



**Department for
the Aging**

Caregiver Services

Standards of Operation and Scope of Services

Based on standards set by the New York City Department for the Aging and the New York State Office for the Aging.

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Table of Contents

Introduction2

Section 1. Scope.....2

Standard 1: Eligibility2

Standard 2: Target Population2

Standard 3: Outreach.....2

Standard 4: Public Information.....3

Standard 5: Information3

Standard 6: Assistance3

Standard 7: Intake.....3

Standard 8: Assessments4

Standard 9: Care Planning/Service Details.....5

Standard 10: Supervisory Review.....6

Standard 11: Resource Development6

Standard 12: Caregiver Counseling, Support Groups and Training.....6

Standard 13: Respite Services.....7

Standard 14: Supplemental Services.....7

Standard 15: Services Follow-Up, Coordination and Monitoring.....8

Standard 16: Service Discharge/Termination Procedures8

Section 2: Staffing/Personnel Management9

Standard 17: Staffing9

Section 3. Cultural Competence and Language Access10

Standard 18: Cultural and Linguistic Competence10

Section 4. Procedure and Methods10

Standard 19: Emergency Planning11

Standard 20: Incident /Accident Reporting.....11

Standard 21: Caregiver Feedback11

Standard 22: Contributions11

Section 5. Documentation and Record Keeping12

Standard 23: Documentation12

Appendix A: Incident/Accident Report Form13

Appendix B: Service Definitions14

Introduction

The Title III-E National Family Caregiver Support Program is part of the Older Americans Act (OAA). DFTA-funded caregiver programs assist family and other informal caregivers to care for loved ones at home. The caregiver and the care receiver together, form the service “dyad.” The caregiver is always the primary client. Long-distance caregivers are served when the care receiver lives in the program’s catchment area. The core service components are: **Information** for caregivers about available services; **Assistance** for caregivers in gaining access to these services to assist them in decision-making and problem-solving related to their caregiving roles (Counseling, Support Groups, and Training); **Respite** to temporarily relieve caregivers by providing them a short-term break; and **Supplemental Services** to complement care provided by caregivers.

These standards are applicable to all DFTA - funded Caregiver Programs. Caregiver Programs are also required to comply with DFTA’s General Standards of Operation. (See attached.)

Caregiver programs must use DFTA’s client tracking system to register participants and to document service provision.

Section 1. Scope

Standard 1: Eligibility

The Caregiver program serves eligible individuals in its service area who need caregiver services.

Compliance 1.1. The program serves any individual who meets the following eligibility criteria:

- Adult family member or other informal caregiver age 18 and older providing care to individuals 60 years of age and older;
- Adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer’s disease and related disorders;
- Older relatives (not parents) age 55 and older providing care to children 18 and younger; and
- Older relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities.

Standard 2: Target Population

The program serves its priority and target population.

Compliance 2.1. The program targets persons who:

- Have health, social or economic needs that limit their ability to provide care; and/or
- Are isolated and hard-to-reach; and/or
- Are part of a non-traditional family or dyad; and/or
- Are caring for individuals who present special challenges due to immigrant status, limited English proficiency or conditions such as substance abuse, mental illness, developmental disabilities, sensory impairments, or cognitive impairments.

Standard 3: Outreach

The program conducts outreach to the target population.

Compliance 3.1. Outreach activities are initiated by the program for the purpose of identifying potential caregivers and encouraging their use of services and benefits. This includes in-person or telephone contact between a worker and an individual. The contact must be conducted one-on-one and not as a group presentation. Outreach also occurs when a worker contacts an individual following a presentation. Tabling at a health event can be counted as outreach when providers conduct face-to-face identification of isolated caregivers by discussing their individual needs and available services. Virtual Resource Fairs/Expos can be considered Outreach if the program offers participants breakout options for discussion of additional information and responding to individual inquiries.

Compliance 3.2. Outreach efforts ensure that caregivers represent the economic and social-cultural diversity of program's service area.

Standard 4: Public Information

The program provides information to the public about caregiver services.

Compliance 4.1. Public Information is a planned effort to provide the public with information about services, resources and entitlements. Activities include the distribution of newsletters, flyers, pamphlets, and brochures, the use of digital, print, and social media for news, features, public activities, and public presentations by a caregiver program. (*See Service Definition*)

Standard 5: Information

The program provides information for caregivers about available services.

Compliance 5.1. Information refers to providing information, one-to-one, about available services and opportunities in the community. The information provides caregivers with instructions on locating and obtaining resources on their own. (*See Service Definition*)

Compliance 5.2. Information Only Contacts. The program enters information only contacts in the client tracking system as a Service Ticket.

Compliance 5.3. Promoting Role Identification. The program enhances role awareness of caregivers who do not identify as caregivers.

Standard 6: Assistance

The program assists caregivers in obtaining services and resources.

Compliance 6.1. The program provides assistance to caregivers on obtaining access to available services and resources in their community, including completion of forms for benefits.

Standard 7: Intake

The Caregiver program screens each inquiry for eligibility and conducts an intake if the caregiver is accepted for service.

Compliance 7.1. Persons conducting screening/ intake are skilled interviewers who provide a consumer-friendly introduction to the program (i.e., reassuring tone, informative, and timely response).

Compliance 7.2. Persons making initial inquiries are interviewed in sufficient depth to determine eligibility (See Standard 1). Note: The program may accept supporting documentation that the caregiver meets eligibility requirements from the referring social service provider (e.g. case management agency or health care provider).

Compliance 7.3. The program determines whether:

- To open a case or provide information and/or a referral for independent follow up;
- The caregiver lives in the service area or should be referred to another caregiver program. *Note: If the caregiver does not live in the program's service area but the care receiver does, services to the care receiver must be provided.*

Compliance 7.4. Intake. The intake lays the groundwork for developing a trusting relationship with the caregiver and is used to:

- Identify the presenting problem and conduct a preliminary evaluation of the caregiver's needs, strengths and preferences;
- Provide preliminary information about available services to help caregivers make appropriate choices.

Compliance 7.5. Access. The program ensures ease of access through telephone, direct contact (walk-in), website, and email, with 7 days/ 24 hours message capability.

Compliance 7.6. When an intake interview is conducted, the caregiver is registered into DFTA's client tracking system and is now a client. An intake is opened to enter the information collected and is an initial agreement for ongoing services.

Standard 8: Assessments

The Caregiver program conducts an initial assessment and reassessment of each caregiver's needs, strengths and assets.

Compliance 8.1. Case Assignment. Each caregiver is assigned a worker by the supervisor, who serves as his/her primary contact.

Compliance 8.2. Assessment/COMPASS Tool. The program completes an assessment within ten business days of the intake interview. The purpose of the assessment is to gain a complete picture of the caregiver/care receiver dyad, including supports, resources, concerns, skills and abilities, limitations, and coping strategies. All sections of the assessment, including the Assessment/COMPASS, are completed. With caregiver permission, the program may involve formal or informal contacts in the assessment process to provide information. The relationship of the caregiver to these contacts is documented in the caregiver's electronic record. The caregiver is assessed using the caregiver assessment, and care receiver is assessed using the COMPASS only if receiving supplemental and/or respite services. Assessments/COMPASS may be completed via telephone or web-based platforms only with prior approval from DFTA.

Compliance 8.3. Location of Assessment. The assessment is conducted in the caregiver or care receiver's home whenever possible, and particularly when respite or supplemental services, or multiple concerns have been identified. The assessment may be conducted via telephone or web-based platforms only with prior approval from DFTA.

Compliance 8.4. Financial Assessment. The program reviews supporting financial documentation for the care receiver and/or caregiver to determine financial eligibility for benefits or entitlements, and to assist with long term care planning and other services. The request for financial documentation is noted in the caregiver's record, as are the documents provided. If the caregiver or care receiver refuses to provide financial information, refusal is noted in the caregiver's record. Caregiver services are still provided.

Compliance 8.5. Reassessment. Caregivers are reassessed at least annually.

Compliance 8.6. Event based reassessment. The program conducts an event-based reassessment when changes in a caregiver's or care receiver's condition or situation require a change in the care plan. Examples of situations requiring an event-based reassessment include a major change in health, functional capacity, financial situation, social or physical environment, or formal/informal support system. The program conducts event-based reassessment face-to-face where possible, particularly for those caregiving dyads receiving respite and/or supplemental services.

Compliance 8.7. Release of Information. The program obtains a signed DFTA Release of Information within 10 business days of initial assessment and annually there-after. The Program may obtain verbal consent while the form is being signed but must document specifically what the verbal release allows. If circumstances require a release of information between assessments and reassessments, telephone permission from the caregiver is documented in case notes.

Compliance 8.8. Client Privacy. The program shares caregiver and care receiver information only with consent, and only (1) when pertinent to service provision, or (2) when requested by authorized agency personnel and/or government representatives in connection with program monitoring. A signed release of information must be obtained within 10 business days of initial intake or at the time of assessment or reassessment. The program may obtain verbal consent while the form is signed and must document specifically what the verbal release allows.

Compliance 8.9. Client Rights. The worker reviews a statement of Client Rights with the caregiver each time an assessment/reassessment is conducted, and the caregiver is given a copy.

Standard 9: Care Planning/Service Details

The Caregiver program develops service details in the care plan based on the assessment of caregiver needs.

Compliance 9.1. The worker who performs the assessment completes the service details/care plan. When appropriate, other support staff can assist with data entry if needed.

Compliance 9.2. Assigned workers provide information and counseling about available services to help caregivers make informed decisions/choices.

Compliance 9.3. Service details address the full spectrum of the caregiver's needs and specified preference through direct services and referrals to programs. The service details specify:

- Services the program will provide, and when applicable, the number of sessions, duration of each session (i.e. type(s) of training/education) and frequency, where relevant to counseling and/or support groups;
- Linkages to other DFTA-funded services (e.g. case management, elder abuse services, friendly visiting, and geriatric mental health); and
- Linkages to non-DFTA funded medical, non-medical and other community services.

Compliance 9.4. Service details reflect knowledge of caregiver needs at different stages in the caregiving process or following a change in care receivers' status (i.e. when a critical event creates a new need for or adjustment to caregiver services and the caregiver must learn new skills/coping strategies).

Compliance 9.5. Service details support caregivers' strengths, health, mental health and meaningful engagement in activities unrelated to their caregiving responsibilities.

Compliance 9.6. Service details incorporate long term planning for the caregiver and care receiver, as appropriate.

Compliance 9.7. Coordination with referral sources. The program communicates and coordinates with referral sources to ensure seamless receipt or continuity of services.

Compliance 9.8. The caregiver, and care receiver when appropriate, agree to the care plan.

Standard 10: Supervisory Review

Program supervisors ensure comprehensive casework by workers.

Compliance 10.1. Initial and reassessment supervisory review timeframe. The supervisor reviews and signs off on each caregiver's case, including intake, assessment, assessment summary, service details/care plan, and case notes no later than ten (10) business days after the assessment/reassessment of the caregiver.

Compliance 10.2. Six months supervisory review. The supervisor reviews and signs off on each caregiver's case file, including case notes since the last assessment, reassessment, updated care plan, and updated service details/care plan minimally every six months or more frequently, should a need be identified and discussed during supervision.

Standard 11: Resource Development

The program maintains and updates information on resources for caregivers to support and facilitate its linkage function.

Compliance 11.1. Cultivation of Referral Sources. The program identifies and cultivates appropriate referral sources – e.g. health and social service agencies, home care providers, civic and religious groups, senior centers, hospital discharge units, NORCs, case management agencies, adult day services, family life centers, libraries, schools, PTA's, elected officials and community boards, retailers, and other entities that have contact with family caregivers. Where necessary, the program educates potential referral sources on how to recognize caregivers in need by conducting informational meetings or training sessions.

Standard 12: Caregiver Counseling, Support Groups and Training

Caregiver Counseling, Support Groups and Training refer to a range of individual and/or group services that are intended to assist caregivers in gaining knowledge and/skills related to their caregiving role. (See Service Definition)

Compliance 12.1. Counseling. This service can be provided on an individual basis or in a group setting. There are many different types of counseling and can include mediation, grief counseling, etc.

Compliance 12.2. Support Groups. Support groups can be short-term or long-term, and can be in-person, on-line and/or by telephone. Support Groups can be designed for anyone in a caregiving role, be disease-specific, or based on the caregiving relationship, (i.e. spouse, child). They must be structured, with an agenda, a stated goal and purpose, and a summary. Summary of support group meetings/discussions and notes on participant progress must be recorded.

Compliance 12.3. Caregiver Training. Training programs may be delivered in one session or in a series, and the duration may be an hour or longer. Training topics are geared toward supporting the caregiver in their caregiving role. It can range from skills related to assisting care receivers with their activities of daily living, legal issues such as powers of attorney or living wills, managing difficult behaviors, stress management, etc.

Standard 13: Respite Services

Respite temporarily relieves caregivers from their caregiving responsibilities by providing a brief period of rest for caregivers. Respite service may be provided directly by the Caregiver program or through a sub-contractor. (See Caregiver Service Definition)

Compliance 13.1. Respite Eligibility. The care receiver must have a current assessment/Compass showing impairment in at least two Activities of Daily Living (ADL), with substantial assistance required. Care receivers in need of extensive supervision and/or monitoring resulting from cognitive impairment are also eligible.

Compliance 13.2. The program ensures that allocation of respite services is equitable, with particular consideration given to those in greatest social and/or economic need.

Compliance 13.3. The worker explores Medicaid eligibility with the caregiver when the long-term care need will exceed Caregiver program respite capacity.

Compliance 13.4. Types of Respite. The program makes available the following types of respite:

- **Individual respite**, including but not limited to housekeeping and personal care, provided in the care receiver's home setting and obtained from a home care program licensed by the Department of Health.
- **Group respite** for the care receiver, including medical model and social model adult day services. The Caregiver program meets the NYSOFA Regulations for Social Day Care (Title 9, Section 6654.20)
- **Other respite** in a New York State Department of Health licensed long-term care facility or other New York State certified group setting.

Compliance 13.5. When demand exceeds availability. With DFTA's approval, the program establishes internal written guidelines giving priority to those with greatest social and economic need. The program explores and implements alternative care options with caregivers when respite demand exceeds availability.

Standard 14: Supplemental Services

The program ensures that allocation of this resource is equitable, with particular consideration given to those in greatest economic need. (See Service Definition)

Compliance 14.1. Eligibility. The care receiver must have a current Compass assessment showing impairment in at least two Activities of Daily Living (ADL), with substantial assistance required. Care receivers in need of extensive supervision and/or monitoring resulting from cognitive impairment are also eligible.

Compliance 14.2. The allocation for Supplemental Services does not exceed 20% of the Caregiver program's budget. The program has an appropriate accounting system to manage purchases.

Compliance 14.3. The program has written procedures for ordering and purchasing items/services.

Compliance 14.4. The program ensures sound management of accounts, including clear records of purchases made and timely payment to providers.

Compliance 14.5. The program establishes written internal guidelines to explore and implement alternative options should demand for supplemental services exceed funding.

Standard 15: Services Follow-Up, Coordination and Monitoring

The program does follow-ups and monitoring with clients within required timeframes and coordinates provision of care.

Compliance 15.1. Linkage Follow Up. The program follows up with the caregiver within 10 workdays of providing information about resources to inquire if a linkage was made and if the referral was adequate, appropriate, and satisfactory. If the caregiver needs referral assistance, the program makes the linkage. Contact with the caregiver is documented in case notes.

Compliance 15.2. When the program makes a linkage for a caregiver, the program follows up with the service provider or other entity regarding: (1) receipt of any required paperwork; (2) determination of eligibility, where applicable; (3) service start date, if applicable. Follow-up occurs within 10 business days of referral.

Compliance 15.3. Service Coordination. The program keeps in contact with all of the caregiver's social service providers, when in the service details/care plan, to coordinate the provision of care.

Compliance 15.4. Client Monitoring. The program calls the caregiver every 2 months, at minimum, to monitor the care plan and ensure timely response to changing needs.

Standard 16: Service Discharge/Termination Procedures

The program follows service discharge/termination procedures.

Compliance 16.1. Voluntary termination of services. Reasons for voluntary termination of caregiver program include:

- The caregiver requests termination of all services.
- The caregiver no longer needs caregiver program services because goals have been achieved and client agrees with this determination.
- The caregiver and/or care receiver has died/moved/is expected not to return home within 90 days from hospital/nursing home/skilled nursing facility and caregiver agrees to service termination.
- Medicaid funded home care is in place for the care receiver or the caregiver will assist with all the care receiver's needs. No additional DFTA service are needed.
- The client is referred to other services and agrees to discharge from the caregiver program.

Compliance 16.2. Involuntary Termination of Services. The caregiver program service is terminated (client is discharged from the service) without requiring the client's consent when:

- The caregiver is no longer eligible for the program services.
- The caregiver has failed to cooperate with program requirements or has refused to comply with his/her care plan.

Compliance 16.3. The program discusses termination with the caregiver and documents the discussion.

Compliance 16.4. The caregiver's case record in the client tracking system reflects termination of services. Client information will remain closed in the database, but the case can be reopened as needed with a new intake and assessment.

Compliance 16.5. Right to Contest Termination. The program notifies the caregiver of his/her right to contest the involuntary termination of services and to seek a resolution through a Settlement Conference and/Hearing. The client has a right to contest an involuntary termination in the following situations:

- The client has been denied a DFTA-funded service based on a determination that he/she is not programmatically eligible.
- The client has failed to cooperate with program requirements such as permitting a care specialist/worker to visit or refusing to agree to a care plan.

Compliance 16.6. Notification of Termination to Providers. When caregiver program services are terminated, the caregiver program sends a notification to providers (Home care Agency, Adult Day Program, etc.).

Compliance 16.7. Assistance with Service Needs after Termination. If it appears that the caregiver client being discharged has further need of services, the caregiver program assists the client in accessing appropriate care.

- If the caregiver appears mentally incompetent or at-risk, the agency makes a referral to an appropriate agency such as HRA's Adult Protective Services in order to ensure the client's safety.

Section 2: Staffing/Personnel Management

Standard 17: Staffing

Staff, volunteers, and supervisors are appropriately qualified and trained.

Compliance 17.1. The program employs an adequate number of staff to meet the needs of the number of caregivers the program serves annually.

Compliance 17.2. The Director of the Caregiver program and staff providing caregiver services have the qualifications detailed in the program's response to the RFP and the following procedures are observed:

- **Background checks.** The program conducts criminal background checks on all potential employees and volunteers in compliance with the guidelines set forth in its contract. Copies of the background check are kept on file.
- **References.** The program obtains and verifies at least two professional references for potential employees.

Compliance 17.3. Case Aides do not conduct assessments or reassessments, and do not develop care plans or terminate caregivers from the program. MSW interns may conduct assessments and develop care plans with qualified supervision.

Compliance 17.4. Training Requirements. All persons performing screening/intake/assessment functions are trained on interviewing skills and resources. The Caregiver program maintains documentation of training in each worker's personnel file.

Compliance 17.5. Mandated Trainings. The Caregiver program abides by all DFTA mandated training requirements.

Compliance 17.6. Orientation. All staff/students/ volunteers receive orientation materials that include program policies and procedures, personnel policies, a written job description, program service definitions and DFTA's Caregiver Standards.

Compliance 17.7. Supervision. Staff/students/volunteers receive appropriate and regularly scheduled individual and/or group supervision, which includes a discussion of their responsibilities, as well as discussion of caregiver and care receiver cases, concerns, and questions.

Compliance 17.8. Equal Employment Opportunity Requirements. The program has written procedures to address equal employment opportunity complaints and will provide employees with a list of types of discrimination prohibited by law. The program will explain the complaint procedure for employees who believe they have been discriminated against in the workplace.

Section 3. Cultural Competence and Language Access

Standard 18: Cultural and Linguistic Competence
The program is culturally and linguistically competent.

Compliance 18.1. Cultural Competence. Caregiver services are provided with respect for cultural differences, preferences and styles of communication, and with skill in assisting individuals in overcoming cultural and linguistic barriers.

Compliance 18.2. Cultural Competency Training. Caregiver program staff receive cultural competency training, program staff/volunteers speak the languages of their predominant groups of caregivers; and posters and other printed materials are in predominant languages spoken by the caregivers they serve.

Compliance 18.3. Language Access. The program provides language assistance free of charge to persons with limited English proficiency (LEP). At minimum, the program has a telephonic interpretation service contract or similar community arrangement with a language interpretation services provider to assist LEP individuals. (See also DFTA General Standards of Operation, Standard 2)

Section 4. Procedure and Methods

Standard 19: Emergency Planning

The Caregiver program has protocols and procedures for handling emergencies with caregivers. (See General Standard of Operation, Standards 19, 20, 21).

Compliance 19.1. The program has written policies and procedures for responding to caregiver emergency situations. Examples can include city-wide and weather-related emergencies, sudden illness, domestic violence, suicidal ideation, or possible abuse or mistreatment.

Compliance 19.2. Any situation suggesting a severe or imminent threat to the caregiver's/care receiver's health or safety is documented and reported in accordance with the Caregiver program's written emergency procedures.

Standard 20: Incident /Accident Reporting

The program has a written policy for accident and incident recording and reporting.

Compliance 20.1. The program adheres to DFTA's policy for recording and reporting accidents and incidents. (See General Standards of Operation, Standard 20.4)

Compliance 20.2. The program uses DFTA's Accident/Incident Report Form. (See Appendix A)

Compliance 20.3. The program submits an Accident/Incident Report to DFTA no later than three days from the date of the accident/incident.

Compliance 20.4. Upon request, the program provides DFTA with Accident/Incident Reports or additional details about information in the report.

Standard 21: Caregiver Feedback

The program provides opportunities for Caregivers to provide feedback on services.

Compliance 21.1. The program provides opportunities for regular input from caregivers on satisfaction and service issues and can demonstrate that feedback is considered.

Compliance 21.2. At least annually, the program conducts a client satisfaction survey to evaluate the caregiver satisfaction, summarizes the results of the survey, and indicates what steps the program will take to address areas of dissatisfaction.

Standard 22: Contributions

The program provides caregivers with the opportunity to voluntarily contribute to the cost of the services that they receive.

Compliance 22.1. The program has written procedures for collecting and documenting contributions.

Compliance 22.2. The program adheres to DFTA's contribution guidelines (See General Standards of Operation, Standard 6)

Section 5. Documentation and Record Keeping

Standard 23: Documentation

The Caregiver program maintains required documentation and record of services.

Compliance 23.1. The program maintains current, complete and accurate caregiver, care receiver, and service information. Care plan/service details, intake, and assessment information are entered in the client tracking system within 10 business days of completion of the assessment.

Compliance 23.2. The program uses the correct service and unit definitions. (See attached Standard Service Definitions for Caregiver Programs)

Compliance 23.3. The program maintains caregiver and care receiver data, paperwork and supporting documents for seven (7) years from the end of the fiscal year in which the caregiver was discharged from the program.

Compliance 23.4. Financial Management of Respite and Supplemental Services. The program has an appropriate accounting system to manage and track respite and supplemental purchases.

Compliance 23.5. The program keeps track of respite and supplemental services utilization by each care receiver or caregiver referred for the service. The program ensures that it receives notice of respite and supplemental delivery from the provider.

Compliance 23.6. The program makes records and documentation available to DFTA upon request.

Appendix A: Incident/Accident Report Form



INCIDENT/ACCIDENT REPORT FORM

For use by programs under contract with the NYC Department for the Aging

Incident Report Forms must be completed and sent to your DFTA Program Officer, Contract Manager and/or Director within 24 business hours from the date of the incident/accident. Any requested information not available at the time of submission of this report must be submitted in writing as soon as it is available.

DATE: _____			
SERVICE PROVIDER/PROGRAM: _____ ID# _____			
Bureau/Program Area:			
<u>Community Services:</u>	<input type="checkbox"/> Case Management	<input type="checkbox"/> HDML	<input type="checkbox"/> Homecare <input type="checkbox"/> Elder Abuse
<u>Direct Services:</u>	<input type="checkbox"/> Senior Center	<input type="checkbox"/> NORC	<input type="checkbox"/> Transportation
<u>Social Service:</u>	<input type="checkbox"/> Foster Grandparents	<input type="checkbox"/> HIICAP	<input type="checkbox"/> Employment <input type="checkbox"/> GRC/MAP
<u>Office of Elder Justice</u>	<input type="checkbox"/> Caregiver	<input type="checkbox"/> SADS	
<input type="checkbox"/> Other _____			
EXECUTIVE DIRECTOR:		PROGRAM DIRECTOR:	
PROGRAM ADDRESS:		PHONE:	
Date of Incident	Time of Incident	Address/Location of Incident	Name/status of person(s) involved (Client, Staff, Volunteer, Other)

TYPE OF INJURY/PROPERTY DAMAGE/INCIDENT (check all that apply and describe on next page.)

- | | |
|--|--|
| <input type="checkbox"/> Physical Injury | <input type="checkbox"/> Property damage/vandalism |
| <input type="checkbox"/> Slip/trip/fall (outside/inside) | <input type="checkbox"/> Property stolen |
| <input type="checkbox"/> Choking | <input type="checkbox"/> Auto accident |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Auto vandalism |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Hazardous Material Exposure |
| <input type="checkbox"/> Client\workplace violence | <input type="checkbox"/> Inappropriate Behavior |
| <input type="checkbox"/> Contagious disease exposure | <input type="checkbox"/> Intoxication |
| <input type="checkbox"/> Elder Abuse (physical, emotional, financial, sexual/harassment) | |
| <input type="checkbox"/> Death | |
| <input type="checkbox"/> Other _____ | |

Was NYPD notified about this incident? Y N If Yes, pct./complaint # _____

If Yes, what was the outcome (Ex. did NYPD come to the scene? was police action taken?) _____

Appendix B: Service Definitions

Standard Service Definitions for Caregiver Programs

March 2021

NOTE: Clients should NEVER be automatically given a unit of service as a practice. Units are to be attributed to a client AFTER the service has been provided.

DFTA Contracted Service	Service Definition	Unit Type
Outreach	<p>Activities <i>initiated</i> by the AAA or its subcontractors for the purpose of identifying potential clients and encouraging their use of existing services and benefits. This includes face-to-face or telephone contact between a worker and an individual. The contact must be conducted one-on-one and not done as a group presentation. A table at a health event can be counted as outreach when providers conduct face-to-face identification of isolated individuals by discussing their needs and available programs one-on-one.</p> <p>Reporting Clarification: Outreach is when the AAA/subcontractor finds and older person who has no prior knowledge of the AAA, NOT when an older person finds the AAA/subcontractor.</p>	Contact
Public Information	<p>A planned effort to provide caregivers information about services, resources and entitlements. Activities include the distribution of newsletters, flyers, pamphlets, and brochures, the use of mass media for news, features, public activities, and public presentations by a service representative.</p> <p>Reporting Clarification: Each instance or event is to be counted as the unit. This is recorded as an aggregate event with an estimated audience size.</p>	Event
Information	<p>Providing an individual with information on a one-to-one basis about available services and opportunities in the community which enables them to locate and obtain needed resources on their own.</p>	Contact
Assistance	<p>Assistance provided on a one-to-one basis to caregivers on obtaining access to available services and resources in their community. Includes assisting the caregiver in defining problems/needs and capacities, linkage to services to address the problems/identified needs. When appropriate, assistance may also involve worker intervention, negotiation and advocacy with providers on the caregiver's behalf to ensure the delivery of needed services and benefits. Also included is follow-up.</p>	Contact
Counseling	<p>A one-to-one relationship between the caregiver and a worker trained in counseling techniques. The service is designed to alleviate stress or anxiety and to help the caregiver make appropriate choices and solving problems relating to their caregiving roles. Counseling can take place on an individual basis or in a group setting for caregivers who are involved with the same care receiver.</p>	Participant

DFTA Contracted Service	Service Definition	Unit Type
Support Group	Support groups may be designed for anyone in a caregiving role or may be for specific caregivers (e.g. Alzheimer’s disease, Parkinson’s disease, or based on the caregiver/care receiver relationship such as spouse, child). They may be educational and/or supportive and sharing, long term or short term. They may be in-person, online and/or telephone support groups.	Participant
Training	<p>Training programs may be delivered in one session or in a series, the duration may vary from an hour to a full day or longer, and cover numerous topics that can help and support the client in their care giving capacity, e.g., skills related to assisting care receivers with activities of daily living, legal issues, e.g., power of attorney, living wills, managing difficult behaviors, nutrition, health/wellness, e.g., stress reduction exercises.</p> <p>Reporting Clarification: training events that do not require preregistration and are open to the public should be reported as Public Information.</p>	Participant
Respite – Individual Respite	<p><u>Homemaker/Personal Care (HMPC)</u></p> <p>Includes assistance with the following tasks on behalf of or to assist a client commensurate with the person’s limitations in ADLs or limitations in both ADLs and IADLs:</p> <p>Some or total assistance with:</p> <ul style="list-style-type: none"> • All the tasks listed under Housekeeping/Chore • Bathing of the person in the bed, tub or shower; • Dressing; • Grooming, including care of hair, shaving and ordinary care of nails, teeth and mouth; • Toileting, including assisting the person on and off the bedpan, commode or toilet; • Walking, beyond that provided by durable medical equipment, within the home and outside the home; • Transferring from bed to chair or wheelchair; • Preparation of meals in accordance with modified diets, including low sugar, low fat, low salt and low residue diet; • Feeding; • Administration of medication by the client, including prompting the client of time, identifying the medication for the client, bringing the medication and any necessary supplies or equipment to the client, opening the container for the client, positioning the client for the medication and administration, disposing of used supplies and materials and storing the medication properly; • Providing routine skin care; • Using medical supplies and equipment such as walkers and wheelchairs; • Changing simple dressings 	Hour (excludes travel time)

DFTA Contracted Service	Service Definition	Unit Type
Respite – Individual Respite <i>(continued)</i>	<p><u>Housekeeping/Chore (HSCH)</u> Includes some or total assistance with the following tasks on behalf of or to assist a care recipient commensurate with the person’s limitations in IADLs:</p> <ul style="list-style-type: none"> • Making and changing beds; • Dusting and vacuuming the rooms which the person uses; • Light cleaning of the kitchen, bedroom and bathroom; • Dishwashing; • Listing needed supplies; • Shopping for the care recipient; • Laundering for the care recipient, including necessary ironing and mending; • Preparing meals, including simple modified diets; • Paying bills and other essential errands; • Escorting to appointments and community activities <p><u>Home Health Aide (HHA)</u> Provides health care tasks, personal hygiene services, housekeeping tasks and other related support services essential to the client’s health including:</p> <ul style="list-style-type: none"> • Assisting with tasks listed under Homemaking/Personal Care; • Performing simple measurements and tests to routinely monitor the care recipient’s medical condition; • Preparing meals in accordance with modified diets or complex modified diets; • Performing a maintenance exercise program; • Using medical equipment, supplies and devices; • Changing dressings to stabilize surface wounds; • Caring for an ostomy after the ostomy has achieved its normal function; • Providing special skin care; and • Administering of medication 	Hour (excludes travel time)
Respite – Individual Overnight	This is an overnight in-home service. Includes Homemaker/Personal Care and Home Health Aide services as described under Respite – Individual Respite.	Hour
Respite – Group Respite	<p><u>Social Adult Day</u> A structured, comprehensive program which provides functionally impaired individuals with socialization, supervision and monitoring, personal care and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance and case coordination and assistance. Programs must meet the NYSOFA Regulations for Social Day Care (Title 9, Section 6654.20)</p>	Hour

	<ul style="list-style-type: none"> • Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance and case coordination and assistance. • Clients receiving this service are functionally impaired. • All clients are assessed for functional impairments before they are accepted into the program. • Each client has an individualized service plan with expected outcomes based on the assessment and needs of the client. 	
DFTA Contracted Service	Service Definition	Unit Type
Respite – Group Respite (continued)	<p>Adult Day Health Health care services and activities provided to a group of registrants with functional impairments to maintain their health status and enable them to remain in the community. Programs are located at a licensed residential health care facility or an extension site. Programs are approved by the NYS Department of Health.</p> <p>Reporting Clarification: Do not report meals.</p>	Hour
Respite - Supervision	Services provided in the home to monitor, guide and oversee the care recipient’s actions and activities. The service provides support to care recipients who are isolated because of physical and/or cognitive limitations.	Hour
Respite – Other Respite	Includes overnight stays (e.g. nursing home, adult home, assisted living facility), sleep-away or day camps for children with grandparent or kinship caregivers.	Hour
Supplemental Services	<p>Supplemental services complement the care provided by caregivers and addresses the needs of the caregiver. These are not the traditional caregiver services. Supplemental services has a funding cap. No more than 20% of a program’s funding can be spent on supplemental services. All funds expended on supplemental services must be associated with a client. These funds may <u>NOT</u> be expended on giveaways.</p> <p>To be eligible for supplemental services a caregiver must be caring for an older person who is defined as frail under the Older Americans Act. This means that the care receiver is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing or supervision...or due to a cognitive or mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. [Sect. 102(22) (A) and (B)].</p>	See each Supplemental Service type below:
Supplemental - Escort (Assisted Transportation)	Escorting a person who has difficulties (physical or cognitive) with using vehicular transportation. The Administration for Community Living (ACL)/Administration on Aging (AoA) states that services reported in the assisted transportation/escort category must involve the personal accompaniment of the older person throughout an outing or trip. If a client receives an escort and transportation, the service is counted only under escort. A unit of escort and a unit of transportation cannot both be claimed.	One-Way Trip

	<p>Reporting Clarification: Assisted transportation/escort is NOT assisting a client to the lady's room in a senior center or to the counter to receive their meal at a senior center. Assistance offered by a van driver in operating a wheelchair lift or walking with an older person from the van to his/her front door is not considered assisted transportation/escort – the driver is simply being helpful to the older person as part of regular transportation activities.</p>	
DFTA Contracted Service	Service Definition	Unit Type
Supplemental - Friendly Visiting	A scheduled visit to an older person to provide socialization, recreation and the opportunity to observe and report the person's condition and circumstances.	Contact
Supplemental – Home Delivered Meal	A hot or other appropriate meal which meets nutritional requirements and is provided to an eligible person for home consumption.	Each Meal
Supplemental – Legal Assistance	Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.	Hour
Supplemental – Other	Includes disposable items such as incontinence supplies, nutritional supplements, laundry services, bill paying, heavy duty cleaning/trash removal, and other items.	Each Item
Supplemental – Personal Emergency Response System (PERS)	A service which utilizes an electronic device to alert appropriate people of the need for immediate assistance in the event of an emergency in an older person's home.	One Unit per Month
Supplemental – Shopping Assistance	Shopping on behalf of an older person.	Contact
Supplemental – Telephone Reassurance	Regularly scheduled telephone contact with follow-up as necessary and appropriate.	Contact
Supplemental – Transportation	Transportation from one location to another. Does not include any other activity. If a client receives an escort and transportation, the service is counted only under escort. A unit of escort and a unit of transportation cannot both be claimed.	One-Way Trip