

Georgia Department of Human Resources Division of Aging Services Requirements for Non-Medicaid Home and Community Based Services

Section 300

Individual Service Requirements

§308 Personal Care Service Requirements

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§308.1 Purpose

This chapter establishes the requirements to be followed when Area Agencies on Aging provide or contract for the provision of personal care services to frail elderly people in their places of residence.

§308.2 Scope

These requirements apply to services provided in whole or in part with non-Medicaid federal and state funds¹ managed by Area Agencies, and any associated matching funds. These requirements apply to personal care services provided to eligible persons in their places of residence. *Agencies providing personal care services also may provide homemaker services through aging program contracts, providing there are adequate numbers of appropriate staff to do so, and the contract with the Area Agency specifies the provision of both services.* The providers shall report the two services separately according to the DAS Taxonomy of Service Definitions and reporting requirements, and the contractual agreements negotiated with the Area Agencies on Aging.

§308.3 Service provider eligibility

Area Agencies may contract for the provision of personal care services only with those agencies licensed as private home care providers, in accordance with the Rules of the Department of Public Health, Chapter 290-5-54 and O.C.G.A. §31-7-300 et seq. If an Area Agency provides the service directly, the agency is subject to licensure requirements. All provisions of that code section apply and take precedence over any of these requirements which may conflict.

§308.4 Target group.

The target group for this service is persons 60 years of age or older, who are functionally impaired in their ability to perform regular activities of daily living.

§308.5 Client eligibility.

- (a) Eligible individuals meet the following criteria:
- (1) are age 60 and over; and
 - (2) have some degree of physical or mental disability or disorder which restricts his/her ability to perform basic activities of daily living, or which threatens his/her capacity to live independently; and
 - (3) do not have sufficient access to persons who are able and/or willing to assist with or perform needed basic activities of daily living or provide adequate support to enable the individual to continue to live independently.

¹ Eligible funds sources are the Older Americans Act, Title III-B, and Title III-E (supplemental services); the Social Service Block Grant; and the State Community Based Services Program.

- (b) Providers shall not accept persons whose maintenance and care needs cannot be adequately met by the agency in the clients' place of residence.

§308.6 Access to Services

Area Agencies may receive requests for services from a variety of sources, which may include, but are not limited to the following types. Older persons may request services or be referred by a physician, hospital, case manager, family member, friend, or other service provider. The Area Agency on Aging shall screen all applicants for service. Subject to the availability of services, area agencies will initiate services, if providing directly; or refer appropriate applicants to provider organizations or other resources; or place applicants on a waiting list for services². When available, services will be provided in the client's place of residence. Service shall not be provided in a nursing home, personal care home or other setting where the provision of this service is included in the cost of care.

§308.7 Service Activities.

- (a) Activities reported as personal care services may include assistance with activities related to the care of the client's physical health, such as:
 - (1) dressing and undressing;
 - (2) bathing;
 - (3) shaving;
 - (4) dental care and oral hygiene;
 - (5) grooming, including taking care of routine hair and skin needs;
 - (6) toileting, including assistance with continence care;
 - (7) self-administration of medication and/or use of health maintenance equipment;
 - (8) transferring, including moving in and out of bed;
 - (9) mobility in and around the home and range of motion exercises; and
 - (10) eating.
- (b) Service activities reported as personal care *do not* include:
 - (1) pet grooming/care;
 - (2) home repair;
 - (3) moving heavy objects or furnishings;
 - (4) physical, speech or occupational therapies;
 - (5) medical nutrition therapies;
 - (6) medical social services;
 - (7) home health aide services provided by a home health agency;
 - (8) skilled nursing services;
 - (9) meal preparation;
 - (10) housekeeping tasks;
 - (11) household maintenance activities, such as snow removal, hauling firewood, changing storm windows and screens, and yard work;

² The Area Agency is responsible for providing notice to applicants of the disposition of their requests for service. Subcontractors are responsible for providing notice of service status to persons once they have been referred for service and a case manager or provider staff has conducted the face-to-face assessment. Suggested forms have been provided to Area Agencies under separate cover.

- (12) personal finances and mail, including paying bills and writing checks;
- (13) shopping;
- (14) performing personal care or other tasks for members of the household other than the client;
- (15) providing friendly visiting only;
- (16) performing tasks not assigned by the supervisor or case manager and reflected in the care plan

§308.8 Service outcomes.

Service providers shall ensure that their services achieve the following outcomes.

- (a) Quality personal care services are provided at reasonable cost.
- (b) Staff are trained to be sensitive to clients' special needs, including the need for adequate nutrition, in order to provide quality services.
- (c) Services are designed to capitalize on the individuals' remaining strengths, lessen the burden of impairment for older adults, or to lessen the burden of providing care.
- (d) Services provided are based on a plan individualized for each client's and/or caregiver's abilities and needs, in the manner and times promised.
- (e) The provider is able to expand service capacity and improve quality with additional revenue generated through voluntary contributions and client cost share, when applicable.

§308.9 State Licensure ³.

Providers of personal care services must demonstrate compliance with all applicable licensure requirements for private home care providers under the Rules and Regulations of the State of Georgia as found at §290-5-54. Also refer to DAS Manual Chapter 206 "In-Home Services."

§308.10 Delivery characteristics.

Service providers will deliver services in the following manner.

- (a) Assessment. The delivery of service shall be planned and carried out in accordance with specific client needs as determined by the designated administrative or program staff during the in-home assessment, based on the use of the DON-R instrument and other instruments or inventories.⁴ The assessment is conducted by the Area Agency, a provider of case management services or the personal care service provider agency, depending on the arrangements for client assessment negotiated by the Area Agency. If conducted by case management or

³ The complete rules and regulations of the state of Georgia which pertain to licensure of private in-home care providers are found at <http://www.ganet.org/rules/index> and are at §290-5-54

⁴ The core assessment instrument for non-Medicaid Home and Community Based Services is the Determination of Need-Revised (DON-R) instrument. Use of additional tools, including, but not limited to the Nutrition Screening Initiative-DETERMINE Checklist (NSI-D), the Folstein Mini-Mental Status Examination (MMSE), and the Center for Epidemiological Studies Depression Scale (CESD), also may be indicated in order to complete a comprehensive client assessment.

provider agency staff, assessments shall be completed within ten business days of receipt of the service referral from the AAA.

(b) Service plan.⁵

- (1) Designated staff shall begin developing the service plan, using a format provided or approved by DAS, with the client and/or family during the in-home assessment visit. The plan, at a minimum, shall include:
 - (A) information which clearly links the services to be provided with the functional impairments and unmet need for care identified by the DON-R and other instruments used to assess clients and caregivers;
 - (B) types of service required/tasks requested or indicated and tasks to be performed;
 - (C) the expected days, times, frequency, and duration of visits in the client's residence;
 - (D) expected duration of the need for service;
 - (E) the stated goals and objectives of the service; and
 - (F) discharge plans.
- (2) When applicable to the condition of the client and the services to be provided, the service plan shall also include information on pertinent diagnoses; medications and treatments; equipment needs; and dietary and nutritional needs.
- (3) The service supervisor⁶/case manager shall complete the plan within seven working days after services initially are provided in the residence. Service plans are to be revised as necessary, and reviewed and updated by staff members involved in serving the client at the time of each supervisory visit, at least every 92 days.⁷

⁵ Reference: Rules and Regulations of the State of Georgia §290-5-54-.11

⁶ Rules and Regulations of the State of Georgia §290-5-54-.10. "A licensed registered professional nurse or practical nurse shall supervise the provision of personal care tasks for clients determined to be medically frail or compromised. If ...supervision is provided by a licensed practical nurse, the LPN shall report to a licensed professional RN who will continue to be responsible for the development and management of the service plan."

⁷ See preceding note.

(c) Service initiation.

- (1) The provider agency has the discretion to begin providing minimal levels of services in the home prior to the completion of the initial service plan.
- (2) The agency shall initiate services within ten working days from the date of receiving the referral, and thereafter deliver them on a regular basis in accordance with the established service plan.
- (3) The provider agency shall make telephone or other contact within the first four weeks of service initiation to ensure client satisfaction, and annually thereafter for the duration of the service relationship.

(d) Supervisory/monitoring visits. The appropriate provider agency supervisory staff will make periodic visits to each client's residence, in accordance with time frames established by state licensure requirements⁸, starting from the date of initial service in a residence or as the level of care requires, to ensure that the client's (and/or caregiver's if present) needs are met. The visit shall include an evaluation of the client's general condition, vital signs, a review of progress toward goal attainment, any problems noted, and the client's/caregiver's satisfaction with services. Supervisors also shall observe and note the appropriateness of the level of services being provided.

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(e) Reassessment. Depending upon the options exercised by the Area Agency to conduct client assessments, designated Area Agency, case management agency, or provider agency staff shall reassess annually at a minimum, or more frequently, as otherwise indicated.

- (1) Designated staff responsible for assessment activities shall conduct reassessments, either when contact with the client indicates the client's needs have changed, based on changes in functional status or other conditions, or when staff providing services or a caregiver reports the client's needs have changed.
- (2) The reassessment shall address changes in the cognitive, emotional, physical, functional, economic or physical/social environment in which the client lives, and be documented using formats specified or approved by the Division.

⁸ Supervisory visits for personal care services are conducted every 92 days.

Staff responsible for reassessment shall involve the personal care aide in the process, by obtaining feedback from the aide regarding the appropriateness of the service plan (tasks to be performed, scheduling, etc.); adequacy of supplies and equipment; and adjust the service plan accordingly.

- (f) Emergency contacts. Clients will furnish to the provider information on an emergency contact which the agency will maintain in the provider agency's client record. If no emergency contact person is identified, the provider shall list the local emergency response number (example: 911 service), if available in the area of service, or local law enforcement agency as the contact. The emergency contact person and phone number(s) shall be verified and updated at the time of reassessment.
- (g) Service termination and discharge.
 - (1) The provider agency shall discontinue services:
 - (A) upon the death of the client, entry of the client into a personal care or nursing home, or when there is no longer a need for the service.
 - (B) when the client or caregiver is non-compliant with the plan of care through persistent actions of the client or family which negate the services provided by the agency⁹, but only after all attempts to counsel with the client/family have failed to produce a change in behavior leading to compliance.
 - (C) when the client or client's family threatens or abuses the in-home service worker or other agency staff to the extent that supervisory staff have determined that the staff's welfare and safety are at risk and good-faith attempts at corrective action, including counseling, have failed. Agency administrators shall use discretion and professional judgment in determining in which situations immediate removal of staff and termination of service are necessary.
 - (D) when the provider agency resources are not adequate to meet the maintenance needs of the client.

⁹ In cases of non-compliance, supervisory staff shall evaluate the need for referral for protective or mental health services, and make such referrals as appropriate prior to discharge and termination whenever possible.

- (E) upon the request of the client (or caregiver, if acting as authorized representative of the client).
- (2) The provider agency shall provide written notice of termination and discharge at least 21 calendar days prior to the date of discharge, when applicable.
- (3) During the 21-day period, the provider shall work with the Area Agency and/or case management provider to make appropriate arrangements with the client and/or family for transfer to another agency, institutional placement, or other appropriate care.
- (4) The provider shall continue to provide care in accordance with the service plan for the 21 day notice period or until alternate arrangements can be made, whichever occurs first, unless staff providing in-home services are at immediate risk of harm.

§308.11 Staffing.

Providers of personal care services shall have sufficient numbers of qualified staff, as required by the Department of Human Resources rules and regulations, and/or the Division of Aging Services service requirements, to provide services specified in the service agreements with clients. Agencies providing personal care services shall adhere to all requirements regarding staffing and supervision as stated in the rules of the Department of Human Resources Public Health, Chapter 290-5-54, regarding the licensure of Private Home Care Providers. The provider may employ personal care assistants to perform personal care tasks. These staff qualify for employment in this capacity upon:

- (a) successful completion of nurse aide training and competency evaluation program; *or*
- (b) successful completion of a competency examination for nurse aides recognized by the Department; *or*
- (c) successful completion of a health care or personal care credentialing program recognized and approved by the Department; *or*
- (d) successful completion or progress toward the completion of a 40-hour training program provided by a private home care agency. See §308.12.(b) for training course content.

§308.12 Orientation and training requirements.

The provider agency shall provide services with personnel who meet the qualifications and competencies to perform requested and agreed upon services of the client or family. The agency shall arrange or provide forty (40) hours of core training to personal care assistants who have not completed a course of licensure or certification as described in §308.11(a)-(c).

Those staff for whom this training is appropriate shall complete the initial twenty (20) hours of the coursework before beginning to work with clients and the remaining twenty hours (20) within six (6) months of the date the training first began.

- (a) The provider agency is responsible for the following:
 - (1) providing an orientation for personnel to their job responsibilities including, but not limited to:
 - (A) agency policies and procedures;
 - (B) orientation to the philosophy and values of community integration and consumer-driven care;
 - (C) recognizing changes in the client's health condition indicating the need for emergency procedures or health services;
 - (D) agency code of ethics and employee conduct;
 - (E) client rights and responsibilities;
 - (F) the agency's complaint handling process;
 - (G) the process for reporting client progress and problems to supervisory staff, including suspected cases of abuse, neglect or exploitation;
 - (H) the employee's obligation to inform the employer of known exposure to tuberculosis and hepatitis, or any other communicable disease.
 - (2) maintenance of documentation to demonstrate that an individual is able to perform the services for which s/he is responsible; and
 - (3) assuring that the staff responsible for directing/providing training meet minimum qualifications.¹⁰
 - (4) requiring each employee after the first year of employment to participate in a minimum of *eight clock hours annually* of in-service or additional training or instruction as appropriate.¹¹

¹⁰ Rules and Regulations of the State of Georgia, §290.5.54.-09(5) and (6)

¹¹ Rules and Regulations of the State of Georgia, §290.5.54.-09 (6)(b)

- (b) The provider agency may provide the training directly or assist employees in locating and attending the appropriate training. Additional training should better prepare the employee to meet the needs of the client and support accomplishment of service outcomes. Specific training content for personal care assistants includes, but is not limited to:
 - (1) assisting with ambulation and transfer of clients, including positioning;
 - (2) assistance with bathing, toileting, grooming, shaving, dental care, dressing and eating;
 - (3) basic first aid and adult cardiopulmonary resuscitation (CPR);
 - (4) caring for clients with special conditions and needs, so long as the services provided are within the scope of tasks authorized to be performed by demonstration;
 - (5) home safety and sanitation;
 - (6) infection control in the home;
 - (7) medically related activities, including taking vital signs;
 - (8) proper nutrition for older persons, with emphasis on nutritional supports for chronic disease states.
- (c) The training program shall be conducted under the direction of a licensed registered nurse, or a health care professional with education and experience commensurate with that of a licensed registered nurse, at a minimum.

§308.13 Administrative requirements.

- (a) The provider shall establish and implement written policies and procedures that define the scope of the personal care services it offers and the type(s) of clients to be served.
- (b) Provider agencies shall maintain accurate administrative, fiscal, personnel, and client case records that shall be accessible and available to authorized representatives of the Area Agency on aging, the Division of Aging Services, the Department of Human Resources, and others as required by law.
- (c) Providers shall assure that all prospective employees are screened through the state criminal records investigation process.¹²

¹² Georgia Department of Human Resources Human Resource/Personnel Policy #504, O.C.G.A. §35-3-38, §49-2-14, and §31-7-350 *et seq.*; Criminal Code of Georgia O.C.G.A., Title 16; Code of Federal Regulations 42, IV, §438.420 (d) (1) (iii).

- (d) Service agreements. No provider shall offer to contract for or provide a client any personal care service that it cannot reasonably expect to deliver.
- (1) Each provider shall develop and implement policies and procedures for service agreements. All services provided to a client shall be based on a written service agreement entered into with the client or the client's responsible party. The agreement shall include:
 - (A) Date of referral (date on which the provider received the specific referral to provide personal care services to an individual client);
 - (B) Date the provider makes initial contact with the client for services;
 - (C) Description of services/activities needed, as stated by the client or responsible party;
 - (D) Description of the services to be provided, staff to be assigned, expected duration and frequency of services;
 - (E) Agency charges for services rendered (if applicable), and whether the charges will be paid in full or in part by the client or family; methods of billing and payment;
 - (F) Any special arrangements required for providing supplies, equipment, assistive devices;
 - (G) Information about the client's/family's opportunity to contribute voluntarily toward the cost of services;
 - (H) Client's acknowledgement of receipt of "Client's Rights and Responsibilities" written notification.
(See Appendix 308-A for listing of rights and responsibilities);
 - (I) A telephone number for the provider which the client can call for information, questions, or to file complaints about the services supplied by the provider and information regarding supervision by the agency of the services to be provided;
 - (J) The telephone number of the state licensing authority (DHR) for information and filing of complaints which have not been resolved satisfactorily at the local level;

- (K) Signatures of the provider's representative and the client or responsible party and date signed; or in the case of refusal to sign, such refusal shall be noted on the agreement with an explanation from the provider's representative.
- (2) Providers shall complete service agreements for new clients *not later than the second visit to the client's residence to provide services, or not later than seven calendar days after services initially are provided in the residence, whichever date is earlier.* If unable to complete the service agreement for good cause, the provider will document the reasons in the client record. Subsequent revisions to the initial service agreement may be indicated by the provider noting in the client record the specific changes in service (e.g. addition, reduction or deletion of services; changes in duration, frequency or scheduling; changes in charges for service.) that will occur, documentation that changes were discussed with and agreed to by client/responsible party, who signed the initial agreement prior to the changes occurring.
- (3) The client, or his/her representative, has the right to cancel any service agreement at any time and shall be charged only for actual services rendered prior to notifying the provider of cancellation. The provider may assess a reasonable charge for travel and staff time if notice of cancellation is not provided in time to cancel a previously scheduled home visit for service delivery.
- (e) The provider agency shall maintain appropriate and adequate liability coverage on all employees who are connected with the delivery and performance of personal care services.
- (f) provider agency shall furnish adequate identification (ID) to employees who provide personal care services or who have direct contact with clients/caregivers.
 - (1) Each employee shall carry the ID and either wear it on his/her person or present it to the client/caregiver upon request.
 - (2) An adequate ID is one that is made of permanent materials and that shows the provider agency name, the employee's name, title, and a photograph of the employee.
 - (3) The provider shall issue the ID at the time of employment and shall require the return of the ID from each employee upon termination of employment.

- (g) The provider agency shall ensure that no personal care service worker is a member of the immediate family¹³ of the client/caregiver being served by that worker.
- (h) Each provider agency shall establish and enforce a code of ethics and employee conduct which is distributed to all employees and clients/families. The code shall provide for workers' use of bathroom facilities, and with the client's consent, allow workers to eat lunch or snacks, provided by the workers, in the client's home. The code of ethics shall include, at a minimum, prohibitions regarding:
 - (1) Consumption of clients' food or drink, except for water.
 - (2) Use of clients' telephones for personal calls.
 - (3) Discussion of one's own or others' personal problems, religious or political beliefs with the client.
 - (4) Bringing other persons, including children, not involved in providing care to the clients' homes.
 - (5) Solicitation or acceptance of tips or gifts in the form of money or goods for personal gain from clients/caregivers.
 - (6) Consumption of alcoholic beverages, or use of medicines or drugs for any purpose, other than as prescribed for medical treatment, in the clients' homes or prior to being present in the home to provide services.
 - (7) Smoking in clients' homes.
 - (8) Breach of the clients'/caregivers' privacy or confidentiality of information and records.
 - (9) Purchase of any item from the client/caregiver, even at fair market value.
 - (10) Assuming control of the financial or personal affairs, or both, of the client or his/her estate, including accepting power of attorney or guardianship.
 - (11) Taking anything from the client's home.
 - (12) Committing any act of abuse, neglect or exploitation.

¹³ Immediate family is defined as a parent; sibling; child by birth, adoption, or marriage; spouse; grandparent; or grandchild.

- (i) Agency Administrator. The governing body shall appoint an administrator who shall have full authority and responsibility for the operation of the provider organization and who meets the minimum qualifications of the Rules and Regulations of the State of Georgia, §290.5.54.-09(3).
- (j) Record keeping.
 - (1) Client records. Providers shall maintain separate files, in a manner specified or approved by the Division, containing all written records pertaining to the services provided for each client served, including, at a minimum, the following:
 - (A) Assessment and reassessment documentation, gathered through the use of instruments or inventories specified or approved by the Division of Aging Services ;
 - (B) Identifying information including the name, address, telephone number of the client/responsible party, if applicable, and emergency contact information.
 - (C) Current service agreement;
 - (D) Current service plan;
 - (E) Documentation of tasks performed by personal care staff.
 - (F) Documentation of findings of home supervisory visits , unless reflected in the service plan.
 - (G) Any material reports from or about the client that relate to the care being provided, including items such as progress notes and problems reported by employees of the provider agency; communications with personal physicians or other health care providers; communications with family members or responsible parties, and any other pertinent information.
 - (H) The names, addresses and telephone numbers of the client's personal physicians, if any;
 - (I) The date of the referral.

- (J) Any and all additional information requested or required by the Division.
- (2) Retention and confidentiality of client records.
 - (A) Providers shall establish and implement written policies and procedures for the maintenance and security of client records, specifying who shall supervise the maintenance of records; who shall have custody of records; to whom records may be released and for what purposes. {Also see §308.13(j)(2)(C).}
 - (B) At a minimum, providers shall retain client records for five years from the date of the last service provided.
 - (C) Providers shall maintain the confidentiality of client records. Employees of the provider shall not disclose or knowingly permit the disclosure of any information in a client record except to other appropriate provider staff; staff of other service provider agencies, on a need to know basis, including case managers from case management agencies who are coordinating all services for clients; the client; the responsible party (if applicable); the client's physician or other health care provider; the Department of Human Resources; the Division of Aging Services; other individuals authorized by the client in writing, or by subpoena.
- (3) Personnel records. Providers shall maintain separate written records for each employee, including the following:
 - (A) Identifying information: name, address, telephone number, emergency contact person(s);
 - (B) Employment history for previous five years or complete history if the person has not been employed for five years;
 - (C) Documentation of qualifications;
 - (D) Documentation of a satisfactory tuberculosis screening test upon employment and annually thereafter;
 - (E) Date of employment;
 - (F) Individual job descriptions or statements of persons' duties and responsibilities;

- (G) Documentation of completion of orientation and training requirements.
- (H) Documentation of an annual performance evaluation, at a minimum;
- (4) Reports of complaints and incidents. Providers shall maintain:
 - (A) files of all documentation of complaints submitted in accordance with Rules and Regulations of the State of Georgia;
 - (B) all incident reports or reports of unusual occurrences (falls, accidents, etc.) that affect the health, safety and welfare of the clients, for a minimum of five years;
 - (C) documentation of action taken by the provider to resolve clients' complaints and to address any incident reports or unusual occurrences.

§308.14 Mandatory reporting of suspected abuse, neglect or exploitation.

All staff of personal care service provider agencies involved in the direct care of clients in their homes, or supervision of direct care workers, are mandated reporters according to state law¹⁴ and shall be familiar with and be able to recognize situations of possible abuse, neglect or exploitation or likelihood of serious physical harm to persons receiving services. Staff are responsible for following agency procedures for reporting suspected abuse, neglect or exploitation to the appropriate law enforcement agency, prosecuting attorney, or county department of family and children services. The provider agency shall develop procedures for personal care assistants to communicate such situations for reporting through appropriate supervisory channels.

§308.15 Service Availability

Providers of personal care services shall assess the needs of consumers in the communities in which services are provided to determine the extent to which consumers need services outside of regular business hours, on weekends and on holidays, and incorporate into business plans strategies to expand capacity to meet those needs. Providers may establish differential unit costs for services provided outside of core agency hours, if the provision of such service actually results in an increased cost to the agency.

¹⁴ O.C.G.A. 30-4, "Protection of Disabled Adults and Elder Persons."

**§308.16 Provider Quality Assurance
and Program Evaluation.**

- (a) The Area Agency on Aging shall assure that each provider of personal care services shall develop and implement an annual plan to evaluate and improve the effectiveness of program operations and services to ensure continuous improvement in service delivery. The provider shall include direct care workers and supervisory staff in the evaluation process and in the development of improvement goals and strategies.
- (b) The evaluation process shall include, but not be limited to:
 - (1) a review of the existing program's operations.
 - (2) satisfaction survey results from participants and their families (when involved), and job satisfaction survey results from staff.
 - (3) an assessment of achievement of client outcomes;
 - (4) program modifications made that responded to changing needs of participants and staff.
 - (5) proposed program and administrative improvements.
- (c) Each contracting organization shall prepare and submit annually to the Area Agency on Aging a written report which summarizes evaluation findings, improvement goals and implementation plan. The report shall be submitted no later than the end of the first quarter of the new fiscal year (September 30.)

§308.17 Fiscal Management

Contractors providing personal care services shall practice sound and effective fiscal planning and management, financial and administrative record keeping and reporting. Contractors will use the Division's Uniform Cost Methodology on an annual basis to analyze, evaluate and manage the costs of the program.

**§308.18 Quality Assurance and
Compliance Monitoring**

The Area Agency on Aging and the Division of Aging Services periodically will monitor and evaluate personal care service program performance to determine the degree to which defined program outcomes and objectives, and individual client outcomes, have been or are being accomplished. The Area Agency shall monitor for compliance with these and any other requirements not reviewed by any other entity and evaluate contract agency performance on at least an annual basis. The AAA shall provide written feedback to contractors on the findings, and technical assistance for continuous quality improvement. The AAA will take into account the findings of the contractor's self-evaluation.

Effective Date:

Upon Issuance. AAAs shall assure that providers subject to the requirements receive a copy of this chapter in a timely manner and shall allow providers a reasonable period of time to make adjustments to comply.

Appendix 308-A
Client Rights and Responsibilities
and
Complaint Resolution

Providers of personal care services shall establish and implement written policies and procedures outlining the rights and responsibilities of clients. Client rights and responsibilities include:

1. The right to be informed about the plan of service and to participate in the planning process.
2. The right to be promptly and fully informed of any changes in the plan of service.
3. The right to accept or refuse service.
4. The right to be fully informed of the charges for service, if applicable.
5. The right to be informed of the name, business telephone number and business address of the person supervising the services and how to contact that person.
6. The right to be informed of the complaint procedures; the right to submit complaints without fear of reprisal; and the right to have complaints investigated within a reasonable period of time. The complaint procedure shall include the name, business address, and telephone number of the person designated by the provider to handle complaints and questions.
7. The right of confidentiality of client records.
8. The right to have one's property and residence treated with respect.
9. The right to obtain written notice of the address and telephone number of the state licensing agency, with additional explanation of the Department's responsibility of licensing providers and investigating client complaint which appear to involve licensing violations.
10. The right to obtain a copy of the provider's most recently completed report of licensure inspection from the provider, upon request.
11. The responsibility of the client, and any responsible party, to advise the provider of any changes in the client's condition, or any events which affect the client's/caregiver's service needs.

Complaint resolution:

Providers shall describe in writing the manner in which complaints are to be handled and resolved. Policies shall include procedures for clients and others to present complaints about services, either orally or in writing. Procedures also shall indicate that complaints will be addressed and resolved in a timely manner. The provider shall supply all clients and responsible parties with the specific telephone number of the provider, for information, questions or complaints about services being delivered.