

Alabama Cares Scope of Services

October 1, 2021

Service Providers

The NFCSP under the OAA, with guidance from ACL, provides direct services that support the family caregiver. Effective October 1, 2021 Alabama CARES has initiated essential safeguards to protect the health and wellbeing of those individuals receiving direct services funded by Title III-E. Through an effective process of assessing and evaluating the delivery of respite and supplemental services is to ensure the growth and quality of direct services. Thereby assuring services are appropriate, timely, accessible, available, and necessary. Non-Medicaid waiver contract providers of respite services, to include Adult Day Health (ADH) necessitate an evaluation on site no less than annually. AAAs are not responsible for monitoring Alabama Lifespan Respite. The Alabama legislature passed resolution HJR 170 establishing Alabama Respite “as the lead entity for lifespan respite coordination in the state of Alabama.” The Alabama Lifespan Respite Resource Network Act. No. 2012-410 is a law. As previously noted, family caregivers are the employer when choosing family caregiver directed respite/personal choice option. Family caregivers are directly responsible for the independent sub-contractor they choose to hire for providing respite services to their loved one.

The Medicaid Waiver quality assurance monitoring model is much more thorough & comprehensive. Therefore, the guidelines and procedures provided hereafter apply only to **Non-Medicaid Waiver providers** (Prospective and Current). ADSS and the AAA’s are to assure family caregivers/recipients are receiving direct services according to their service plan as authorized under the OAA, (*Section 371 amended 2016 Title III-E*). The general objectives for this chapter are to ensure program uniformity.

Direct Services by the Area Agency on Aging {Section 307(a) (8)}

Direct services are defined as those OAA services provided by AAA staff or their volunteers. Services not provided by the AAA would be offered by the AAA’s contractors and/or their local service providers. These services are provided by local governments, non-profits, and private entities. All procurement laws must be adhered to regarding Request for Proposals and other competitive bidding. Any private contractor must be approved by the ADSS Commissioner.

Evaluating and Assessing Providers

Providers are compelled to meet the AAA’s specific objectives for giving priority to family caregivers and to satisfy the service needs of older individuals with the greatest economic and social needs with particular attention to older persons who are low-income, who are low-income minorities, who have limited proficiency in the English language, who reside in rural areas, and who are at risk for institutional placement. Providers must assure that during an agreement/contract period, it has the capability to and agrees to provide such service(s) as

described in the agreement/contract scope of services with the AAA and in accordance with ADSS types/categories of services. Policies and procedures will be revised as needed to fulfill any OAA Amendments, Title III-E direct services offered by the provider are not intended to replace existing services.

It is the procedure of ADSS that contractors/providers shall conduct statewide criminal background checks for all staff hired on or after **October 1, 2016**, who either provide direct services to family caregivers, caregiver's recipients or who have access to confidential caregiver/recipients' records. A complete background check should include:

- A National Sex Abuse Registry (**AC DSP20-06**) clearance;
- A Nurse/Aide Registry (**AC DSP20-03**) clearance; and
- References from previous employers.

Personal identifiers are important to ensure accurate authentication of employees providing direct care. Therefore the following basic identifiers are essential: name, social security number, date of birth, and driver's license, number and/or applicable state identification card (i.e. non-drivers' identification). An authorized background check agency should notify a provider if a background check reveals a prospective direct care worker is listed on the National Sex Offender Public Registry. ADSS nor the AAA is prescribing the method by how these checks are performed if a statewide (to include county and municipalities) background check is conducted. For the safety and wellbeing of the population we serve, the DSP should be informed that employees who provide direct services to the family caregiver's recipient and/or who have access to confidential caregiver/recipient's personal information have statewide criminal background checks. Direct care workers should not be allowed to provide services until after the results have been received.

*****See AC DSP20-08 for criminal activities that would exclude prospective direct care workers from serving Alabama CARES caregivers/recipients.***

***** Refer to pages 8 – 9 regarding Tuberculosis Screenings for direct care workers providing respite services to family caregivers and their recipients in the home.***

Direct care workers are essential to the health and well-being of our aging population. Therefore, providers should ensure that the direct care workers they hire, meet a basic provision of care and training values. Basic care and training values are identified on pages 37 – 40. Orientation training for a direct care worker should be conducted prior to providing respite services in the family caregiver/recipient's home. Annual in-service training is separate, essential, training necessary to ensure a stronger, better supported direct care worker. The annual training would be applicable per calendar year. Providers should assure any credentialed personnel providing respite care services have current license, registration, or certification in accordance with applicable state laws or regulations.

Direct care workers should be able to demonstrate basic competency skills for the provision of respite care. Providers should have an employee evaluation procedure that reflects not only the value of a direct care worker's experience but documentation of an employee's knowledge, skills, and abilities. For ongoing safety purposes direct care workers should have available to them, appropriate supervisory access if respite services are being delivered. Provider's written procedures as well as direct care worker's evaluations should be made available during an on-site visit.

During the term of the contract/agreement, providers agree to keep records of family caregiver/recipient's information to include: name, address, telephone number, date of birth, gender, minority status, frailty status, emergency contact person's name and telephone number, and functional abilities of caregiver/recipient relevant to service(s) delivered. For HIPPA and confidentiality purposes, providers are to store family caregiver/recipient's information in a designated, locked storage space. A provider is prohibited from using or disclosing any information concerning a family caregiver/recipient for any purpose directly associated with the provision of services, unless a provider has written consent from a family caregiver/recipient. It is essential for staff to be trained on such policies. Providers should obtain a written acknowledgement from staff as well as family caregivers.

As stipulated in the AAA contract/agreement, a provider should have and observe a non-discrimination policy.

Providers should assure that procedures are in place to address any complaints or grievances. Providers should notify CARES Coordinators/AAA administrative staff of any complaints, grievances, and incident reports.

Any provider employee of direct care services is a mandated reporter of suspected abuse or neglect. As such, any report should be made to the county Department of Human Resources, Adult Protective Services Division once a reasonable cause to believe a family caregiver/recipient is the victim of abuse, neglect, or exploitation.

During the term of the contract/agreement, providers agree to supply the AAA with a holiday schedule reflecting hours and days that services are available. During a disaster, it is necessary for providers to work with the AAA to assess the extent of any disaster and the impact upon family caregivers/recipients.

For payment of Title III-E funds, providers are to keep records that fully show the extent and cost of services provided to family caregivers/recipients. Providers should document that direct services were delivered according to a service plan for the family caregiver/recipient. The financial accountability of providers for funds spent must maintain a clearly defined review path. Title III-E payments should only be made for services approved and identified on the service plan. Provisions of direct services are in accordance with the OAA, family caregiver/recipient's service plan and maximum allocation/award amount.

To ensure the accuracy of expenditures, providers should routinely review family caregiver/recipient's records. This should include any documents related to the terms of the AAA contract/agreement to be submitted timely and accurately. Documentation should indicate the number of service units provided as well as verification that each family caregiver/recipient received such service. Such records are kept for a minimum period of six years from the end of receiving final payment per the terms of the AAA contract/agreement. All service records should be made available for review upon request.

During the term of the contract/agreement, it is necessary for providers to secure and maintain liability insurance to protect any paid or volunteer staff from liability. Upon request, the provider should furnish a valid copy of the liability insurance policy for verification. Failure to submit, may result in suspending or termination of contract/agreement by the AAA.

During the term of the contract/agreement, it is necessary for providers to verify they comply with the Drug-Free Workplace Act of 1988.

During the term of the contract/agreement with the AAA, it is necessary for providers to ensure appropriate staff attend any training conducted by the AAA or other trainings that may be considered necessary.

Prospective Providers

For prospective providers desiring to contract with their local AAA to provide direct services under Title III-E, NFCSP of the OAA, the aforementioned guidelines are essential.

Prospective providers to include adult day health, should prepare and submit the items identified hereafter for contract/agreement consideration. These items should be reviewed for correctness prior to approval:

- A cover letter identifying; Name of business, Director/Manager, Address (street & mailing if different), email, Tax ID#, Staffing contact;
- Service proposal identifying; indication of services to be provided, counties intended to serve, provider's ability to provide/perform services indicated, qualifications and supervisors;
- An Organizational chart, identifying staff composition;
- A Copy of a business license/certificate to operate such business;
- A Copy of current liability insurance;
- A copy of HIPPA/Confidentiality policy; and
- A copy of a training program for direct care workers.

It is necessary for prospective providers to ensure all conditions of a AAA contract/agreement are in place prior to serving family caregivers/recipients.

An initial on-site evaluation provides assurance that personnel and administrative documentation is in place prior to finalizing the contract/agreement. Once the on-site visit is completed, any significant discrepancies should be summarized and communicated in a written report. To bolster recruitment and retention of Alabama CARES providers, Coordinators or designated staff are encouraged to provide further education and guidance to a prospective DSP/ADH or schedule a follow up visit if necessary, prior to contract approvals.

Follow-up Visits (if needed): To establish best practice, a follow-up visit should only be conducted after a prospective provider or approved provider has had ample time to correct any discrepancies noted during an on-site visit. That may vary depending on the type and number of discrepancies. A follow up visit should only consist of a review of the areas that did not align with CARES program guidelines during the on-site visit, and only if those areas are correctable. For example:

- A background check or TB test not completed prior to providing services to the family caregiver/recipient. If the initial discovery was something that cannot be corrected, such as in this case where the test or check wasn't done prior to family caregiver/recipient contact, a follow-up visit could not penalize a provider again. A Coordinator or identified staff should look for current background checks/tests to see if any concerns remain unresolved.
- A current copy of the family caregiver/recipient service plan is not present. A Coordinator or identified staff should ensure one is present on a follow-up visit.

Plan of Correction (POC if needed): The purpose of submitting a plan of correction serves as an agreement with administrative guidelines and service delivery responsibilities set forth under the Older Americans Act. A direct service provider should submit a plan for correcting any areas of discrepancy noted during an on-site visit.

Plans of correction should be submitted in writing within 30 days of an on-site visit unless unusual circumstances apply. Once a plan of correction is submitted (**prospective or current DSP**), a provider should be notified if the plan is acceptable and/or approved.

If a plan of correction does not address areas of discrepancies adequately, the direct service provider should be offered the opportunity to correct. Coordinators or designated staff are encouraged to provide further education and guidance. As a best practice, a plan of correction addresses **each** area of discrepancy, a **time frame** for implementing the plan, and identifies a **person responsible** for correcting or monitoring a discrepancy. If a plan of correction is not received within a 30-day time frame, consult with local AAA administration for next steps. If a DSP does not intend to work together with a local AAA to correct discrepancies, the AAA has an option of suspending a current contract or prospective agreement approval until such corrections can be made.

Periodically, a follow-up on-site visit is necessary to verify that severe discrepancies have been corrected. Severe discrepancies are generally defined as areas where the health, wellness or safety of the family caregiver/recipient is at risk. The on-site follow up evaluation should **not**

include reviewing documentation from a period prior to approving a plan of correction. In all fairness a provider should have adequate opportunity to correct any areas of discrepancies.

The AAA may conduct on-site visits for which funds are being reimbursed under their contract/agreement at any time during the normal working business hours of the provider. Coordinators or designated staff should contact providers to schedule a date and time for an on-site visit. At the very least, a Coordinator should plan to review three months of services delivered. A period to be reviewed will vary depending on when a provider contract/agreement was approved and when a family caregiver/recipient was awarded funding and initiated services with the provider.

Basic Provision of Care and Training Values

Direct Care Workers: Individuals providing respite services should meet the following basic qualities for providing respite care:

- a. Be able to read and write;
- b. Submit to a program for the testing, prevention, and control of tuberculosis annually as **recommended by the CDC;**
- c. Have references verified thoroughly and documented in a personnel file (references include a statewide background check, including NSOPR, previous employers and the ADPH Nurse Aide Registry);
- d. Be able to work independently on an established schedule;
- e. Possess a valid, picture identification; and
- f. Be able to follow a service plan with minimal supervision.

Training Values: Essential, training is necessary to ensure a stronger, better supported direct care worker. At the very least, direct care workers providing respite services should have **six (6) hours** of supportive training annually (**per calendar year**). Such suggested training topics may be from the following areas:

Homemaker Services, Personal Care Services, Companion Services, Unskilled Respite Care Worker

- Activities of daily living, such as:

- bathing (sponge, tub)
 - personal grooming
 - personal hygiene
 - meal preparation
 - proper transfer technique (assisting in and out of bed)
 - assistance with ambulation
 - toileting
 - feeding the family caregiver's recipient
- Recognizing and reporting observations of the family caregiver/recipient, such as:
 - physical condition
 - mental condition
 - emotional condition
 - Prompting the family caregiver's recipient of medication regimen
 - Record keeping
 - Communication skills
 - Basic infection control/universal standards
 - First aid emergency situations
 - Fire and safety measures
 - Family caregiver/recipient's rights and responsibilities
 - Home support, such as:
 - maintaining a safe and clean environment,
 - providing care which includes: individual safety, laundry, serve and prepare meals, and
 - household management
 - Basic infection control/universal standards
 - First aid emergency situations
 - Fire and safety measures
 - Family caregiver/recipient rights and responsibilities
 - Other areas of training as appropriate or as directed by the AAA

During the term of the contract/agreement, it is necessary for providers to have an ongoing infection control program in effect. Training on universal standards and an update on infection control can be included as part of the six (6) hours supportive training annually for direct care workers. Verification of both orientation and ongoing supportive training should be recorded and observed in a direct care worker's personnel file.

When contractors are shared with Medicaid Waiver, and monitoring of the provider is completed by Waiver QA staff (**prospective or current**), results should be shared with the CARES Coordinator. Any areas not aligned with CARES program guidelines should be reported as soon as possible to the CARES Program Director or at a minimum within three business days. Coordinators should familiarize themselves with the conditions of the contract/agreements between the AAA and current providers.

Direct care worker files to evaluate/review: At the very least, three (3) should be reviewed. As part of reviewing personnel files, one (1) new hire providing respite services should be reviewed. New personnel would count as part of the three (3).

Missing documentation: The DSP should be given the opportunity to produce any missing documentation during an on-site visit. Examples of such are, but not limited to, missing results of TB testing, misplaced personnel paperwork, etc.

** If the Coordinator or designated staff determines that the health, safety, and well-being of family caregivers/recipients is being compromised, the provider should initiate an *immediate* action plan. Coordinators/designated staff should immediately discuss the health, safety and well-being disruptions with the DSP at the time of an on-site visit. Depending upon the seriousness of such, the AAA reserves the right to:

- Make other arrangements for the provision of services for the family caregiver's recipient(s) including notification to the family caregiver(s) or responsible person(s) and transfer with another contracted DSP to ensure health and safety;
- Suspend the contract/agreement; or
- Terminate a contract/agreement due to serious health and safety issues identified.

For professional courtesy, a provider should be informed in writing if the AAA contract/agreement is being terminated. If a provider should be terminated at any point, for any reason, the ADSS CARES Director should be informed. If a provider should be terminated at any point, for any reason, and wishes to contract in the future with the AAA, they will have to complete the process as a prospective provider.

Adult Day Health: Non-Medicaid Waiver ADH prospective providers as well as existing Non-Medicaid Waiver ADH providers should be evaluated to ensure they are and remain in good standing. Initial ADH evaluations would consist of a review of the administrative conditions and direct care staff records. Annual evaluations would consist of reviewing administrative conditions, direct care staff records, and family caregiver/recipients' records. Just as all providers, ADH providers are to ensure all conditions of AAA contracts are met prior to serving caregivers/recipients.

Miscellaneous: If a DSP opens a new office, an initial on-site visit may be warranted. If a DSP is bought out by another entity, an initial on-site visit is **not** warranted if the personnel

remains the same and the operation continues as before. If an out of state provider wishes to provide direct services to Alabama CARES family caregivers, they should have an office in state. This allows staff to effectively assess and evaluate the delivery of direct. This would exclude a national contract of order & delivery of supplemental supplies. Coordinators or designated staff should keep providers informed of all procedures, any revisions, special notices, or additional guidelines as needed.

Contracts

As a customary procedure, it is necessary for agreements between AAAs and the providers of goods and services be on file for **all** providers of goods and/or services if a monetary exchange is involved in the provision of the goods and/or services. (Donated goods/services do not require a contract)

Casual providers would be identified as “non-traditional” service providers. “Non-traditional providers” can include, but not limited to individuals (non-business owners) who will provide a service within their community under certain conditions; person/entities who do not ordinarily enter into contractual agreements when providing goods/services such as barbers, lawn care workers, department stores, and grocery stores.

Provider Contracts/Agreement, Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) should include the following information:

- Name, address, and telephone number of the provider;
- Contract period;
- Goods/services to be provided;
- Cost of goods/services;
- Provider signature; and
- AAA signatures (AAA Director, Alabama Cares Coordinator and Executive Director or Board Chairperson, when necessary)

“Traditional providers” include, but are not limited to home health agencies, assisted living facilities, adult day health, and other similar entities providing in-home respite care.

If a direct service provider determines that it no longer wishes to provide Title III-E direct services under the AAA contract/agreement, as a courtesy, a 30- day written notice should be provided to the AAA unless unusual circumstances exist.

Contractual records established for the purpose of direct services or personal property are to be retained 6 years after expiration of the contract or after end of the fiscal year in which the records were created. All AAA policies should be followed to ensure documents are properly archived.

Background Check Disqualifying Criminal Activities

The following list of criminal activities will permanently disqualify prospective direct care applicants from serving Alabama CARES caregivers/recipients.

Applicants must not have convictions or pending charges for:

- Any crime of violence
- Any felony convictions as well as any pending felony arrests

The following are criminal convictions that would prevent an individual from being employed for the time period as specified below:

- Reckless endangerment in the past five (5) years
- Stalking in the 2nd degree in the past five (5) years
- Criminal trespass in the 1st degree in the past five (5) years
- Violating a protective order in the past three (3) years
- Unlawful contact in the 1st degree in the past three (3) years
- Criminal mischief in the 1st degree in the past seven (7) years
- Unlawful contact in the 2nd degree in the past year

Statewide background checks are required for all direct service providers and for any employee who operates within the State of Alabama and has access to caregiver/recipient records.

Adult Day Health, and home delivered meal providers are also required to undergo a background check.

If an employee is terminated/resigns employment with a Direct Service Provider and is re-hired, a *new* background check must be obtained.

Coordinators/designated staff will verify the performance of background check during monitoring visits. Contracted as well as prospective providers should be made aware of these requirements for employees hired on or after October 1, 2016. ADSS nor the AAAs is prescribing the method by how the background checks are performed as long as a statewide (to include county and municipalities) background check is conducted.

Procedure(s) to Search National Sex Offender Public Registry

The Supervisor will conduct a background check regarding the applicant's sex offender status by taking the following steps:

- Access the National Sex Offender Public Registry at <http://www.nsopr.gov/> to determine if the applicant is listed.
- After reading the Conditions of Use, click on the "I agree" button.
- Enter the code provided in the appropriate box and click on the "Continue" button.
- Enter the applicant's Last Name and First Name or Initial in the appropriate boxes.
- Click on the "Search" button. When results appear, to verify a list of jurisdiction included in search, "click here". A list will come up showing all states queried.
- Print the "Search Results" page from the website.
- If it is determined that the applicant is not listed in the National Sex Offender Public Registry, the interview of the applicant can proceed.
- If it is determined that the potential applicant is listed in the National Sex Offender Public Registry, then the applicant is not eligible for hire in the HCBS Waivers Medicaid Program.

Procedure to Search Alabama Certified Nurse Aide Registry

The supervisor will conduct the background check regarding the Alabama Certified Nurse Aide Registry by taking the following action:

- Access the Alabama Certified Nurse Aide Registry website at <http://www.adph.org/>. Click on Contents A-Z, and then click on Nurse Aide Registry.
- Two (2) questions will come up. Select: Visit the Alabama Certified CNA Registry.
- Enter the applicant's social security number (SSN) in the appropriate boxes and click on the "Search" button.
- Verify the status of the applicant.
- If the applicant is not listed in the Nurse Aide Registry, a message will appear to indicate the SSN entered is "not found in registry."
- If the applicant is certified as a nurse aide and is in good standing, the Status will indicate "In Good Standing."
- If the applicant is certified as a nurse aide and has been convicted of abuse, the Status will indicate there is important additional information concerning this individual and give instruction to click on the "Request More Info" button to submit a request for more information or call 334-206-5169.

*Note: There are reasons other than convictions for abuse that may trigger this message, so contact the appropriate personnel in the Bureau of Health Provider Standards to verify Nurse Aide Registry listing.

- Print the results page from the website.
- If it is determined that the applicant is either not listed or is a Nurse Aide in good standing on the Nurse Aide Registry, the interview of the applicant can proceed.
- If it is determined that the potential applicant is listed on the Nurse Aide Registry and has been convicted of abuse, the applicant is not eligible for hire in the HCBS Waivers Medicaid Program.

*FYI: Can click on Abuse List at the top of the page to view names on this list.