



Wyoming Home Services

Policies & Procedures Manual

Contents

Introduction to Wyoming Home Services.....	6
Definitions.....	7
Community Living Section	11
Provider Organizations	11
• Employees	11
• New Employee Orientation	11
• Access Care Coordinator (ACC).....	11
• SAMS Personnel	12
• Certified Nursing Assistant (CNA)	12
• Homemaker	12
• Hiring.....	13
• Department of Family Services (DFS) Central Registry Screen.....	13
• Background Check.....	13
Required Reporting	14
• Data Tracking	14
• SAMS Data Entry	14
• Quarterly Financial Reports.....	14
• Quarterly Program Reports	14
• Year End Close Out Report	14
Financials	15
• WyHS State Funds Amount	15
• Program Income	15
• Matching Funds	15
• In-Kind Funds	15
• Cost Capitation.....	15
• Sliding Fee Scale.....	15
• Client Fees:	15
• Direct Services	15
• Indirect Costs	16
Client Eligibility.....	17
• Eligibility for WyHS.....	17
• Aging Needs Evaluation Summary (AGNES)	17
• Exceptions.....	17

• Needs versus Wants	17
Local Policies	18
• Required Local Policies	18
• Adult Protective Services (APS) Policy	18
• Tips, Gratuities, and Gifts Policy	18
• Waiting List Policy and Procedure	18
• Emergency Preparedness Plan:	18
Services	19
• Care Coordination	19
• Personal Care	20
• Homemaking	20
• Respite Care	21
• Chore	21
• Personal Emergency Response System (PERS)	21
• Adult Day Care	22
• Hospice	22
• Home Modification	22
• Medication Setup	22
Legal Matters	23
• Legal Representatives	23
• Advanced Health Care Directives	23
Client Files & Documentation	24
• Client Files	24
• Service Documentation	24
• Accident & Incident Documentation & Reporting	25
• Signature	25
Forms	26
• AGNES (Required)	26
• Service Plan (Required)	26
• ICAN (Required)	26
• Change of Status (CoS) Form:	26
• Task Sheet (Required)	26
• Adult Nursing Assessment (Required)	27

• Nursing Delegation (Required)	27
• Competency Form (Required)	27
• Waiting List Form (Required).....	27
Client Resources.....	28
• Adult Protective Services (APS) Packets:.....	28
Suspension and Termination of Services.....	29
• Suspension of Wyoming Home Services	29
• Termination of Wyoming Home Services.....	29
• Thirty (30) Days No Services	30
• Dispute Process.....	30
Program Transfer	31
Confidentiality.....	32
SAMS' Services and Sub-services for Wyoming Home Services.....	33
• SERVICES.....	33
Service Category - Case Management - Service ~ Case Management (Care Coordination)	33
Service Category - Personal care - Service ~ Personal care.....	33
Service Category - Homemaker - Service ~ Homemaker	34
Service Category - Chore - Service ~ Chore.....	34
Service Category - Respite care - Service ~ Respite	34
Service Category - Adult Day Care (ADC) - Service Adult Day Care/Health.....	35
Service Category - NAPIS Other - Service ~ Hospice	35
Service Category - NAPIS Other - Service ~ Home Repair	35
Service Category - NAPIS Other - Service ~ Nursing	35
Service Category - NAPIS Other - Service ~ Personal Emergency Response Systems (PERS).....	35
Attachments.....	37
• Order of Attachments	37
Checklist for Completing the Central Registry Form for New Employees	37
Checklist for Completing the Background Check Card for New Employees	37
Executive Director Designation for Background Check Results	37
Central Registry Screen Form	37
SAMPLE WyHS Quarterly Financial Reporting Form.....	37
SAMPLE WyHS Quarterly Program Reporting Form	37
2017/2018 Slide Fee Scale	37
Aging Needs Evaluation Summary (AGNES)	37

WyHS Service Plan	37
Individual Comprehensive Ability of Needs (ICAN)	37
Change of Status Form (CoS) and Instructions	37
WyHS Task Sheet and Instructions	37
Adult Nursing Assessment	37
Nursing Delegation Form and Instructions	37
CNA/Homemaker Competency Form and Instructions	37
Monthly Report of Waiting Lists.....	37
Waiting List Care Coordination Instructions and Spreadsheet	37
Sample Discontinuation Letters	37
SAMS' Reports for 2018 Title III and WyHS Program Reports.....	37
Rules for Wyoming Home Services.....	37
Wyoming Statute § 9-2-1208	37

Introduction to Wyoming Home Services

The Wyoming Home Services (WyHS) program is mandated by the State Of Wyoming through W.S. § 9-2-1208. WyHS is fully funded by the State of Wyoming General Fund. Initially, termed the Community Based In-Home Services Program, WyHS was created to serve Wyoming's senior citizens and disabled adults eighteen (18) years of age and older. Priority is given to individuals at risk of premature or inappropriate institutionalization. WyHS is a social program, which can provide up to ten (10) services for eligible individuals. These services include: care coordination, personal care, homemaking, chore, respite, personal emergency response systems, adult daycare, hospice, home modification, and medication setup.

WyHS is granted out to one (1) provider in each county in Wyoming, totaling 23 providers throughout the State. Every four (4) years the program is put out for a competitive application. Year's two (2) through four (4) are continuation grant years, in which the organization who is awarded the grant in the competitive year, houses and maintains the program.

In order to apply to be a provider for Wyoming Home Services in Wyoming, an organization shall apply during the competitive grant year. At that time, public notices are published in statewide newspapers. Organizations then request an application, based upon the instructions of the public notice, in order to apply. If there is more than one applicant in a county, a team of individuals shall be gathered to score the applications submitted and the grant funds shall be awarded to the highest scoring applicant.

When an organization applies to become a provider of WyHS in their county, they select which services they are going to provide. The one (1) mandatory service to be provided is care coordination. The organization shall employ an individual who is trained by the division to serve as an Access Care Coordinator (ACC) to provide the care coordination services. Access care coordinator training is provided by the Division at least one time per year, with individualized trainings available as needed throughout the year.

In order to be eligible for the WyHS program, potential clients shall be at least eighteen (18) years of age, determined through an ongoing assessment (AGNES) to be at-risk of premature institutionalization, and be in need of program services. No person shall be denied services based upon their inability to pay for services. Payment for services is based upon a sliding fee scale and a mutual agreement between the client of services and the provider of services. Any payment collected shall be considered program income.

Definitions

Access Care Coordinator. A person certified by the Wyoming Department of Health, Aging Division, Community Living Section to provide care coordination services for the Wyoming Home Services program.

Adult Day Care. A community based group program designed to meet the needs of adults with physical or mental disabilities through an individual activity care plan. It is a structured, comprehensive program that provides a variety of health, social, and related support services in a protective setting during any part of a day, but less than 24-hour care.

At-risk. An individual unable to perform normal daily tasks independently due to multiple problems which can include, but are not limited to physical, emotional, or cognitive functioning, environment, abuse or neglect.

Capitation. A cost containment measure which places spending limits on community based in-home services funding for each client.

Care Coordination. A set of logical steps and processes of interaction within a service network which assure that a client receives needed services in a supportive, effective, efficient, and cost effective manner.

Central Registry. Means the registry maintained by the Wyoming Department of Family Services pursuant to W.S. §14-3-213, which indexes perpetrators of child abuse or neglect and abuse, exploitation or abandonment of disabled adults.

Certified Nursing Assistant. A person who is currently certified by the Wyoming State Board of Nursing.

Change of Status. A significant change of status includes, but is not limited to, if a client goes into the hospital for more than 24 hours, if a client moves, if a client's home has an infestation, the WyHS provider is informed that a client 'isn't doing well', a client's needs change, etc.

Chore. Chore services may include snow removal, yard maintenance, deep cleaning of household appliances or other services per the discretion of the provider.

Client. An at-risk adult, age 18 or older, who is the client of Wyoming Home Services.

Client Evaluation. Interviewing and observing the client, usually in the client's home, in order to obtain information on the client's functional capacity, available personal and social support resources, perceived problems, and services currently received from formal or informal sources.

Continuing Education Booklet (CEU Booklet). The form in which ACC's shall document and track education related to their work as an ACC.

Days. Calendar days.

Department. The Wyoming Department of Health.

Disability. Per the ADA Amendments Act of 2008, a physical or mental impairment that substantially limits one or more major life activities.

Division. Aging Division.

Evaluation. Determining the status of the client for service (s) that can be addressed by the program. This shall be completed as specified by the Division.

Financial Year. An accounting period of twelve months starting July 1 through June 30.

Grantee. An organization that provides services outlined in an approved grant funded by the Division.

Health Evaluation. An evaluation of a client's medically related needs by a physician, physician extender or licensed nurse.

Heavy Housework. Examples include but are not limited to moving heavy furniture, washing windows, cleaning baseboards, cleaning the floor on hands and knees, shampooing carpets, deep cleaning of kitchen appliances, cleaning overhead light fixtures & fans, cleaning & organizing cupboards & closets.

Homemaker. A person who assists with environmental services such as, but not limited to, light housekeeping, basic meal preparation, shopping, and laundry. Homemakers do not provide personal care.

Home Modifications. Minor modifications that are necessary to facilitate the ability of at-risk adults to remain in their homes and that are not available under other programs. A maximum of three hundred dollars (\$300) per client per year may be expended under this program for such modifications.

Hospice. A program for the terminally ill and their families given in a home or health facility which provides medical, palliative, psychological, spiritual, and supportive care and treatment.

Immediate Family. A person such as a spouse, parent, stepparent, parent-in-law, child, stepchild, child-in-law, sibling, half-sibling, stepsibling, sibling-in-law, grandparent, step-grandparent, grandparent-in-law, and grandchild.

Level of Care. Level of services a client may need such as in home, intermediate, or institutional.

Light Housekeeping. Services such as sweeping, vacuuming and mopping floors, dusting, cleaning in the areas used by the client which are essential to the client's maintaining a sanitary home.

Local Match. Local funds raised by the provider to be used to match state funds within the provider's budget.

Medication reminder. Per Chapter 7 of the WY State Board of Nursing, a CNA may perform the following, reminding the client to take medication, assisting with the removal of a cap or blister pack, assisting with the removal of a medication from a container for a client with a disability which prevents independent performance of this act, observing the client take the medication, applying topical ointments to intact skin, inserting Dulcolax & glycerin suppositories rectally.

Medication setup. A licensed pharmacist or licensed nurse can administer medications into a client's medication box.

Outreach. Identifying and establishing contact with persons who need the services provided by the program.

Personal Care. Activities include, but are not limited to, bathing, grooming, feeding, ambulating, exercising, oral hygiene, and skin care.

Personal Emergency Response System (PERS). An electronic device worn by the client to summon emergency help.

Physician Extender. Physician Assistant (PA) and/or Advanced Practitioner of Nursing.

Respite Care. Temporary, substitute supports to provide a brief period of relief for caregivers.

Senior Citizen. Any person 60 years of age or older.

Service Plan. Documentation of the services that shall be provided to meet the needs and goals of the client.

Service Unit. One hour of direct service provided to the client with the exception of PERS. One service unit for PERS is defined as an initial hook-up, the monthly service, or the termination of service.

Sliding Fee Schedule. Payment for services rendered to eligible clients based on the ability to pay.

Unable. Lacking the necessary ability to pay client fees for WYHS services.

Unsafe. Threatening, dangerous or posing physical or emotional harm.

Unshalling. Opposed to paying the client fees for WYHS services.

Community Living Section

The Community Living Section (CLS) is a section within the Wyoming Department of Health's Aging Division. The CLS houses multiple programs, primarily under the direction of the Older Americans Act Reauthorization of 2016.

Provider Organizations

Once a provider organization is awarded the Wyoming Home Services grant funds, they shall begin to serve Wyoming's eligible citizens.

Employees

The provider organization shall hire and train the appropriate staff to provide services. All care coordinators, homemakers, CNA's, and nurses shall be covered by liability insurance and bonding.

- ***New Employee Orientation:*** All staff shall have a general orientation completed during the first week of employment and prior to direct client contact, documentation of this orientation shall be kept in each employee's personnel file. This orientation shall include, but is not limited to, the following areas as related to job responsibilities:
 - Confidentiality;
 - Client rights and responsibilities;
 - Vulnerable adult abuse and reporting procedures;
 - Communication;
 - Documentation;
 - Understanding and working with various client populations; and
 - Understanding basic human needs.
- ***Access Care Coordinator (ACC):*** The provider organization shall employ a certified ACC, duties are detailed in the 'Services' section under 'Care Coordination'. In order to become an ACC, a person shall attend an ACC training sponsored by CLS and meet the following qualifications:
 - Be at least 21 years of age;
 - Have a high school diploma or GED;
 - Meet at least one (1) of the following criteria:
 - Have completed at least forty-eight (48) semester hours or seventy-two (72) quarter hours of post-secondary education in a related field;
 - Have at least two (2) years of experience in social services working with the elderly or people with disabilities.

Following initial certification, an ACC shall maintain certification by completing twelve (12) contact hours of job related continuing education each financial year. Each year, the WyHS program manager shall provide the ACC's with a continuing education booklet (CEU booklet). This booklet shall have a place for the ACC to track all continuing education completed in the previous year. Each educational event shall be verified by certificate of attendance, signature from presenter, or signature from the provider

organization director. The CEU booklet is due every June at the end of the fiscal year. The original CEU booklet shall be provided to the WyHS program manager. Specific due dates shall be stated on each year's booklet. If a new ACC begins employment during the middle of a year, the contact hours of job related education shall be prorated to 1 contact hour per month of employment for that year.

- *SAMS Personnel:* The provider organization shall employ a person to input all Wyoming Home Services data into the Social Assistance Management Software (SAMS) program. SAMS personnel shall have a license to access the program and shall be trained by CLS staff. The CLS shall purchase one (1) SAMS license per provider organization, if the provider organization wishes to obtain more than one (1) license, they have the opportunity to purchase licenses.
- *Certified Nursing Assistant (CNA):* If the provider organization intends to provide personal care to eligible clients, then a CNA shall be the person providing that service. CNA's shall follow the rules and regulations promulgated by the Wyoming State board of Nursing pursuant to its authority under W.S. § 33-21-119 thru W.S. § 33-21-156 and the federal requirements (Public Law 100-203). A CNA hired to provide personal care shall have a current license, in good standing, through the Wyoming State Board of Nursing. This CNA shall also have the home health aide training component of their licensure. Licensure and home health aide training can be verified on <https://nursing-online.state.wy.us/Verifications.aspx>. In following the Wyoming State Board of Nursing regulations, a CNA shall be supervised by a licensed nurse. Additional information on the Wyoming State Board of Nursing rules and regulations can be located at <https://nursing-online.state.wy.us>. Any questions regarding nursing rules, regulations, or licensure shall be directed to the Board of Nursing.
- *Homemaker:* If the provider organization intends to provide homemaking services to eligible clients, then a homemaker shall be employed. Minimum requirements for a homemaker are the following:
 - Eighteen (18) years of age and older;
 - High school diploma, General Educational Development (GED) Test;
 - Valid driver's license and access to reliable transportation;
 - Physical ability to perform required tasks;
 - Absence of any felony or misdemeanor convictions related to abuse, neglect, exploitation, intimidation, or abandonment.

A homemaker shall have a minimum of eight (8) hours of the following training, in the following areas, before any client assignment:

- General staff orientation as specified in Section 9 of WyHS rules;
- Documentation responsibilities;
- Practical knowledge and skills in homemaking;
- Maintaining a clean, safe, and healthy environment.

Homemakers shall be evaluated by the ACC at least every one-hundred eighty (180) days, at which time the competency form is completed. For additional information on the competency form, please see the 'Forms' section of this manual.

- *Chore Personnel:* If the provider organization intends to provide chore services to eligible clients, then a chore personnel shall be employed or the services may be secured via a subcontractor.

Hiring

When hiring individuals to provide Wyoming Home Services to eligible clients, the provider organization shall first do the following:

- *All WyHS Employees:* Prior to working independently in a client's home, the provider organization shall obtain written documentation of at least two (2) character references from a previous employer, if any, or other knowledgeable and objective sources.
- *Wyoming State Board of Nursing Licensure Verification:* For all personnel that are licensed by the Wyoming State Board of Nursing (BON), the provider organization shall verify that the individual is in good standing with the BON.
- *Department of Family Services (DFS) Central Registry Screen:* The provider organization shall fill out the DFS form and submit according to the stated instructions. Prior to the employee working unsupervised, a clear Central Registry Screen shall be returned to the provider organization. The Central Registry Screen shall cost the provider organization \$10 per screening submitted. This fee is the responsibility of the provider organization. Detailed information regarding this process is provided in the 'Forms' section of this manual. The process of completing a central registry screen is detailed on the attached form titled '*Checklist for Completing the Central Registry Form for New Employees*'.
- *Background Check:* It is required, beginning July 1, 2015, by the Community Living Section that all employees working directly with clients of Wyoming Home Services have a completed background check. As stated in CLS rule for the WyHS program, "No Licensed Nurse, CNA, or Homemaker/Chore personnel shall have been convicted of a felony or a misdemeanor related to abuse, neglect, exploitation, or abandonment of adults or children." The provider organization is responsible for the cost of the completion of a fingerprint card, CLS shall pay for the cost of the background check. Background checks shall be handled and processed by the director of the provider organization, unless the director of that organization has completed the '*Executive Director Designation for Background Check Results*' in order to designate an employee to handle and process background checks. The process of completing a background check is detailed on the attached form titled '*Checklist for Completing the Background Check Card for New Employees*'. All forms referenced in this section are located in the 'Attachments' section of this manual.

Required Reporting

Data Tracking

There are multiple ways in which the services provided through Wyoming Home Services are tracked and subsequently reported to CLS. The initial copy of the financial and program reports shall be mailed to the program manager by the due date. If revisions are submitted, then providers may scan and email a copy, provided that the scanned copy is in color.

- ***SAMS Data Entry:*** All services provided through Wyoming Home Services are expected to be entered into the SAMS program by the 8th working day of the month. Much of the information requested on the quarterly financial reports and the quarterly program reports is pulled from the SAMS program. Please refer to the SAMS section of this manual for additional information.
- ***Quarterly Financial Reports:*** Based upon the state financial year, from July 1 to June 30, financial reports shall be submitted to the CLS, WyHS program manager quarterly. The quarterly financial reports are created by the CLS Program Manager and given to the provider prior to the report due date. The due dates are approximately as follows:
 - October 15
 - January 15
 - April 15
 - July 15
- ***Quarterly Program Reports:*** Also, based upon the state financial year, from July 1 to June 30, program reports shall be submitted to the CLS, WyHS program manager quarterly. The quarterly program reports are created by the CLS Program Manager and given to the provider prior to the report due date. The due dates are approximately as follows:
 - October 15
 - January 15
 - April 15
 - July 15
- ***Year End Close Out Report:*** This report is only used when a year-end payment and/or adjustment is required. The CLS Program Manager shall create and provide this form to the provider organization included with the quarterly financial report file. Upon the submission of the fourth quarter financial report, the program manager shall make a close out payment if matching funds have exceeded the 5% and state funds are remaining. Following the receipt of this payment, the provider organization shall submit the completed close out report to the WyHS Program Manager.

Financials

When a provider organization submits an application for WyHS grant funds, it is required that the organization turn in a full, detailed proposed budget for all funds that shall be used for the program. This includes the requested state funds, local funds, projected program income, in-kind, and any other sources of funds that shall be used for WyHS.

- *WyHS State Funds Amount:* Each provider shall be notified of the allotted amount of WyHS state funds they can request. This shall be done when the grant application is sent out to all providers, in the spring of each year.
- *Program Income:* Funds that are paid by WyHS program participants for the services they are receiving. These funds shall be used first, before any other funds, to supplement the WyHS program.
- *Matching Funds:* Each provider organization shall provide at least five (5) percent of the contracted amount, based on actual expenses, to be applied as a local match for its budget. For example, a provider shall match \$5000 for a WyHS grant amount of \$100,000, totaling at \$105,000 to be spent on the WyHS program. Matching funds may include non-federal public or private funds, cash, WSSB funds, or in-kind. Funds used for match in the WyHS program may not be duplicated as match in any other programs. Matching funds shall be accrued and reported, via the monthly financial report, on a monthly basis.
- *In-Kind Funds:* In-kind funds are the value of personnel, goods, and services for which the provider organization does not actually pay. Provider organizations shall document the contributed resource value amount.
- *Cost Capitation:* A cost containment measure which places spending limits on WyHS funding for each client. Each provider organization shall have a cost capitation policy for the Wyoming Home Services program.
- *Sliding Fee Scale:* WyHS providers shall utilize the Division's sliding fee scale to determine an agreed upon amount that the client is able to pay for services. This is updated and provided yearly at the ACC training. The agreed upon amount shall be stated on the service plan and signed by the client and the ACC. Such fees shall be considered program income.
- *Client Fees:* Clients paying a fee for services shall be provided with monthly statements regarding the number of service units and the agreed upon fee for services. After 60 days, if a client has not paid the amount on the statement, that statement shall be zeroed out. Provider organizations shall not use legal means or collections to recover funds on unpaid statements. Clients shall not be denied services based upon an inability to pay. If the client is unable to pay the agreed upon amount, the client shall notify their ACC of their inability to pay, at which time the ACC and client shall determine a new agreed upon amount. At this time a Change in Status form shall be filled out, reflecting the new agreed upon amount.
- *Direct Services:* Direct services shall account for at least 70% of WyHS grant funds. Direct services are directly related to delivering goods, services or work effort to clients or customers of the WyHS program. Direct costs generally include: salaries or wages

including vacations, holidays, sick leave and other excused approved absences of employees, other employee fringe benefits allocable on direct labor employees, consultant services contracted to accomplish specific WyHS grant/contract objectives, travel of direct labor employees, materials, supplies and equipment purchased directly for use on the WyHS grant, and communication costs such as long distance telephone calls identifiable with the WyHS grant.

- *Indirect Costs:* Indirect costs shall not exceed 30% of the WyHS funding amount. Represent the expenses of doing business that are not readily identified with the WyHS grant. Indirect or administrative costs generally include: general administration and expenses, such as the salaries and expenses of executive officers, personnel, administration and accounting, depreciation or use allowances of buildings and equipment, costs of operating and maintaining facilities, audit expenses, computing services, utilities, or custodial services.

Client Eligibility

W.S. § 9-2-1208 states that ‘The department of health shall administer a state program to provide community based in-home services for Wyoming senior citizens and disabled adults eighteen (18) years of age and older. Priority shall be given to persons at risk of placement in nursing homes, assisted living or other institutional care settings. The program may serve persons who are not senior citizens if the program’s services are needed to avoid institutional placement.’

- *Eligibility for WyHS:* In order to be eligible for the Wyoming Home Services program, a potential client shall be at least 18 years of age, determined through an ongoing assessment, to be at-risk of premature institutionalization and be in need of program services.
- *Aging Needs Evaluation Summary (AGNES):* The AGNES is the division’s initial evaluation and level of care tool used to determine eligibility for the WyHS program. Within the AGNES are the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) scales. Potential clients are eligible for WyHS if they have 2 areas of need on either of these scales or between the two scales.
- *Exceptions:* Potential clients may still be eligible, even if they do not meet two (2) area of need requirement, if they have a need for services to prevent inappropriate or premature institutionalization. This is determined on a case by case basis, at the discretion of the ACC. The ACC’s may also contact the WyHS program manager for additional direction and guidance.
- *Needs versus Wants:* Services provided by the WyHS program are to serve the needs of Wyoming’s eligible populations, not necessarily the wants.

Local Policies

Local policies are policies that provider organizations have put into place to govern day to day business. Each provider organization may have multiple local policies that they follow. The CLS requires a provider to maintain the following local policies:

Required Local Policies

- ***Adult Protective Services (APS) Policy:*** Each provider organization shall have an APS policy in place. This policy shall define what abuse, neglect, and exploitation are and provide a process in which employees shall follow if they suspect abuse, neglect, or exploitation of a Wyoming Home Services client.
- ***Tips, Gratuities, and Gifts Policy:*** Staff members who are employed with the Wyoming Home Services program are prohibited from accepting any and all individual gratuities, gifts, property, tips, or other incentives from the consumer or the consumer's family. Under no circumstances shall it be acceptable for any staff to accept cash or cash equivalent as an individual gift, gratuity or additional payment for services. Each funded contractor shall develop a written policy and procedure to enforce this policy.
- ***Waiting List Policy and Procedure:*** It is the responsibility of each provider to establish a written policy on waiting list procedures. This policy shall include how a client is added to the waiting list, how a client comes off the waiting list, and if a client is not ready to come off the list, where does that client go on the list.
- ***Emergency Preparedness Plan:*** Each provider shall have an emergency preparedness plan, both for the place of business and when in the WyHS client home, in which all CNA's, Homemakers, and ACC's shall be trained. A disaster or emergency may be a local, community, regional, or statewide event. Disasters or emergencies may include, but are not limited to:
 - Tornadoes;
 - Fires;
 - Floods;
 - Blizzards;
 - Power outages;
 - Vehicle wrecks;
 - Declared health crises.

Services

Each provider organization has the opportunity to provide up to ten (10) services under the Wyoming Home Services program. These Services are care coordination, personal care, homemaking, chore, respite, personal emergency response system, adult day care, hospice, home modification, and medication setup. The provider organization shall choose the services to be provided upon grant application completion. If a provider chooses to add another service to their grant during the provision of the grant year, the provider organization shall submit the following: (1) a request to do so in writing, signed by the director and board chair, (2) the appropriate updated service pages from the grant application, and (3) the updated budget pages, if necessary.

WyHS services shall not be performed in nursing homes, intermediate care facilities, assisted living facilities, or group homes. There shall not be any duplication of services. Clients may receive services from other programs, but WyHS services shall never be performed at the same time as similar services from other programs. **Clients shall be present during the provision of all WyHS services.**

- *Care Coordination:* A set of logical steps and processes of interaction within a service network which assures that a client receives needed services in a supportive, effective, efficient, and cost effective manner. Care coordination is a mandatory service. Every client receiving Wyoming Home Services shall receive care coordination services. Care coordination shall be provided by a certified access care coordinator.
 - *Waiting List Care Coordination:* The time that an Access Care Coordinator spends with potential WyHS clients prior to being on the WyHS program. This may include discussing services, evaluating, the sliding fee scale, completing paperwork, etc. The time that an ACC spends conducting waiting list care coordination can be tracked in SAMS, under Case Management, once that client begins receiving WyHS services.
 - *Initial Evaluation:* The ACC shall determine initial eligibility using the AGNES. The ACC shall work with the new client to complete the entire AGNES form. At this time, pages one (1) through five (5) shall be completed. The new client shall have at least two (2) areas of need in the ADL and/or IADL area. If a client does not meet this requirement, he or she shall have a need for services to prevent inappropriate or premature institutionalization. This initial evaluation is valid for one (1) calendar year, at which time a new, full AGNES shall be completed. A service plan shall be developed based upon the needs identified in the AGNES.
 - *Service Plan:* Based upon the completed AGNES, needs are identified. At this point the ACC shall complete a service plan based upon the identified needs. The service plan shall include the following information:
 - Start/End Dates of the authorized services
 - Name, address, phone number
 - Emergency contact information
 - ADL & IADL numbers and scores initially and for each quarter
 - Income information
 - Agreed upon fee for services
 - Services to be provided

- Functions of services to be provided
 - Frequency of services to be provided
 - Signature from client, ACC, and licensed nurse (if personal care, skilled nursing, or med setup services are needed)
- *Individual Comprehensive Ability of Needs (ICAN)*: The ICAN shall be completed by the ACC at the initial evaluation and yearly following. The ICAN is not used to determine eligibility. The ICAN establishes a baseline of the client's needs and abilities and indicates trends thereafter. The ACC shall utilize their professional skills, observations, and discussion with the client to complete the form. The client shall not fill out the ICAN. The ICAN is to be retained in the client's file in chronological order. The ACC shall then enter the client name, ICAN score and number of points per category in the ICAN spreadsheet, provided by CLS staff.
- *Quarterly Evaluation*: An evaluation of a client shall be made by the ACC, in the client's home, to evaluate the quality and need for services at least every ninety (90) days. During this evaluation, the ACC shall complete an ADL/IADL page, pages six (6), seven (7), or eight (8) of the AGNES. Adjustments in the service plan may be made at this time, as necessary. Clients receiving only care coordination and PERS services may have two (2) quarterly visits via telephone. Two (2) quarterly visits shall be completed in the client's home.
- *Significant Change of Status*: If a significant change of status occurs, the ACC shall complete a new AGNES, service plan, and ICAN. A significant change of status may include the following:
 - The client is hospitalized for more than twenty-four (24) hours
 - The client moves
 - The client's home has an infestation (bed bugs, mice, etc.)
 - The WyHS provider is informed that the client 'isn't doing well'
 - The client does not receive services for 30 continuous calendar days
 - The client's ADL or IADL number changes
- *Personal Care*: Activities include, but are not limited to, bathing, transferring, grooming, feeding, ambulating, exercising, oral hygiene, and skin care. Personal care is a hands on service and shall be performed by a Certified Nursing Assistant (CNA) or a licensed nurse. WyHS is a social model program, medical interventions such as colostomy care and catheter care are limited within the program. Per the Wyoming State Board of Nursing, under the supervision of a licensed nurse, a CNA may complete the following colostomy/catheter/ostomy care: clean and dry off a Foley catheter as part of routine peri-care; empty catheter bags; and empty ostomy bags. If there is any question regarding services to be provided by a CNA or licensed nurse, please refer to the Wyoming State Board of Nursing rules or contact them directly.
- *Homemaking*: Homemaking can be broken down into two different types, light housekeeping and shopping. Homemaking is a 'hands-off' service.
 - *Light Housekeeping*: This includes services such as sweeping, vacuuming and mopping floors, and dusting. Homemaking services shall only be completed for

the WyHS client, not others living in the home. Homemaking services shall not pose any health risk to staff. Homemaking does not include the following:

- Cleaning baseboards;
- Cleaning floors on hands and knees;
- Moving heavy furniture or objects;
- Climbing ladders;
- Washing windows;
- Washing walls or ceilings;
- More than one day accumulation of dishes;
- Shampooing carpets.

○ *Shopping*: Shopping shall be preapproved through the ACC and shall be authorized on the client's service plan. The provider organization shall maintain a local policy on how money is handled for shopping. The provider shall maintain a written record, according to local policy, of any forms of currency given to the homemaker for shopping purposes. This record shall include the date, amount given, items to be purchased, and the client and homemaker signatures. After the shopping is completed, change shall be returned to the client. The written record shall then include the amount of change returned and the client and homemaker signature.

➤ Shopping shall not include the pick-up of an eligible participant's prescription medication. This includes any medication that has the participant's name on the label, and requires an exchange at a pharmacy or doctor's office. Over-the-counter medications may be included as a part of shopping for WyHS services.

- *Respite Care*: A temporary substitute support provided to the WyHS client, in order to relieve the client's caregiver for a brief period of time.
- *Chore*: If chore services are needed in order to prevent premature institutionalization, WyHS funds can be used to provide the services or hire a sub-contractor to provide the chore services. Examples of chores include, but are not limited to, moving heavy furniture, washing windows, cleaning baseboards, cleaning the floor on hands and knees, shampooing carpets, deep cleaning of kitchen appliances, cleaning overhead light fixtures & fans, snow removal, yard maintenance, or other services per the discretion of the provider organization.
- *Personal Emergency Response System (PERS)*: This electronic device, worn by the client to summon emergency help, may be provided to WyHS clients in need of the service. The ACC shall verify that the PERS unit for each WyHS client receiving the service has been tested monthly. Documentation that the PERS unit was tested shall be kept in the client file. There are multiple ways in which an ACC can verify that the test was completed:
 - The ACC can go out to the client's home and test the PERS unit monthly
 - The ACC can monitor the activity report, provided by the PERS company, in order to verify that tests were completed within the month. If a test is shown as

Formatted: Font: Italic

Formatted

not completed within the month, then the ACC shall follow up and verify that the PERS unit is functioning properly

- CNA's or homemakers may test the PERS unit as a part of their homemaking or personal care duties while they are visiting a client. The CNA or homemaker shall be adequately trained on how to test the PERS unit. This shall be documented on the CNA/homemaker competency form. The task of testing the PERS unit shall be listed as a task on the client's task sheet.
- *Adult Day Care:* Adult day care is a community based group program designed to meet the needs of adults with physical or mental disabilities. If a provider chooses to offer this service, it shall be done through a certified Adult Day Care facility. Please refer to the Wyoming Department of Health, Aging Division, Office of Healthcare Licensure and Survey for more information <http://www.health.wyo.gov/ohls/index.html>.
- *Hospice:* A program for the terminally ill and their families given in a home or health facility. If a provider chooses to offer this service, it shall be conducted through a certified Hospice agency. Please refer to the Wyoming Department of Health, Aging Division, Office of Healthcare Licensure and Survey for more information <http://www.health.wyo.gov/ohls/index.html>.
- *Home Modification:* Minor modifications that are necessary to facilitate the ability of at-risk clients to remain in their homes and that are not available under any other programs. A maximum of three hundred dollars (\$300) per client, per year may be expended for such modifications. A visual inspection of the home shall be completed by the ACC to determine the client's need. If it is found that the requested home modification shall not be of direct benefit to the client, the provider shall deny the request. If the home is in poor condition and not structurally sound, the home modification shall not be approved. The approved home modification shall be documented on the client's service plan. When the modification is complete, the service plan shall be updated. In order to receive a home modification, a client shall meet the following criteria:
 - Must be currently enrolled in the WyHS program
 - Must own the home or receive prior written approval from landlord
 - Must demonstrate a need for a safer and/or adapted environment
 - The modification shall directly assist the client's ability to complete his or her ADL's or IADL's.
- *Medication Setup:* A licensed pharmacist or licensed nurse may place medications into a client's medication box or container, for easier administration at a later time. This service does not include medication administration, no exceptions.

Legal Matters

Access Care Coordinators shall not have guardianship or power of attorney of WyHS clients. If guardianship or power of attorney was previously established, the ACC shall not provide care coordination or direct services to that client. An alternate ACC shall need to provide services to that client. If there is no alternate ACC, the project director or designee shall assume the care coordination for that client.

- *Legal Representatives:* Legal representatives can be guardians, power of attorneys, etc. Legal representatives can sign on behalf of the client in the event the client is unable to sign WyHS documents. Legal representatives shall provide documentation, to the provider organization, such as power of attorney or guardianship documents before signing on behalf of the client. Any forms of documentation shall be notarized. A copy of the documentation shall be kept in the client file, with the document dated when received. Any updated documentation shall be kept in the client file in chronological order.
- *Advanced Health Care Directives:* If a WyHS client has documentation on his/her wishes regarding performing cardiopulmonary resuscitation (CPR), this documentation may be in the client file. It is the client and/or family's responsibility to make sure there is a document stating the client's wishes posted in the client's home in clear sight of any provider staff or EMS staff. If no document is posted in the home, provider staff may perform CPR. Providers shall have a policy regarding advanced directives, CPR, Comfort One, and WyoPOLST as to provide guidance to their staff.

Client Files & Documentation

All client files and documentations shall be kept for 6 years following client termination, according to HIPAA laws.

- *Client Files:* The provider shall maintain a file for each client receiving Wyoming Home Services. All CLS issued WyHS forms shall be kept in the client files, please see the 'Forms' section of this manual for additional information on each form. Each WyHS file shall be kept separate from any other client program file. Case files shall be confidentially maintained in a locked container or a locked room. A log shall be maintained stating each authorized staff member that has access. The room or container shall be locked when authorized staff are not present. All major activities related to the WyHS client shall be documented and recorded in the case file. This includes but is not limited to:
 - Initial referral documentation;
 - Signed copy of the Division's client rights and responsibilities (located on the back side of the service plan);
 - HIPAA documents;
 - Evaluation information;
 - Services provided;
 - Follow-up visits;
 - Changes in client status;
 - Service plan;
 - Service providers' notes;
 - Any related client information (i.e. – DNR, POA, etc.);
 - Information that is related to the coordination of care, communication, and client safety.
- *Service Documentation:* Staff providing direct services to clients shall document the services rendered and other information in order to aid in communication and coordination of services for the client, monitor service quality, and verify the work is done. This includes services rendered for the following:
 - Care coordination;
 - Personal care;
 - Homemaking;
 - Chore services;
 - Respite care;
 - Personal emergency response system;
 - Adult daycare;
 - Hospice;
 - Home modification, and;
 - Medication setup.

All documentation shall include date and time. Time shall be either in AM/PM or military time but the entire organization shall use the same method. Each time a staff member documents, the entry shall be authenticated with the appropriate signature(s). All documentation shall be completed with blue ink, white out shall never be used.

Entries shall be specific and objective. Opinions, complaints, and/or emotions are not to be included in client files. All staff shall be trained on proper documentation. Training for this is provided yearly at the Access Care Coordinator training and upon special request. All services billed for in SAMS shall have backup documentation.

- *Accident & Incident Documentation & Reporting:* All witnessed accidents and incidents (falls, etc.) shall be documented in an official report in the client's file. All incidents or accidents that occur but are unwitnessed shall be documented in the client's file with time, date, occurrence, witnesses and any other pertinent information. If a client falls when staff is present or if a staff member finds a client who has fallen:
 - Emergency medical services (EMS) shall be contacted to assess the client's potential injuries;
 - If a client refused EMS services when they arrive, this shall be documented;
 - The client's emergency contact shall be notified immediately.
- *Signature:* If a client is unable to sign a document, the client may use initials, an 'X', or utilize a stamp, if they choose. These types of signatures shall be witnessed initially by the ACC or licensed nurse. A legal representative can sign for the client, provided that the WyHS provider has, in their possession, documentation of the legal relationship. If a client is unable to write initials, an 'X', and does not use a stamp or have legal representation, the ACC shall document 'client unable to sign, verbal consent provided'. This shall be witnessed by the ACC and another staff member at the initial instance. Staff may never sign for a client.

Forms

The Community Living Section distributes various forms that are required to be used for the Wyoming Home Services program. These forms shall **not** be used for any other program, unless specifically instructed to do so by CLS staff. All forms are included in this manual, along with instructions, if applicable.

- ***AGNES (Required):*** Each WyHS client shall have an AGNES completed upon starting the program, with a significant change of status, and yearly thereafter. For the WyHS program, the ACC shall complete the full 8 page AGNES (dated 07/01/2012) with the client. When a client starts the WyHS program and annually the ACC shall complete pages 1-5 of the AGNES. Each quarter thereafter, the ACC shall complete a new ADL/IADL page, from pages 6-8 of the AGNES. These records shall be kept in the WyHS client's chart, in chronological order.
- ***Service Plan (Required):*** A service plan shall be completed for WyHS clients starting the program and yearly thereafter. A WyHS service plan is developed based upon the AGNES evaluation and each client's unique needs. The service plan shall state the specific services to be provided and the frequency in which those services are to be provided. The service plan shall be signed by the client or their legal representative (if applicable) and the Access Care Coordinator. A service plan is active for one (1) year, at which time the ACC shall complete a new one. Each time a new service plan is completed, the ACC shall place the white original in the client file, provide the yellow copy of the service plan to the SAMS person, and the pink copy to the WyHS client. Written service plan instructions shall be provided to staff before services are rendered. The ACC shall document every service that the client shall be receiving in the service plan time frame.
- ***ICAN (Required):*** An Individual Comprehensive Ability of Needs (ICAN) is to be completed for each WyHS client annually. The ICAN does not determine eligibility, but establishes a baseline of the client's abilities and needs and indicates trends thereafter. The ICAN shall be completed by the ACC utilizing their professional skills, observations and discussions with the client. The client shall not fill out the ICAN form. The ICAN shall be completed in its entirety and reflect information for that point in time. The ACC shall calculate the score. The ICAN shall be retained in the client file, in chronological order. The ACC shall then enter the client name, ICAN score, and number of points per category in the ICAN spreadsheet, which is provided by the WyHS program manager.
- ***Change of Status (CoS) Form:*** If a change of status takes place within a WyHS client's service plan year, the CoS form shall be used to make any changes to the client's contact information, services, or fee for services that may be needed. A change of status includes, but is not limited to, if a client goes into the hospital for more than 24 hours, if a client moves, if a client's home has an infestation, if WyHS staff are informed that the client isn't doing well, or a client's needs changes. The CoS form, along with instructions, is included with this manual.
- ***Task Sheet (Required):*** The task sheet is used for any services that are provided in a client's home. The task sheet shall be filled out by the ACC or the RN (for personal care)

in order to specify to the employee what tasks shall be completed at the client's home. The employee shall not add items to the task sheet. Any additions or client requests shall be approved through the ACC or RN. Once the sheet is filled out by the ACC or RN, it is given to the employee that is providing the direct care services. The task sheet may be used for one (1) up to ten (10) visits. The top portion and bottom portion of the task sheet may not be modified by the provider organization, the middle portion of the form may be modified as needed by the provider organization. During the visit to the client's home, the employee shall check off or initial each task that is completed. If the sheet is being used for one (1) visit, the employee can document each item and sign the sheet at the bottom. Then the client shall then review the sheet and sign at the bottom verifying the completion of the tasks that day. If the sheet is being used for more than one (1) visit, the employee shall initial each task that was completed. At the end of the visit, the sheet shall be given to the client so they can initial next to each task that was completed, in order to verify completion of the tasks that day. When the employee is done using the sheet, then the employee and the client shall sign the sheet as a final verification of the entire task sheet.

- *Adult Nursing Assessment (Required):* The adult nursing assessment shall be completed for clients receiving personal care. Personal care shall be provided by a CNA, who is supervised by a licensed nurse. The adult nursing assessment shall be filled out and completed by a licensed nurse. The adult nursing assessment shall be updated annually and/or as needed. If a WyHS client is being discharged from the hospital, the hospital licensed nurse may complete the adult nursing assessment. The discharge paperwork is not sufficient to replace the adult nursing assessment.
- *Nursing Delegation (Required):* A licensed nurse shall complete a nursing delegation form for each WyHS client receiving personal care services. The intention of this form is to meet the Wy Board of Nursing requirement to delegate the unique personal care tasks, for a specific client, to a CNA. This form shall be completed annually and/or with a significant change of status. The nursing delegation shall then be used to guide the completion of the task sheet for personal care. The nursing delegation form shall be updated every 180 days and/or as needed for changes in client's needs.
- *Competency Form (Required):* The competency form is to be completed for all CNA's, homemakers, and chore personnel. This form shall be completed every 180 days and verifies that the employee is competent in the stated skill areas. If the employee is a CNA, the competency form shall be completed by a licensed nurse. If the employee is a homemaker or chore personnel, the ACC shall complete the competency form. The skills areas may be verified through observation, verbal, or written demonstration. The completed competency form shall be placed in the employee file.
- *Waiting List Form (Required):* The ACC shall fill out the waiting list form and submit it to the Aging Division, Community Living Section by the fifth (5th) working day each month, for the previous month. It is the duty of the ACC to ensure that all areas of the form are completely filled out.

Client Resources

- *Adult Protective Services (APS) Packets:* APS packets shall be given, reviewed and documented with each new WyHS client. They shall be reviewed annually with each client. To order APS packets from the Community Living Section, please call or email the WyHS program manager or call the CLS toll free number at 1-800-442-2766.

Suspension and Termination of Services

Suspension or termination of WyHS services may be conducted in various situations with clients. Following is a list of protocols for situations that may involve a suspension of services or termination of services.

- ***Suspension of Wyoming Home Services:*** Suspension of WyHS services means putting one or all services on temporary hold until an issue is resolved. WyHS services may be suspended, but not limited to the following reasons:
 - Pest infestation;
 - Illegal drug usage while WyHS services are being provided;
 - Hospitalization.

Upon the identification that a service shall be suspended, the ACC shall discuss the issue with the client and send a suspension letter. The suspension letter shall include the following:

- The effective date of the suspension;
- Under what circumstances the suspension may be lifted;
- A contact name for local WyHS program;
- A contact number for local WyHS program.

An ACC may suspend one service, while continuing other services, if it is appropriate. For example, Mary has bed bugs, Mary's ACC suspends homemaking services, while continuing care coordination in order to assist Mary in securing services to get rid of the bed bugs.

- ***Termination of Wyoming Home Services:*** Termination of WyHS services means permanently ending all services with a client. A WyHS client may be terminated, but not limited to the following reasons:
 - Level of care requirements are no longer being met;
 - Exceeding the cost containment level, as set by the provider;
 - Client is unshalling to pay the fee for service agreed upon by the client and the ACC;
 - The client chooses nursing home placement or other alternatives;
 - The client or client's family impedes the provision of services;
 - The provider has a reduction of funding or services;
 - The provider ceases to operate with no transferring of services;
 - The client does not receive services for thirty (30) continuous calendar days.

For the above reasons, providers shall provide at least fourteen (14) business days written, advance notice of the intent to terminate services. The letter of notice of termination shall include:

- The reason for termination;
- The end date of services;
- An explanation of the client's right to personal and/or third party representation at all stages of the termination process;
- Contact information for the Long Term Care Ombudsman Program, if applicable;
- The client's right to dispute the termination from services to the provider's director and board chair.

The letter shall be on the provider organization's letterhead, and it shall be sent certified mail. The provider may provide services during the dispute process. If the client does not meet the deadline for dispute submittal, the dispute process ceases.

A client may be terminated immediately from the program and services may not be provided during the dispute process if:

- The client or client's family creates a hostile, dangerous or unsafe work environment for employees;
- The client becomes a danger to self or others.

For the above reasons, providers shall provide notice of immediate termination of services. The letter of notice of immediate termination shall include the same items listed above for the notice of termination of services.

- *Thirty (30) Days No Services:* Examples of thirty (30) continuous days of no WyHS services being provided: a client leaving Wyoming for the winter months, a client moves to another county and doesn't return, a client moves out of Wyoming, a client is in the hospital or nursing home for at least thirty-one (31) days. The thirty (30) day period begins on the first day of the missed service(s).
- *Dispute Process:* Upon receipt of the notice of termination, a client may appeal the decision with the provider organization's board of directors. If a client wishes to appeal, he or she shall write the organization's board of directors within ten (10) calendar days of the date of the notice of termination. Upon receipt of the board of director's letter of decision regarding the appeal, if the client disagrees with the decision then the client shall follow Chapter 2, Section 4 of the Aging Division's Operational Rules.

Program Transfer

If the program is to be transferred from one provider to another, it is the responsibility of the transferring provider to inform clients of the impending change in writing, at least fourteen (14) days prior to contract termination. The letter to the client shall include:

- The name of the new provider;
- The name and phone number of the contact person with the new provider;
- Assurance that the client shall not be arbitrarily dropped from the program due to the transfer;
- A statement informing the client that a new evaluation shall be required and shall occur within ninety (90) days of the transfer;
- The date of the transfer.

Confidentiality

All program and client information is subject to the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). Program staff shall be trained on HIPAA and HITECH. All client files shall be secured according to HIPAA and HITECH standards.

SAMS' Services and Sub-services for Wyoming Home Services

The Wyoming Home Services Program provides services to qualified disabled and aging adults, aged 18 and over, who are at risk of premature institutionalization. These services are designed to keep individuals in the least restrictive, safest environment possible, for as long as possible.

Eligibility: Clients shall be 18 years of age or older, residing in Wyoming, and determined, through an ongoing evaluation, to be at risk of premature institutionalization.

REQUIRED: The AGNES shall be entered into SAMS using the 'Assessment' tab in each consumer's file.

SERVICES:

Service Category - Case Management - Service ~ Case Management (Care Coordination) –

REQUIRED SERVICE - Assistance in the form of access care coordination in circumstances where the person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of care coordination include evaluating needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment as required. **Tracking Care Coordination by hours provided to each unduplicated client is required.**

Unit Type: 1 Hour

There are four sub-services under Case Management:

- **Evaluation Initial** - includes, but is not limited to, the time spent developing the service plan, doing the AGNES, completing the ICAN, HIPAA Privacy Practices and assessment for other community resources.
- **Follow-up of Evaluation –CM** - phone call(s) or any contact with the Client.
- **Quarterly evaluation** – every 90 days after the initial start date a personal visit (unless otherwise specified in the WyHS Policy and Procedure) with the client shall take place to evaluate if any change in services is needed;
- **Re-evaluation renewal** – every year the ACC shall conduct an annual visit to the client which consists of completing a new service plan, AGNES, ICAN, and assessment for other community resources.

Service Category - Personal care - Service ~ Personal care - Providing personal assistance, stand-by assistance, supervision or cues for persons with the inability to perform one or more of the following activities of daily living; eating, dressing, bathing, toileting, transferring in and out of bed/chair, or walking. All personal care shall be completed by a Wyoming licensed CNA who is supervised by a Wyoming licensed nurse.

Unit Type: 1 Hour

There are five sub-services under Personal Care:

- **Dressing**
- **Skin Care**
- **Bathing/Showering**
- **Transferring**
- **Personal Care - other**

Service Category - Homemaker - Service ~ Homemaker - Providing assistance to persons with an inability to perform one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

Unit Type: 1 Hour

There are five sub-services under Homemaker:

- **Housekeeping**
- **Meal Preparation**
- **Laundry/Linen Change**
- **Shopping**
- **Homemaker - Other**

Service Category - Chore - Service ~ Chore - Providing assistance to persons with the inability to perform one or more of the following instrumental activities of daily living: heavy housework, yard work, or sidewalk maintenance.

Unit Type: 1 Hour

There are three sub-services for Chore:

- **Snow Removal**
- **Handyman**
- **Yard Maintenance**

Service Category - Respite care - Service ~ Respite - Respite care services offer temporary, substitute supports, or living arrangements for eligible clients in order to provide a brief period of relief or rest for family members or other caregivers.

Unit Type: Hours

There are four sub-services for Respite:

- **In Home**
- **Assisted Living**
- **Adult-Day Care**
- **Institutional**

Service Category - Adult Day Care (ADC) - Service Adult Day Care/Health - Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. **Licensed facilities only.** There are no sub-services.

Unit Type: 1 Hour

Service Category - NAPIS Other - Service ~ Hospice - Services provided to the terminally ill, allowing the client to remain at home. **Licensed Hospice providers only.**

Unit Type:

There are two sub-services for Hospice:

- **In-Home Hospice**
- **Licensed Facility-Hospice**

Service Category - NAPIS Other - Service ~ Home Repair – Minor home modifications, such as hand rails or ramp, that are necessary to facilitate the ability of at-risk adults to remain in their homes and that are not available under other programs. A maximum of **\$300.00 per client may be expended for such modifications, and shall be approved by the WyHS Program Manager** prior to any work starting or the grant being charged for modifications. There are no sub-services for Home Repair.

Unit Type: Hours

Service Category - NAPIS Other - Service ~ Nursing - Services that are within the scope of practice of a Wyoming licensed nurse, as defined by the Wyoming Nurse Practice Act. Services under Nursing include medication setups, delegating tasks, assessing and reassessing client's personal care and nursing needs.

Unit Type: 1 Hour

There are four sub-services for Nursing.

- **Medication Management** – Medication setups are the placing of medications into another container, such as a medication planner, for easier administering at a later time, e.g. service of oral medication and/or insulin set up. Medication setups do not include the preparing and immediate administering of the medication by the person who prepared it. As dictated by the Wyoming Statute, only a Wyoming licensed skilled nurse, working under the direction of a physician, may give injections or administer medications.
- **Delegation** – Time spent completing the delegation form. This form specifies the delegated tasks and expected outcomes to CNA's.
- **Re-assessment** – Time spent re-assessing a WyHS client's needs.
- **Assessment** – Time spent completing the Adult Nursing Assessment.

Service Category - NAPIS Other - Service ~ Personal Emergency Response Systems (PERS) - Electronic warning device informing emergency personnel of an accident or safety hazard to a client in their home.

Unit Type: Monthly

There are two sub-services for PERS:

- **Monthly**
- **Installation**

<i>Attachments</i>
<i>Order of Attachments</i>
<i>Checklist for Completing the Central Registry Form for New Employees</i>
<i>Checklist for Completing the Background Check Card for New Employees</i>
<i>Executive Director Designation for Background Check Results</i>
<i>Central Registry Screen Form</i>
<i>SAMPLE WyHS Quarterly Financial Reporting Form</i>
<i>SAMPLE WyHS Quarterly Program Reporting Form</i>
<i>2017-2018 Slide Fee Scale</i>
<i>Aging Needs Evaluation Summary (AGNES)</i>
<i>WyHS Service Plan</i>
<i>Individual Comprehensive Ability of Needs (ICAN)</i>
<i>Change of Status Form (CoS) and Instructions</i>
<i>WyHS Task Sheet and Instructions</i>
<i>Adult Nursing Assessment</i>
<i>Nursing Delegation Form and Instructions</i>
<i>CNA/Homemaker Competency Form and Instructions</i>
<i>Monthly Report of Waiting Lists</i>
<i>Waiting List Care Coordination Instructions and Spreadsheet</i>
<i>Sample Discontinuation Letters</i>
<i>SAMS' Reports for 2018 Title III and WyHS Program Reports</i>
<i>Rules for Wyoming Home Services</i>
<i>Wyoming Statute § 9-2-1208</i>