

BERGEN COUNTY BOARD OF SOCIAL SERVICES

218 ROUTE 17 NORTH ROCHELLE PARK, NJ 07662-3300

www.bcbss.com

Telephone: 201-368-4200

Fax: 201-368-4789

BCBSS Certified Home Health Aide Services

TERMINATION POLICY

Bergen County residents who contact Bergen County Board of Social Services and request SSBG/PEER Home Care Program services are entitled to expect confidentiality, equal treatment, and equal access to the available service. Bergen County maintains the right to protect its staff and program participants from clients who are physically and verbally abusive.

Bergen County Board of Social Services Responsibility:

- *Program director/supervisor shall clearly outline expectations as to eligibility and termination of service policies to their staff.
- *All program directors/supervisors shall respond to any potential discrimination and intervene when personal values, beliefs, and morals have the potential of compromising objectivity in the provision of services.
- *Staff shall conduct themselves in a way that encourages public confidence in the services being provided.
- *To insure staff's safety, the program director/staff shall: 1) Warn client to curb inappropriate behavior (physical or verbal); 2) Advise client that failure to cease inappropriate behavior will result in the termination of services.

Client Responsibility:

- *Client is to conduct him/her self in a civil manner.
- *Client is to refrain from behavior that harms self, Bergen County Social Services worker, and home care agency staff. Such behavior includes, but is not limited to: 1) Ethnic, racial, sexual, religious slurs, statements, gestures or any act deemed offensive; 2) Using offensive language; 3) Name calling; 4) Touching, hitting, punching, pushing or any other abusive physical behavior.
- *Client will not intentionally mislead or supply misinformation to Bergen County Board of Social Services staff to secure services.

- *Client agrees to abide by the contract for services as detailed in the Bergen County Board of Social Services contract. Client is also subject to the individual requirements of the homecare agency, including that agency's Termination Policy.
- *Client agrees to comply with return of documentation as appropriate. This includes, but is not limited to, agency contracts and the monthly "Customer Worksheet".
- *Client is to notify Bergen County Board of Social Services of any interruption or termination of services [for example: hospitalization; relocation; permanent residency in a health care facility].
- *Client agrees to apply for, and cooperate with, applications for Medicaid Long Term Services and Support (MLTSS) or any other Medicaid program they appear to be eligible for. Refusal to do so shall result in termination of services under the Bergen County Board of Social Services Homemaker Program.
- *Client understands that the program is subject to termination at any time, based on county funding.

Termination Policy:

Any client who is determined to be ineligible for services will be documented with an indication of cause. This determination will be a direct result of Bergen County Board of Social Services specific guidelines, policy, and procedure. Clients have the right to file a grievance should they feel they have been inappropriately treated.