necessary to transfer a Personal Care Home (PCH) case from one worker/county to another, the sending worker/county is responsible for completing the following tasks (**Note:** The following instructions are written specific to a county to county transfer, however, the same steps are applicable for transfers between workers within the same county):

- prior to arranging or actually completing a transfer to a provider in another county, the supervisor in the sending county must call the supervisor in the receiving county to notify them that a client is being transferred to their county or to request placement assistance;
- provide a summary about the client's needs (e.g. reason for the transfer, problems in other settings, disturbing behaviors, family and financial resources, insurance coverage, and legal representative(s), if applicable);
- arrange for a trial visit(s) by the client to the proposed setting. Whenever possible this visit should be arranged at the convenience of the receiving county and the new provider;
- provide transportation for the client to the trial visit(s) and permanent placement, if placement is approved;
- inform and prepare the client, prior to the final move to the new residence, explaining where he/she is going, why he/she is going and what to expect upon arrival; and,
- arrange for a pro-rated portion of the client's financial resources to accompany him/her to the new residence, as well as adequate clothing and medication;
- complete all applicable case documentation prior to case transfer;
- immediately upon transfer of the client to the receiving county, send the updated client record to the receiving county; and,

- notify the DHHR Family Support staff, the Social Security Administration office, and all other appropriate agencies of the client's change of address.

3. *Receiving Worker/County Responsibilities:*

The receiving county is responsible for completing the following tasks in preparation for the transfer:

- be involved in preparing the new provider thoroughly for the client's arrival;
- notify the DHHR Family Support staff of the client's arrival when the transfer is complete;
- complete all applicable documentation;
- assist the client, and provider if applicable, with adjustment to the new arrangement; and,
- assist with arranging or initiating any needed community resources.

When a Personal Care Home (PCH) case has been transferred, problems that arise during the first six (6) month period following the transfer are to be addressed jointly between the counties. When this occurs, the receiving county may request assistance from the sending county. If such a request is received, the sending county is to work cooperatively with the receiving county to resolve the problem(s). The social worker should maintain frequent contact during this initial adjustment period to ensure a smooth transition for both the provider and the client. This will permit timely resolution of problems that may occur during this time. During this six (6) month period, in the event problems can not be resolved, the sending county must we willing to re-assume responsibility for the client upon the request of the receiving county.

I. Exceptions to Policy

In some circumstances exceptions to policy may be requested. Exceptions will be granted on an individual case by case basis and only in situations where client circumstances are sufficiently unusual to justify the exception. However, such exceptions are to be requested ONLY after other methods and/or resources have been exhausted. In that event, requests must be submitted as a policy exception in FACTS. The policy exception request is to be submitted by the social worker to the supervisor. Upon supervisory approval, the request will be forwarded to the Office of Social Services for final approval. Policy exception requests must include:

- reference to the applicable policy section(s);
- information supporting the request; and,
- if appropriate, the time period for which the exception is to apply.

In an emergency situation, the request for a policy exception may be made to and approved by the Office of Social Services (OSS) verbally. Once verbal approval is granted by OSS, the request for policy exception and all supporting information must be entered in FACTS within two (2) working days.

IV. Closure

A. Case Closure - General

A final evaluation must be completed as part of the case review process prior to closure of the Personal Care Home (PCH) case. Upon completion, the social worker must document the results of this assessment in FACTS, including the reason(s) case closure is being recommended. The completed review is then submitted to the supervisor for approval of recommendation for case closure. Upon supervisory approval, the case is to be closed for PCH services.

Note: Before closing the case, verify that there are NO outstanding payments that are to be made on the client's behalf, such as clothing allowance payments or other demand payments. Closure of the case before all payments are generated may result in payment not being made as required.

B. Notification of Case Closure

If the case is closed for Personal care Home (PCH) services for any reason other than client death, written notification to the client or his/her legal representative is required. A form letter titled "Notification Regarding Application for Social Services" (Negative Action Letter) is to be used for this purpose. This form is available as a FACTS merge document and may be accessed through the hard drive of your PC (C:\). A copy of this form is also available in the FORMS section of this policy for informational purposes.

C. Client's Right to Appeal

A client or his/her legal representative has the right to appeal a decision by the department at any time for any reason. To request an appeal, the client or his/her legal representative must complete the bottom portion of the "Notification Regarding Application for Social Services" (Negative Action Letter) and submit this to the supervisor within thirty (30) days following the date the action was taken by the department. The supervisor is to schedule a pre-hearing conference to consider the issues. If the client or his/her legal representative is dissatisfied with the decision rendered by the supervisor, the appeal and all related information is to be forwarded by the supervisor to the hearings office for further review and consideration. (See Common Chapters for specific information regarding grievance procedures.)

V. Forms

Form - A

Comprehensive Assessment

COMPREHENSIVE ASSESSMENT
ADULT SERVICES PROGRAMS

ASSESSMENT INFORMATION:

Date of Referral: _____ Date of Initial Contact: _____
Completed By: _____ Completion Date: _____

IDENTIFYING INFORMATION:

Client Name: _____ FACTS Identification #: _____
Associated Case Name: _____ FACTS Identification #: _____
Date of Birth: _____ SSN: ____-____-____ Gender _____
Race: _____ SSA Claim #: _____
Other Household Members:

Name	*Relationship to Client*	*Date of Birth/Age*	*Gender*

Mailing Address: _____ Physical Address: _____
_____ _____
_____ _____
Directions to the home: _____
_____
_____Phone #: _____
Marital Status: _____ Religious Preference: _____
Emergency Contact Person: _____ Phone: _____

REFERENT INFORMATION:

Name:_____ Relationship to Client: _____
Address: _____ Phone#: _____
_____ Mandatory Referent: Yes _____ No _____
_____ Follow-up Requested: Yes _____ No _____

Service(s) Requested:

❒	Adult Protective Services	❒	Adult Family Care	❒	Homeless Services
❒	Guardianship	❒	Residential Board & Care	❒	Other (specify) _____
❒	Health Care Surrogate	❒	Personal Care Home	❒	Other (specify) _____

Living Arrangements:

Household/Family Composition:

❒ Alone
❒ With spouse
❒ With spouse & dependent children
❒ With dependent child(ren)
❒ With adult child(ren)
❒ With other relative(s) (specify) _____
❒ With other non-relative(s) (specify) _____

Type of Residence:

❒ Private Home (house/mobile home)
❒ Private Apartment
❒ Low Income/HUD Housing
❒ Adult Family Care Home
❒ Nursing Home
❒ Residential Board & Care Home
❒ Homeless
❒ Personal Care Home
❒ Other (specify) _____

Physical Structure: (Mark all that apply based on worker interview(s) & observations)

Condition of Residence - Exterior

❒ Unsound structure
❒ Unsafe heating source
❒ Unsafe access to interior of the home
❒ Other (specify) _____

Condition of Residence - Interior

❒ Inadequate toilet facilities
❒ No/inoperable refrigerator
❒ No heat/no access to fuel
❒ Other utilities lacking _____
❒ Accumulated debris
❒ Unsafe access to sleeping quarters
❒ Unsafe access to living quarters
❒ Other (specify) _____

Social Support:

Name	*Relationship to Client*

Comments: _____

Client Functioning:

Activities of Daily Living: (Indicate functioning level for each activity)

	Independent	Needs Assistance	Dependent
Transfer to/from bed or chair			
Ambulation			
Bathing			
Grooming			
Dressing			
Eating			
Toileting			
Reading and/or writing			
Pay bills			
Banking/cashing checks			
Shop for food			
Purchase/pick up prescription medication			
Use automobile or public transportation			
Do household chores - inside home			
Do household chores - outside home			
Prepare meals			
Take medications as prescribed*			
Other: (specify) _____			
Other: (specify) _____			

ADL needs are currently being met by: (Mark all that apply)

❒ Self
❒ Adult child(ren)
❒ Neighbor (specify) _____
❒ Parent(s)
❒ Other relative (specify) _____
❒ Friend (specify) _____
❒ Home Health Agency (specify) _____
❒ ADL needs are currently not being met

Are ADL needs <u>adequately</u> met by caregiver(s)? Yes ____ No ____ (If no, complete the following)

❒ Caregiver(s) at times neglectful of responsibilities _____
❒ Caregiver(s) refuses to use client's funds to meet essential needs _____
❒ Caregiver(s) incapacitated for physical reasons _____
❒ Caregiver(s) incapacitated for mental health reasons _____
❒ Caregiver(s) incapacitated for substance abuse reasons _____
❒ Other (specify) _____

Describe Client's Physical Appearance: _____
_____
_____

Physical Health:

Observed/Reported Physical Condition: (mark all that apply)

	Condition		*Condition*
❒	Soiled body/clothing	❒	Broken bones or wounds
❒	Fecal/urine odor	❒	Rope marks
❒	Bedsores	❒	Injuries in varied stages of healing
❒	Ulcerated sores	❒	Injuries in odd places
❒	Observable skin disorder	❒	Untreated medical conditions
❒	Multiple or severe bruises, cuts or abrasions	❒	Physically restrained (including locked in room)
❒	Multiple or severe burns	❒	Does not get/take medications

❒ Other (specify) _____

❒ Other (specify) _____

❒ Handicapping Condition (specify) _____

Primary Care Physician: _____

Address: _____

_____

Phone: _____ Last Doctor's Exam: _____

Diagnosed Health/Medical Conditions:

Diagnosis

1. _____
2. _____
3. _____

Current Medications:

Medication	*Dosage*	*Frequency*	*Condition Prescribed For*

Durable Medical Equipment/Appliances/Supplies:

Type of Equipment/Supplies	*Frequency of Use*	*Medical Supplier*

Nutritional Status: (Mark all that apply based on worker interview(s) & observations)

	Condition		
❒	Good nutritional status	❒	Malnourished
❒	Poor eating habits	❒	Unable to feed self
❒	Dehydrated	❒	Unable to prepare appropriate meals

❒ Special Diet (specify) _____

Mental/Emotional Health:

Currently Receiving Mental Health Services? *Yes* _____ *No* _____ (If yes, complete the following)

Provider of Mental Health Services:
Provider/Agency: _____ Physician: _____
Address: _____ Therapist/Counselor: _____
_____ Phone: _____
_____ Last Appointment: _____

Service	*Frequency*	*Diagnosis*

Current Medications for Mental Health Condition *Yes* ____ *No* ____ (If yes, complete the following)
Prescribing Physician: _____ Phone: _____

Medication	*Dosage*	*Frequency*	*Condition Prescribed For*

Observed/Reported Mental Health/Behavioral Condition: (Mark all that apply)

Condition

- ❒ Overly dependent on others
- ❒ Behaviors indicate fear of harm
- ❒ Suicidal thoughts/gestures/attempts
- ❒ Self mutilating/ injurious behaviors
- ❒ Eating disorder/unusual eating habits
- ❒ Refuses treatment (medical/mental health)
- ❒ Unusual behaviors (specify) _____
- ❒ Other (specify) _____
- ❒ Other (specify) _____
- ❒ Wandering behavior
- ❒ Confusion
- ❒ Difficulty remembering
- ❒ Irrational fears
- ❒ Hallucination (Visual/auditory/sensory)
- ❒ Sleep disturbance (too much/too little)

Mental Health Treatment History:

Previously Received Mental Health Services Yes _____ No _____ When _____
_____

Provider/Agency: _____
Therapist/Counselor: _____
Address: _____
_____ Phone: _____

Comments: _____
_____
_____
_____

Household Financial Resources:

Income Source:

	Type	*Recipient*	*Amount/Frequency*
❒	No Income		
❒	Employment		$
❒	Social Security		$
❒	SSI		$
❒	SSDI		$
❒	Black Lung		$
❒	Veterans		$
❒	RR Retirement		$
❒	Retirement (other)		$
❒	Other (specify)		$
❒	Other (specify)		$

Other Resources:

Type	*Recipient*	*Amount/Frequency*
		$
		$
		$

Assets: (complete all that apply)

	Type	*Owner*	*Institution*	*Amount/Value*
❒	Checking			$
❒	Savings			$
❒	Insurance			$
❒	Burial Fund			$
❒	Other (specify)			$

Health Insurance Coverage: (mark all that apply)

❒ Medicare Part A (Indicate #) _____ ❒ Medicare Part B

❒ Medicaid (Indicate #) _____ ❒ CHAMPUS (Indicate #) _____

❒ Private Insurance Carrier: _____ Policy #: _____

❒ Other (specify) _____ Policy #: _____

❒ Other (specify) _____ Policy #: _____

Financial Management:

❒ Income insufficient to meet shelter/fuel needs ❒ Failure to pay bills

❒ Hoarding of resources ❒ Irresponsible use of funds/credit

❒ Uncashed checks ❒ Inaccurate/no knowledge of finances

❒ Gives money away ❒ Unexplained disappearance of valuables

❒ Other (specify) _____

Education/Vocational History:

Last Grade Completed: _____ Field of Study: _____

College Graduate with degree: N ____ Y ____ Field of Study: _____

Post-Graduate Education with degree: N ____ Y ____ Field of Study: _____

Business, technical or professional license: _____

Employment History:

Current Status:

❒ Employed ❒ Unemployed ❒ Retired ❒ Disabled:

Current Employment:

Employer: _____ Address: _____

Phone: _____ _____

Title: _____ Salary: _____

Supervisor: _____ How long Employed: _____

Prior Employment:

Employer: _____ Address: _____

Phone: _____ _____

Title: _____ Salary: _____

Supervisor: _____ How long Employed: _____

Prior Employment:

Employer: _____ Address: _____

Phone: _____ _____

Title: _____ Salary: _____

Supervisor: _____ How long Employed: _____

Military History:

Branch: _____

Type of Discharge: _____ Discharge Date: _____

Service Related Disability: Yes _____ No _____

(if yes, specify) _____

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Legal Status:(Mark & complete all that apply)

1. Based on the social worker's observation, does the client appears to have the ability to make sound decisions on their own behalf? Yes _____ No _____

2. If no, has there been a legal determination of competence/incompetence? Yes _____ No _____

3. If no, has a physician or psychologist completed an evaluation? Yes _____ No _____

Date of Evaluation: _____ Date of Court Action: _____

Judge/Mental Hygiene Commissioner: _____

Does the client have any of the following to assist in decisions made on their behalf? (Mark and complete all that apply)

❒ Attorney

Name:_____ Phone: _____
Address: _____

❒ Guardian Ad Litem
Name:_____ Phone: _____
Address: _____

❒ Medical Power of Attorney
Name:_____ Phone: _____
Address: _____

❒ Durable Power of Attorney
Name:_____ Phone: _____
Address: _____

❒ Health Care Surrogate
Name:_____ Phone: _____
Address: _____

❒ Court Appointed Guardian (specify type) _____
Name:_____ Phone: _____
Address: _____

❒ Court Appointed Conservator
Name:_____ Phone: _____
Address: _____

❒ Representative Payee
Name:_____ Phone: _____
Address: _____

Summary Comments: _____

Form B

Social Evaluation

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SOCIAL EVALUATION

I. IDENTIFYING INFORMATION

A. Client Name _____ **B.** Marital Status _____
C. Current Address _____ **D.** Religious Preference _____
E. _____ **F.** Social Security # _____
G. Date of Initial Request _____
H. Relative or Other Contact Person _____

I. Attending Physician (name) _____
(address) _____ (telephone #)_____

J. Burial plans _____
_____

K. Medical and/or Life Insurance

Name of Company	Policy Number	Face Value

II. SOCIAL EVALUATION

A. Explanation of why services are being requested at this time: _____
_____
_____
_____

B. Worker's Assessment of the Client's Functional Capacity (check all that apply)

1. AMBULATION
Independent _____
Ambulates with a devise _____
Ambulates with help of another person _____
Up in chair - transfers independently _____
Up in chair - dependent to transfer _____
Bedridden _____
Comments: _____
_____
_____

2. MENTAL/COGNITIVE CONDITION
Alert _____
Irrational Behavior _____
Diminished mental awareness _____
Confused _____
Comatose _____
Comments: _____
_____
_____
_____

3. EATING
Eats independently _____
Feeds self with help _____
Must be fed _____
Comments: _____
_____
_____
_____

4. BOWEL/BLADDER CONTROL
Completely continent _____
Partially incontinent _____
Catheter in use _____
Incontinent _____
Comments: _____
_____
_____

5. MEDICATIONS: Self-Administered _____ **Yes** _____ **No (list each)**

Name of Medication	Dosage	Frequency	Prescribing Physician

6. ACTIVITIES OF DAILY LIVING (Current Functioning)

	Independent	Dependent	With Help
Bathing			

Dressing			
Care of Home			
Food Preparation (Including purchasing)			

7. INDIVIDUAL CHARACTERISTICS

a. Temperament - Personality Traits _____

b. Employment History _____

c. Education _____

d. Recreation, Hobbies and Interests _____

C. HABITS

(1) Tobacco (2) Alcohol/Drugs (3) Food (4) Sleeping (5) Personal Hygiene

Comments: _____

D. SPECIAL DISABILITIES (Check all that apply)

Impaired Vision		**Paralysis**		**Amputation**	
Blind		**Speech Impair.**		**Fractures**	
Deaf		**External Ulcers**		**Deformities**	
Other (specify)		**Other (specify)**		**Other (specify)**	

E. FORMAL/INFORMAL SUPPORT(S) AND LIVING ARRANGEMENTS

Explain relationships; ability of relatives, friends, neighbors to assist client. Also explain client's refusal to receive services when appropriate.

III. ASSESSMENT OF TYPE CARE/SERVICES NEEDED (check all that apply)

A. The following alternatives have been considered for this individual:

Personal Care Serv.		**Day Care**		**Pers. Care Home**	
Meals on Wheels		**Phone Reassurance**		**RB&C Home**	
Congregate Meals		**Friendly Visitor**		**Nursing Home**	
Homemaker		**Care in Rel. Home**		**Group Home**	
Home Health		**Adult Family Care**		**Institutional Care**	
Other (specify)		**Other (specify)**		**Other (specify)**	

B. I have concluded that the appropriate Social Services plan for this individual is _____ **For the following reason(s):**

IV. ACTION WHEN SOCIAL SERVICE PLAN IS SUPERVISED CARE

A. General Information

1. Date of Admission: _____ **2. Level of Care: AFC** _____ **RB&C** _____ **PCH** _____ **Inst** _____

3. Provider Address: _____

4. Client Income will be managed by: Self _____ **Provider** _____ **Other (specify on line below)**
Name: _____ **Address :** _____ **Phone:** _____

5. Personal Expense Allowance will be managed by: Self _____ **Provider** _____ **Other (specify on line below)**
Name: _____ **Address :** _____ **Phone:** _____

B. Client entered supervised care in another area

1. Contact with receiving area made (date) _____
Name and Title of staff person contacted _____

2, If contact made after admission, explain _____

_____

Additional Comments: _____

_____

_____

_____ _____

Signature of Social Worker **Date Completed**

Form - C

Client Medical Evaluation

West Virginia Department of Health and Human Resources
Adult Residential Services
Client Medical Evaluation

Date Sent to Physician _____

Section I (to be completed by social worker)

A. *Client Identifying Information:*

Name: _____ Social Security #: _____-____-_____
Address: _____ Medicaid #: _____
_____ Medicare #: _____
_____ Other Insurance:
Date of Birth: _____ Carrier: _____
Gender: Male_____ Female_____ Claim #: _____
If the client is currently under the care of a physician, enter the physician's name and indicate the reason for care: _____
_____

B. *Department of Health and Human Resources Identifying Information:*

District Office Requesting Report: _____
Social Service Worker: _____
AFC Provider: _____
Return completed form to: _____
_____
_____
_____

Section II (to be completed by examining physician)

A. Does this individual demonstrate evidence of impairment: Yes _____ No _____
B. If yes, describe impairment(s): _____
_____
C. Primary Diagnosis: _____
Secondary Diagnosis: _____
Other Diagnosis: _____D.
Major Disability: _____
Secondary Disability: _____
E. Indicate which area(s) of functioning are affected:
Physical _____ Mental _____ Emotional _____

F. Has this individual been tested for communicable disease? If yes, enter date testing was completed and the results.

Communicable Disease	No	Yes	Date	Results
Tuberculosis				
Venereal Disease/STD				
Hepatitis				
Other (specify) _____				

G. If the individual is *female*, has a pap smear and examination been done in the past six (6) months?Yes _____ No _____ If yes, indicate results: _____

H. Is this person physically and/or mentally able to do the following for themselves?
Bathe: Yes _____ No _____ *Feed*: Yes _____ No _____ *Toilet*: Yes _____ No _____

II. Has this individual progressed or regressed physically, mentally and/or emotionally during the last 12 months? Yes _____ No _____ If yes, explain: _____

Section III - Special Needs (to be completed by examining physician)

A. Does this individual require a special diet? Yes _____ No _____
If yes, explain: _____

B. List all prescribed medications:
medication *dosage* *frequency* *prescribing physician*

C. Can this individual administer their own medication? Yes _____ No _____

D. What other medical services does this individual require? _____

E. Does this individual exhibit symptoms of severe emotional, mental, and/or behavioral problems?
Yes _____ No _____

F. Does this individual have difficulty communicating their needs? Yes _____ No _____

G. Additional Comments: _____

_____ _____
(Physician's Signature) (Date of Examination)

_____
(Physician's Name-Please type/print)

_____
(Physician's Address-Please type/print)

Form - D

Payment Agreement

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
ADULT RESIDENTIAL SERVICES

PAYMENT AGREEMENT

_____ , _____-_____-_____ has been approved for Personal Care Home
(client name) (social security #)
placement in _____ at _____
(provider name) (provider address)
_____ effective _____ . The total rate of payment for room, board and supervision is established at $_____ for a full month or $_____ per day for a partial month placement. The client currently has benefits in the amount of $_____ per month that are available to be applied toward their cost of care. The client's available resources are to be distributed as follows: $_____ per month to the client for their personal expense allowance and payment to the provider by the client in the amount of $_____ per month for a full month of care or $_____ per day for a partial month of care. The Department of Health and Human Resources will make a monthly supplemental payment to the provider in the amount of $_____ for the balance of the client's monthly cost of care. This payment, made to the provider is to be distributed as follows: $_____ per month to be received by the client for their personal expense allowance and payment retained by the provider in the amount of $_____ per month for a full month of care or $_____ per day for a partial month of care.

The client and Department of Health and Human Resources agree to pay the provider, as specified above. This payment is to cover the cost of room, board, and personal services for the period of time the client remains in the provider's home or until such time as the client's situation changes, which may require that a new contract be developed in accordance with the policies of the Department of Health and Human Resources. The full monthly rate is due and payable to the provider for each month the client is in placement for an entire month. The specified daily rate shall apply for each day, excluding the day of discharge, that the client is in placement for less than a full month. The provider agrees to provide room, board, personal care and supervision to the client at the rate indicated above.

It is the understanding of all parties that this agreement may be terminated by the client, the provider or the Department of Health and Human Resources in accordance with applicable agency policy.

** Note: Daily per diem is calculated as follows: monthly rate x 12 months ÷ 365 days = daily rate*

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Social Service Worker: _____ Date: _____

DHHR Supervisor: _____ Date: _____

Form - E

Resident Agreement for Participation

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

ADULT RESIDENTIAL SERVICES

RESIDENT AGREEMENT FOR PARTICIPATION

I, _____, have applied for participation in the Adult
(client name)
Family Care/Residential Board & Care/Personal Care Home program..

As a participant in the program, I agree:

1. To make a monthly payment to the provider in accordance with the payment agreement;

2. To inform the provider before inviting any friends or relatives to the home;

3. To inform the Department of Health and Human Resources and the provider immediately of any changes in my income and/or living arrangements in order to prevent delay or error in payment;

4. To make restitution in the event there is an error in payment as a result of my failure to immediately inform the Department of Health and Human Resources and the provider of any changes;

5. To become familiar with and abide by the provider's house rules and regulations;

6. To use my personal expense allowance as I choose so long as it is consistent with the provider's house rules;

7. To permit the provider to share relevant information about me with the West Virginia Department of Health and Human Resources staff, my physician, and other agencies/service providers so long as sharing of this information is in my best interest; and

8. To show respect for the provider, other residents and other family members in the home.

_____ _____
(Resident/Legal Representative Signature) (Date)

_____ _____
(Social Worker Signature) (Date)

Form - F

Hartley Verification Letter

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Children and Families

_____
(date)

TO: _____
_____
_____

Re: _____
(Client name)

Dear _____:

We are attempting to determine if the individual named above meets the criteria to qualify as a Hartley class member and therefore, eligible for additional funding to pay for their care. To do this, we will need written verification from you indicating if this individual falls into one or more of the categories listed below. Pleas mark the appropriate category(ies), sign/date the verification and return the completed for to me at the address indicated below.

RELEASE OF INFORMATION

To whom it may concern:

I _____ do authorize _____to release the following information to the West Virginia Department of Health and Human Resources. I understand that this information will be used to assist in the determination of my eligibility to be included as a class member under the Hartley Decision.

signature: _____
date: _____

VERIFICATION OF HARTLEY ELIGIBILITY (Mark all that apply)

_____ is currently an active case with my office/agency and receiving mental health services;

_____ has been assessed and does meet the OBHS diagnostic and functional impairment criteria for targeted case management, clinic, or rehabilitation services;

_____ has a diagnosis of mental illness, substance abuse, or developmental disability and has at some point in the past received treatment at a state operated facility (Colin Anderson Center, Greenbrier Center, Huntington Hospital, Weston Hospital, Sharpe Hospital, Lakin (psychiatric) Hospital, or Spencer Hospital);

Date Sent: _____
Client Name: _____

_____ is not eligible under the Hartley criteria; or,

_____ Other/Comment: _____

_____

_____

signature: _____

title: _____

date: _____

Thank you for your cooperation in this matter. Please return the completed form to the following address:

Return To:

Sincerely,

Social Worker: _____

Title: _____

Phone #/ext: _____

Form - G

Adult Services - Service Plan

Adult Services
Service Plan

Client Name: _____ **FACTS Case #:** _____

Date Initiated: _____ **Date Reviewed:** _____

Problem/Need Statement	Goal	Task/Service	Responsible Party	Frequency	Duration	Goal Begin Date	Estimated Completion Date

_____ _____

Client Signature Date Provider Signature Date

_____ _____

Worker Signature Date Supervisor Signature Date

Form - H

Case Review Summary

CASE REVIEW SUMMARY

Client Name: _____ Social Worker :_____ Supervisor: _____

FACTS Case ID #_____ Date Review: _____ Date: _____

I. Summary of changes in the family or individual's circumstances:

II. Summary of case activity since the previous case review:

III. Evaluation of case activity and social worker intervention which directly relates to the achievement of the goal(s) indicated on the service plan:

IV. Disposition of the case: Is the case to be closed or remain open and the service plan updated.

V. Additional comments:

Form - I

Negative Action Letter

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

Dear

This letter is to notify you of action taken on your application for social services. Please refer to the item(s) checked below to indicate what action was taken.

1. () Your application for _____
has been approved.

2. () Your application for _____
has been denied because :
_____
_____
_____
.
Please refer to the information on the back of this letter concerning your right to a conference or hearing.

3. () The fee for the service you receive is _____
per _____. .

4. () You are no longer eligible for _____
after _____ because _____
_____

Please refer to the information on the back of this letter concerning your right to a conference or hearing.

If you have a concern or complaint about the quality of service you are receiving or whether the service is meeting your needs, please contact me about the Department of Human Services' grievance procedure. In addition, your right to a conference concerning the decision shown above and your right to a hearing are explained on the back of this letter.

Should you have any questions, please contact me.

Sincerely,

_____ _____
Signature of Worker Date

REQUEST FOR A CONFERENCE REGARDING THE PROPOSED
ACTION TAKEN ON YOUR APPLICATION

If you are not satisfied with the proposed action to be taken on your application or need further explanation, you have a right to discuss it with the Department worker who made the decision. If you are not satisfied with the results of this conference, you may wish to request a hearing.

REQUEST FOR A HEARING BEFORE A MEMBER OF THE
STATE BOARD OF REVIEW

If you are not satisfied with the decision made on your application, you have the right to a hearing before a State Hearing Officer who is a member of the State Board of Review.

THE LENGTH OF TIME YOU HAVE TO REQUEST A CONFERENCE OR HEARING

If you wish a conference, please contact this office at once. If you wish a hearing, you must notify this office within ninety (90) days from the date of the action. You may request a conference or hearing by contacting this office in person or by completing the statement at the bottom of this letter. Detach it and mail the request to this office.

CONTINUATION OF SERVICES DURING THE HEARING PROCESS

If you request a hearing within thirteen (13) days of this notice, services may be continued or reinstated pending a decision by the State Hearing Officer.

WHO MAY HELP YOU AT THE CONFERENCE OR HEARING

At the conference or hearing, you may present your information yourself or in writing. You have the right to be represented by a friend, relative, attorney, or other spokesperson of your choice. A Department representative will be available to assist you if you need help in preparing the hearing and advise you regarding any legal service that may be available in your community.

----------(DETACH)----------

IMPORTANT !!

If you want a conference or hearing, please check one of the blocks below and mail this statement to:

(__) I want a pre-hearing conference because:

(__) I want a hearing before the State Hearing Officer because:

Signature of Claimant: _____ Date: _____

(PLEASE DATE AND SIGN)