

## **Case Assistance, Counsel Services and Information Standards**

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## **CASE ASSISTANCE STANDARDS**

*Case Assistance service is provided to older persons to link them with appropriate entitlements, services or other resources, and to assist them with problems of daily living. As appropriate to the individual's need, activities include information provision, assisted referral, entitlement counseling, advocacy, assistance navigating service systems, and supportive contact. Where allowed by DFTA, activities may include comprehensive assessment, care planning and reassessment for clients who have requested home-delivered meals.*

*Unit of Service: Each hour of service provided to or on behalf of a client.*

### **SCOPE**

#### **STANDARD 1. The program provides the service in accordance with its service proposal to DFTA.**

**Compliance 1.1.** The program provides the type(s) of case assistance that it proposed (in response to DFTA's RFP or in DFTA-approved updates). Each type is provided for the purpose(s) and in the manner defined below:

##### **Referral (Assisted)**

- The program serves clients with a wide variety of service needs by providing referrals to a full range of resources in the community. Exception: the response to DFTA's RFP specified that the program would refer only to specific services or resources (e.g. internal referrals only, such as referrals to other programs or services of the sponsoring organization or other services in the contract; referral only to a specialized health program, etc.).
- Each referral involves contact with the resource or service provider on behalf of a client to ascertain that the client can be served, and/or to make an appointment for the client, and/or to arrange the service for the client, and/or to facilitate linkage in some other way.

##### **Benefits and Entitlements Assistance**

- The program helps older individuals to apply for benefits and entitlements when they are eligible, or to obtain re-certification for entitlements.
- Each client is assisted through one or more of the following activities, as appropriate to the client's needs:
  - determination of the older person's eligibility for the benefit or entitlement.
  - screening of the older person for eligibility for other benefits and entitlements.
  - provision of counseling when the client is reluctant to apply for entitlements/benefits.

- assistance with filling out forms, completing paperwork, and/or collecting documentation.
- accompaniment of the older person to the office that administers the benefit or to other locations in connection with the application.

### **Immigrant Assistance**

- The program helps non-native older individuals adjust to the customs, systems and institutions of this country, acquire benefits and entitlements, and develop support networks.
  - Each client is assisted through one or more of the following: assisted referral; entitlements/benefits assistance; supportive contact; advocacy; other activities appropriate to the client's need.

### **Supportive contact**

- The program provides supportive contact to help individuals needing personal support or support with problems of daily living in one or both of the following ways:
  - provides help to clients who are frail, forgetful, or otherwise unable to cope independently with demands of daily life (e.g. by reading and interpreting mail; translation; helping the client make arrangements or appointments; reminding the client of appointments; helping to organize bill paying; accompanying the client to benefit offices, etc.).
  - assists older individuals to cope with or make decisions about specific personal or family problems identified as the reason for service need.
- Support is provided only where there is an identified problem/need/issue.
- Assistance involves such activities as reassurance, clarification, advice giving, filling out papers or forms, helping with tasks of daily living, etc.

*Note: Referral for mental health counseling should be considered when the client's emotional or personal needs exceed the scope of this type of assistance.*

### **Advocacy**

- The program provides advocacy to help clients who require personal representation or other types of direct intervention to obtain an entitlement or needed service which has been denied (or which is in jeopardy of being denied), or to prevent or forestall an action against the client (e.g. eviction; service cut-off), to assist with housing problems, or to initiate a formal appeals process, etc.
- Activities involve personal contact to urge the older person's case, negotiation on behalf of the client, assistance drafting or explaining written appeals, etc.

**Authorization of home-delivered meals (when allowed by DFTA).**

- See Standard 3 below.
- **Other**
- As defined in the program's response to DFTA's RFP or DFTA-approved updates.

**STANDARD 2. The program provides case assistance that is short-term or time-limited and outcome-oriented to clients served on site (walk-in) or over the telephone.**

**Compliance 2.1.** Each person is interviewed to determine that the client has a specific need/problem/desire that is appropriate to short-term or time-limited and outcome oriented service. *Exception: Clients requesting home-delivered meals.*

- The client's need/problem/desire is:
  - clearly identified by the worker.
  - able to be addressed through specific activities of the worker.
  - able to be resolved in one contact with the client or in a number of contacts over a short period of time.
  - clearly related to a specific desired outcome that is implicit or stated ( e.g. the client will gain access to a needed service or resource; the client will cope with a personal problem or issue; the client will be better able to maintain a physician-order health regimen, etc).
- Each activity of the case assistance provider is appropriate to achieving the specific desired outcome.

**Compliance 2.2.** If they cannot meet the client's identified need, workers refer to a more appropriate service provider.

- Clients in need of professional counseling are referred for appropriate mental health services.
- Service requests/needs for the following services are referred to a DFTA funded case management agency:
  - home care (unless the client is referred to a private home care provider or Medicaid).
  - adult day services.
  - home-delivered meals (unless the program has DFTA's permission to authorize meals).

**STANDARD 3. The program provides case assistance appropriate to long-term care service authorization if allowed by DFTA to authorize home-delivered meals.**

### **Compliance 3.1. Screening and Intake**

- The program makes an appropriate determination whether to do an intake or to refer elsewhere by conducting a preliminary screening interview with each client.
- Clients who appear to need in-home services in addition to home-delivered meals are referred to a case management agency.
- Clients who are eligible for Medicaid home care are referred to Medicaid.
- Basic and intake information are entered into PDS if the client is accepted for in-home assessment.

### **Compliance 3.2. Comprehensive client assessment and financial assessment**

- A worker who has been trained on client assessment techniques assesses each new client who appears to need home-delivered meals in her/his home before arranging for home-delivered meals service.  
*Exception: Emergency meals and meals for clients referred from a hospital discharge worker may be started prior to client assessment.*
- The assessment of each new client consists of a comprehensive, multi-dimensional interview with, and observation of, the client in order to determine ability to perform activities of daily living, mental status, social supports, health, housing, entitlement/benefits needs, and financial sufficiency.
- Each client is assessed for nutritional risk.
- The interview/assessment is documented on a PDS-generated Assessment Instrument and all data elements entered into the PDS system, or all data elements are directly entered into PDS.
- The worker uses the DFTA Financial Assessment to collect information about the client's finances so as to determine the need for assistance with entitlements or benefits, including whether or not the client is eligible for Medicaid. *Note: The client may refuse to provide financial assistance without service denial. Refusal is documented in the client's record.*
- Financial assessment information is entered into the client's PDS record.

**Opportunity 3.2.** Assessment summaries provide a full and comprehensive picture of the client (for example, there is evidence that the following dimensions are routinely addressed):

- strengths and capacities of the client (e.g. abilities, interests, skills, life experiences, attitudes, motivation, ability to cope, etc.).
- the adequacy of the client's informal caregiving system to meet the client's needs.
- the adequacy of the client's social involvement relative to her/his desires.

- the client's mental status and emotional well-being, including the presence or absence of depression, fears and concerns, adjustment problems, problems in the living situation, alcohol problems, etc.
- the condition of the client's home and how well the physical arrangements meet her/his needs.
- the client's past history receiving services, particularly services within the past six months.
- the client's health history and current health status, including problems, treatments, medications and their effects, frequency of seeing the doctor, recent hospitalizations, use of alcohol and tobacco.
- any communication, hearing problems, or vision problems.
- sufficiency of the client's financial resources; and eligibility for entitlements and benefits.
- the client's interest in, and willingness to, be as independent as possible.

**Compliance 3.3. Home-Delivered Meals eligibility/appropriateness determination**

- The worker determines whether or not the client is eligible and appropriate for the service (whether the client has difficulty shopping for food or preparing food, or other food-related impairments; whether the client currently has a Medicaid home attendant worker, or is eligible to receive Medicaid home care). *See standards under Target Population).*

**Compliance 3.4. Care Planning and Care Plan Implementation**

- The worker and the client develop a care plan to address the client's identified needs.
- The care plan is entered into the client's PDS record.
- The care plan specifies each service the client will receive and the length of time the client will receive the service.
  - Case assistance is entered as a service on the care plan.
  - Meals are authorized for a period of six months (until the next scheduled reassessment). However, when the client's need for the service appears to be temporary (for example, after a recent hospital discharge), an earlier date is scheduled for the reassessment and meals are authorized only until this date.
- The care plan lists also lists, where appropriate to need, assistance that will be provided with entitlements and benefits, and referrals for services other than meals (including referral for nutrition counseling where a need has been identified).
- The worker implements the care plan by arranging for needed services. Implementation may include referral to a case management agency (for example, if the client needs home care).

**Opportunity 3.4.** Care plans provide evidence of comprehensive care planning to meet assessed needs.

**Compliance 3.5. Client Monitoring.** The worker or another staff person calls the client every three months to monitor the ongoing appropriateness of the service and to evaluate whether additional services are needed.

**Compliance 3.6. Reassessment.** The worker conducts a comprehensive re-assessment of the client every six months (or at an earlier time if the client is not expected to need service for a full six-month authorization, or if the client's circumstances have changed).

- The reassessment is conducted in the client's home or place of residence.
- The reassessment covers all areas that were originally assessed and is updated on the PDS-generated Assessment Instrument (data that has changed is entered into PDS), or is updated directly in PDS.
- The worker updates the care plan to reflect the client's current needs at reassessment.
  - The updated care plan is entered into PDS.

**Compliance 3.7. Service Termination.** Service is terminated when it is no longer needed.

*Note: The program does not conduct the functions described in 3.1-2.7 for clients referred for home-delivered meals by a case management agency.*

**STANDARD 4. The program maintains a waiting list when service is not available, if allowed by DFTA to authorize home-delivered meals.**

**Compliance 4.1.** If there is a wait for home-delivered meals service, the program maintains a waiting list, prioritized in order of need.

**Compliance 4.2.** The program develops uniform guidelines for prioritizing clients in order of need on wait lists for home-delivered meals.

**STANDARD 5. Service activities are conducted in a timely manner.**

**Compliance 5.1. Referrals.** Referrals to other service organizations are made in a timely manner.

**Compliance 5.2. Entitlement/Benefit Applications.** Entitlement/benefit applications are submitted in a timely manner.

**Compliance 5.3. When the program is allowed to authorize home-delivered meals:**

- Initial assessments are conducted within ten days of intake.
- Initial assessments are conducted prior to service start.

*Exception: Emergency meals may be started prior to assessment. Initial assessments of clients with an emergency need for meals are conducted within ten working days of service start.*

*Exception: Meals for clients referred for short-term meals by a hospital discharge worker may be started prior to assessment. The assessment is conducted within 15 working days of service start. It must occur before home-delivered meals service can be terminated for a short-term client.*

- The care plan is completed within ten days of the in-home assessment.
- The client is reassessed every six months.
- The client is contacted every three months to monitor satisfaction with the service and its continued appropriateness to the client's needs.
- A waiting list for assessment and/or reassessment, prioritized in order of need, is maintained if the program cannot meet compliance timeframes.
  - When there is a waiting list for assessment or reassessment, clients on the waiting list are assessed or reassessed before new clients.

## **STANDARD 6. The program conducts outreach, public information and resource development appropriate to service type.**

**Compliance 6.1. Outreach/creation of community awareness**

*If the program provides only case assistance, or only case assistance and information, then:*

- The program conducts at least two of the outreach/building community awareness activities listed under General Program Standards.

*If case assistance is provided by a senior center or multi-services program, then:*

- General program outreach and marketing efforts (see general senior center standards) include a statement that the center can provide information about services and benefits for older persons, and (if applicable to the program) assistance in accessing them. It includes the service phone number, if different from the main telephone number.

## **Compliance 6.2. Resource Development**

- If the program is approved by DFTA to assess and care plan for clients, or if it provides assistance with entitlements /benefits (type of case assistance proposed):
  - current information about eligibility and application requirements for the most common benefits and entitlements for seniors (e.g. Medicare, Medicaid, SSI, HEAP, Food Stamps, Reduced Fare, etc) is maintained.
- If the program provides assisted referral (type of case assistance proposed):
  - it develops and maintains a file of resources and services available in its service area, including but not limited to the DFTA-funded case management agency, senior centers, social adult day services, transportation programs, senior employment programs, mental health programs, local social security office, tax preparation assistance office, legal services provider.
  - the resource file includes informal service providers such as churches, synagogues, fraternal organizations, ethnic clubs.
  - the resource file specifies the provider organization's name (including common name and acronym, if applicable), address, offices, telephone number, days and hour when open, under what conditions service is available (e.g. eligibility requirements), fees, and other crucial information.
  - the program has a demonstrable system for updating its resource information annually and responding to interim information changes.

## **Compliance 6.3. Public Information**

*If the program provides only case assistance, or only case assistance and information, or,*

*If the program is a senior center that provides more than 1500 units of case assistance (case assistance type is not limited to assessment for home-delivered meals),*

*Then:*

- The program conducts two public information events annually from the following list:
  - The program distributes information about one or more senior resources at one or more libraries, fairs, post offices, shopping centers or over the internet. The program may do this distribution alone or in collaboration with other agencies.
  - The program organizes a public presentation for older persons or people who work with the elderly on one or more services, benefits or programs.

- The program stations information staff or volunteers at one or more community locales (e.g. bank, library, shopping center).

**Opportunity 6.3.** The program conducts more than two public information events annually.

**STANDARD 7. The service is available, convenient and accessible.**

**Compliance 7.1.** The service is available throughout the hours of program operation, or the program posts designated hours (and/or days) in a visible place.

**Compliance 7.2.** Telephone lines for the service are either answered at all times, or there is a call waiting system, or a message stating calling hours.

**Compliance 7.3.** The program is able to provide assistance in the primary language of the majority of persons served.

**Compliance 7.4.** Senior center programs demonstrate that during the year they provided case assistance to persons who were not current center members at the time of first contact (this does not preclude the program from also serving persons who were center members when they first requested assistance).

## **LEVEL OF SERVICE**

**STANDARD 8. The program provides the number of budgeted units yearly.**

**Compliance 8.1.** The number of units of service provided by the program is within the variance allowed by DFTA.

**Opportunity 8.1.** The program delivers more than 100% of budgeted units.

**STANDARD 9. The program uses the correct unit definition in reporting level of service.**

**Compliance 9.1.** A unit of case assistance is each hour spent on direct client service (assistance to, or on behalf of a client). In addition to direct client contact, it may include collateral contacts on behalf of the client; travel to the client's home to conduct an assessment or home visit, conferencing or supervision on the client, documenting client information (intake and case notes whether on paper or in PDS). It does not include professional development, such as staff training.

## **STAFF APPROPRIATENESS AND CONTINUITY**

### **STANDARD 10. Staffing is appropriate to the service.**

**Compliance 10.1.** Staffing of the service (numbers of full-time staff, part-time staff, and volunteers, as well as number of persons in each position title) corresponds to the staffing proposed in the program's response to DFTA's RFP or the current program budget.

**Opportunity 10.1.** In addition to budgeted staff, the program utilizes students for MSW and/or BSW and/or Gerontology degrees to provide unpaid assistance.

### **STANDARD 11. Staff have the skills to perform the service.**

**Compliance 11.1.** Staff who perform the service meet the qualifications and hold the job titles stated in the program's response to DFTA's RFP.

**Compliance 11.2.** Staff designated as caseworkers have a minimum of a BSW degree, or BA/BS plus two years supervised casework experience.

**Compliance 11.3. Requisite skills.** As appropriate to the tasks they perform, all service staff and any volunteers providing the service demonstrate the following skills and knowledge, as applicable to their functions:

- Knowledge of types of entitlement/benefits for older people, and eligibility and application requirements.
- Knowledge of local and citywide resources for older persons.
- Ability to accurately prepare entitlement applications and to assist clients in completing applications.
- Interviewing skills.
- Ability to make appropriate referrals and to follow-up in a timely manner.
- Ability to maintain client confidentiality.
- Ability to write case notes.
- Client assessment skills (where applicable).
- Ability to work with clients empathetically and respectfully.

### **STANDARD 12. Full and half-time staff receive appropriate training.**

**Compliance 12.1. Training.** *See General Program Standards*

- **Programs that authorize home-delivered meals.** Staff that conduct client assessments and reassessments are trained on client assessment techniques by a person with an MSW degree, or by DFTA's Training Unit.

**Opportunity 12.1.** At least one of the staff that conduct client assessments and reassessments has participated in training for case managers offered by DFTA's Training Unit during the year.

**STANDARD 13. Staff receive appropriate supervision.**

**Compliance 13.1.** A supervisor is present to answer staff questions when the program is in operation, or a senior staff person is available for this purpose.

**Compliance 13.2.** Service supervisors have the skills and experience cited in the program's response to DFTA's RFP.

**Compliance 13.3.** Supervision of each worker is adequate (supervisory time is documented; supervision includes review of each worker's intake records and case notes and discussion of cases with the worker).

## PROCEDURES AND METHODS

### **STANDARD 14. The program has appropriate screening and intake procedures.**

**Compliance 14.1. Screening to determine type of need.** The initial inquiry is screened to determine whether the inquirer only needs information (client will follow up on information provided without additional assistance) or needs case assistance.

**Compliance 14.2. Information provision.** If the need is for information (without additional assistance) the person answering the inquiry:

- provides the information, *or*
- refers the inquirer to someone else who can answer the inquiry (this is not considered a referral), *or*
- makes an arrangement to call the inquirer back with the information needed or additional information.

#### **Compliance 14.3. Case assistance – Intake**

- See also General Program Standards.
- An Intake record is created in PDS on each new case assistance client.
  - If PDS has not been made available to the program, the program completes a paper Intake Form. In addition, the program completes a Participant Information Form for submission to DFTA if the program has not previously served the client.
- The PDS record documents basic information and intake information (if the basic elements are already in PDS --for example, client is currently being served by the program), they do not need to be entered again):

#### Basic

Name

Date of Birth

Sex

Social Security Number

Address

Borough

Living Arrangements

Marital Status

Ethnicity

Primary Language

Veteran Status

Total Monthly Income

Vision, Hearing, and Mobility Impairments (e.g. use of a wheelchair)

#### Intake

Date of Intake  
Referral source  
Presenting problem or need (reason why client is seeking assistance)  
Requested service (if applicable)  
Intake Next Steps

**STANDARD 15. The program has appropriate procedures for documenting service provision.**

**Compliance 15.1. Case Assistance Worker logs.**

- If PDS has been made available to the program, each worker maintains a log in PDS that is current and that documents:
  - The name of each person receiving case assistance.
  - The amount of time the worker spent providing case assistance to the client.
  - The specific casework activity to assist the client. *Note: May include supervision on the client, and/or case conferencing on the client, as well as direct client assistance.*
  - Non-client activities of the worker.
- If PDS has not been made available to the program, paper logs document the above.
- **Assisted Referral.** Assisted referrals are noted on the PDS Intake screen (Next Steps) with the name of the program to which the client is referred, or in the comments section of the log entry.

**Compliance 15.2. Case Notes**

- Caseworkers write case notes (should be within three days of the log entry) to explain and enlarge upon activities documented on the worker log or to establish casework history for a client. *Exception: When the type of casework activity noted on the worker log is self-explanatory.*
- Entries are sufficiently clear to enable a reader (e.g. another caseworker, the supervisor, or other authorized person) to understand exactly what was done for/with the client, including the nature of any counseling or supportive assistance or contacts made on behalf of the client, the date of the contact, and the parties involved.
- Case notes are written in PDS, if PDS has been made available to the program.

**STANDARD 16. The program has appropriate procedures for determining the results of service referral and/or benefit application on behalf of a client.**

**Compliance 16.1.** The outcome of assisted referrals and entitlement/benefit applications is noted in the client's file (e.g. case note indicating date of service start; date client begins to receive benefit/entitlement).

- Caseworkers follow up (call to client or provider) on the outcome of assisted referrals or entitlement/benefit applications when there is any doubt as to whether the client received the needed service or resource or benefit.
- Follow-up with either the client or the provider occurs within one month of the date assistance was provided, and monthly thereafter if action is pending.
  - Each follow-up contact is documented.

**STANDARD 17. The program follows appropriate guidelines for requesting and obtaining the client's informed consent to information sharing.**

**Compliance 17.1.** The client has given his/her informed consent (exception: PSA referrals) before the worker does any of the following:

- contacts community resources for information about the client.
- releases specific information about the client to a community resource.
- makes a referral or arranges services for the older person.
- arranges for group consultation with other agencies also serving the older person.

**Compliance 17.2.** The older person is informed of the following when his/her informed consent is requested:

- That consent is voluntary, but that it might not be possible to obtain or provide service without it.
- The nature and extent of the information being released or requested.

**Compliance 17.3.** Informed consent may be given orally or in writing, but is in writing (signed Release of Information) when casework occurs in the office (not over the telephone) or in any of the following circumstances:

- The community resource asking for or giving the information requires it.
- The older person requests it.
- The case assistance worker determines written consent is necessary.

**Compliance 17.4.** If the client's consent is given orally, the worker makes a dated and signed entry in the client record to document that consent was given. If the client's consent is in writing, a signed Release of Information Form or Authorization Form is placed in the client's record.

**Compliance 17.5.** Once given by the client, the client's consent (or Release form) covers all further exchanges of information related to the original request that are made within a year. A new consent (release or authorization) is obtained

- each year when the exchange is related to the original request.
- whenever the exchange is not related to the original request.

## **PHYSICAL ENVIRONMENT AND EQUIPMENT**

**STANDARD 18. The service has sufficient facilities and resources to operate efficiently and effectively.**

**Compliance 18.1.** Client interviews can be conducted in privacy.

**Compliance 18.2.** There is a sufficient number of telephone lines.

## **ADHERENCE TO TARGET POPULATION AND TARGET AREAS**

### **STANDARD 19. The service is provided to age-eligible residents of the program's contract service area.**

**Compliance 19.1.** Persons served are 60 years of age and older.

**Compliance 19.2.** Where the program's proposal in response to DFTA's RFP targeted a specific population for service, it meets its targeting objectives.

**Compliance 19.3.** Where the program is allowed by DFTA to authorize home-delivered meals (does its own client finding), the program can demonstrate that clients live in every neighborhood of the program's contract service area.

### **STANDARD 20. The population served has an appropriate need for the service.**

**Compliance 20.1.** All persons served have an identified need or problem (recorded at intake).

**Compliance 20.2.** Persons who are authorized for home-delivered meals meet all the following criteria:

- 60 years of age or older; *or* younger spouse and/or disabled dependent(s) of a person assessed to need meals, when in the client's best interest as determined by the assessor;
- Homebound or unable to walk/ride to congregate meal site unattended;
- Unable to prepare meals for any of the following reasons (documented on client assessment):
  - Incapacity due to accident, illness, or mental or physical frailty;
  - Lack of facilities such as refrigerator, stove;
  - Inability to shop for food;
  - Inability to safely prepare meals;
  - Lack of knowledge and/or skills;
- Inadequate or no informal supports who can provide meals on a regular basis;
- Able to live safely at home, if provided with meals or with meals and other services;
- Ineligible for, or does not require, Medicaid-funded home care;
- Not enrolled in a Medicaid-funded community based long term care program operating under a waiver (e.g. Lombardi, VNS Choice).

**Compliance 20.3.** The program encourages clients who pay privately for home care to have their worker prepare meals. Meals are provided only if:

- The client could not pay additional costs that would be involved.
- Worker is not available to prepare meals for each day.

**Compliance 20.4. Medicaid exceptions**

- **Temporary meals pending Medicaid decision.** Temporary meals may be arranged or continued for persons who have applied for Home Attendant service only while their application is pending.
- **Client Refusal to apply to Medicaid.** Temporary meals may be arranged or continued for persons who need but refuse to apply for Home Attendant service even though they appear income-eligible while the client is being counseled on the need to apply. Counseling may not extend beyond six months. If counseling has not been successful, the client should be referred to a DFTA-funded case management agency for case management.
- **Medicaid Home Attendant clients - emergency need.** Existing Medicaid clients whose meals are not prepared by a Medicaid home attendant may receive meals if:
  - Client has an emergency need for meal delivery
  - Program maintains contact with CASA until meal preparation is added to the CASA care plan.
- **Medicaid Home Attendant clients - refusal to eat meals prepared by Medicaid Home Attendant.** Meals may be provided only if:
  - The client's persistent refusal to eat meals prepared by their attendant has been documented.
  - The program can document ongoing unavailing advocacy with CASA for a home attendant who can prepare kosher or ethnic meals needed by the client.
  - The client would be at risk without meals.
- **Medicaid Home Attendant clients - insufficient CASA service.** Meals may be provided only if:
  - CASA will not change care plan (advocacy efforts must be documented).
- **Medicaid Home Attendant clients - lack of cooking facilities/cannot purchase food.** Meals may be provided if Medicaid client lacks cooking facilities or lacks resources to purchase food with Food Stamps.

## **RECORD KEEPING AND REPORTING**

### **STANDARD 21. The program correctly reports documented units of service to DFTA.**

**Compliance 21.1.** An accurate count of documented hours of case assistance is reported to DFTA.

**Compliance 21.2.** Reported units match on-site documentation of hours provided.

- If PDS is available to the program, PDS generated monthly units reports based on PDS worker log entries match hours of service reported to DFTA.
- If PDS is not available to the program, the total of hours documented on worker logs matches units reported to DFTA.

**Opportunity 21.2.** The program documents the type of information requests it receives in PDS (the program enters inquiry source, inquiry type, and caller type). If PDS has not been made available, the program tracks the number of contacts by type on paper.

### **STANDARD 22. The program maintains client files and other required documents.**

**Compliance 22.1. Client Files.** Records in PDS (or client files if PDS has not been made available to the program) contain:

- Intake information.
- Case Notes, as applicable.
- Documentation of follow-up (monthly) on service referrals and entitlement/benefit application.
- Complete Assessment and Reassessment information (when meals have been authorized by program), including Financial Assessment.
- Complete and current Care Plan (when meals have been authorized by program).
- Documentation of monitoring phone calls (when meals have been authorized by program).

**Compliance 22.2. Waiting List.** When the program authorizes meals, complete and up to date waiting list information is maintained in PDS.

**Compliance 22.3. Entitlement and Benefit Applications.** The program maintains copies of entitlement and benefit applications made on behalf of clients.

**Compliance 22.4. Service Records.** Completed worker logs.

## **COUNSELING SERVICE STANDARDS**

*Counseling is a planned and structured service provided to alleviate stress and anxiety, and help the older client cope with personal problems or make appropriate choices. It is short-term, time-limited and goal-specific. Qualified counselors provide the service face-to-face with clients on a one-to-one or group basis.*

*Counseling types include individual and group counseling. Entitlements counseling may be a type of counseling, if not provided as a type of case assistance.*

*Unit of service: One hour of individual or group counseling.*

### **SCOPE**

#### **STANDARD 1. The program provides the service in accordance with its service proposal to DFTA.**

**Compliance 1.1.** The program provides the type(s) of counseling proposed in its response to DFTA's RFP (e.g. individual and/or group).

#### **STANDARD 2. The program provides the service in accordance with professional standards.**

**Compliance 2.1.** The counselor meets with the individual client or the client's system (family members or significant others), or with the group, in one or more sessions, in a space that ensures the privacy of the session.

**Compliance 2.2.** The counselor meets face-to-face with the client (or group) to provide counseling. *Exception: Counseling may be provided over the telephone when the client is homebound.*

**Compliance 2.3.** The counselor uses professional counseling techniques to assist the client or group.

**Compliance 2.4.** The counselor conducts an in-person psychosocial assessment of each client.

**Compliance 2.5.** The counselor establishes goals of treatment for each individual and each group.

**Compliance 2.6.** The counselor sets timeframes for treatment, and regularly evaluates the progress of each individual or each group. *Exception: crisis intervention.*

**Compliance 2.7.** Counseling is provided in scheduled sessions, with day of the week and time as consistent as possible. Counseling is provided on an as-needed basis only when justified in the counseling plan.

## **LEVEL OF SERVICE**

### **STANDARD 3. The program provides the number of budgeted units during the year.**

**Compliance 3.1.** The number of units of service provided by the program is within the variance allowed by DFTA.

**Opportunity 3.1.** The program delivers more than 100% of budgeted units.

### **STANDARD 4. The program uses the correct unit definition in reporting level of service.**

**Compliance 4.1.** A unit of counseling is each hour spent on direct client service. It may include conferencing/supervising on the client or group, entry of client information (e.g. intake), and documentation of sessions (e.g. case notes). It does not include professional development, such as staff training.

## **STAFF APPROPRIATENESS AND CONTINUITY**

### **STANDARD 5. Staffing is appropriate to and adequate for the service.**

**Compliance 5.1.** Staffing of the service (numbers of full-time staff, part-time staff, and volunteers, as well as number of persons in each position title) corresponds to the staffing proposed in the program's response to DFTA's RFP or DFTA-approved updates.

### **STANDARD 6. Counselors are qualified to perform the service.**

**Compliance 6.1.** All persons providing counseling service have at least one of the following:

- Master's degree in Counseling, or Psychology, or Social Work, or Gerontology (with a concentration in Counseling), or Pastoral Counseling, or Nursing (with a concentration in psychiatric nursing).
- BSW, and one year supervised experience in counseling.
- Baccalaureate degree and two years experience as a counselor supervised by a psychiatrist, social worker, or psychologist in licensed clinical practice.

**Compliance 6.2.** All supervisors of counseling service have a Master's degree in Counseling, or Psychology, or Social Work, or Gerontology (with a concentration in Counseling), or Pastoral Counseling, or Nursing (with a concentration in psychiatric nursing).

### **STANDARD 7. All counselors receive appropriate training and supervision**

**Compliance 7.1.** Each counselor employed by the program attends at least one documented formal training relevant to the provision of counseling service during the year.

**Opportunity 7.1.** At least one person on the counseling staff has attended more than one documented formal training session or conference relevant to the provision of counseling service during the year.

**Compliance 7.2.** The counseling supervisor assures that the individual/group counseling plan is properly developed and that individual/group notes document appropriate interventions.

**Compliance 7.3.** The supervisor holds scheduled supervision with each counselor on a weekly or biweekly basis.

## **PROCEDURES AND METHODS**

### **STANDARD 8. The program screens each client for suitability.**

**Compliance 8.1.** The initial inquiry is screened to determine whether the service is appropriate for the client (see Target Population) or whether the client should be referred elsewhere.

**Compliance 8.2.** If a client is referred to another service provider (e.g. community counseling program, etc.), the program follows up with the client or program to ensure linkage (referral and follow up are documented).

### **STANDARD 9. The program collects basic and intake information on each client accepted for service.**

**Compliance 9.1.** The program collects the following information about the client and enters it in the Provider Data System.

#### Basic

Name

Address

Zip code

Social Security Number

Date of Birth

Sex

Income

Marital Status

Living Arrangements

Ethnicity

Veteran status

Total monthly income

Impairments (Vision, Hearing, etc.)

#### Intake information

Date of Intake

Referral source

Presenting problem

Requested Service

Intake Next Steps

- If PDS is not available to the program, a paper Intake and a Participant Information Form (PIF is submitted to DFTA) are completed.

**STANDARD 10. The program does a psychosocial assessment of each client accepted for service.**

**Compliance 10.1.** A psychosocial assessment is conducted on each client that documents:

- Personal history (e.g. marital status, children/family system; cultural/ethnic background; place of origin, personal milestones, religious affiliation).
- Physical and psychiatric history/history of current problem.
- Work history and accomplishments.
- Leisure time and hobbies (e.g. how time is spent, activities enjoyed; talents and skills).

Note: the Psychosocial for group counseling members may be conducted after the individual has become an established member of the group.

**STANDARD 11. The program develops a counseling plan with each individual counseled or each group.**

**Compliance 11.1.** The plan states:

- the problem that will be worked on.
- the goal(s) of treatment (individual or group).
- the projected date for evaluation of goal accomplishment.
- the schedule of sessions (e.g. weekly, bi-weekly, etc;).

**Compliance 11.2.** The counselor and counselees review the plan and status of the original problem within 10 days of the projected date for evaluation of goal accomplishment.

- The plan is updated if necessary, with a new timeframe.

**STANDARD 12. The program maintains case notes on counseling sessions.**

**Compliance 12.1. Individual counseling**

- A record of each session is maintained in the client's file.
- The nature of each entry is sufficiently detailed to facilitate transfer of the case and to serve as a tool for supervision.

**Compliance 12.2. Group counseling**

- A record of each session is maintained, listing those in attendance and highlighting dynamics of the meeting. Case notes on individuals are not required.

## **ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS**

### **STANDARD 13. The program serves only clients who are appropriate for counseling service.**

**Compliance 13.1.** All clients served by the program are appropriate for short-term, time-limited, goal-oriented counseling that is supportive in nature.

**Compliance 13.2.** Persons in extremely agitated states, or persons who exhibit psychotic behavior or whose emotional or personal needs exceed the scope of the program, are inappropriate for this service and are referred to a mental health facility or other professional institution or practitioner.

## **PHYSICAL ENVIRONMENT AND EQUIPMENT**

### **STANDARD 14. The physical space is appropriate for counseling activities.**

**Compliance 14.1.** Counseling occurs in an enclosed space that provides an opportunity for the client(s) and counselor to talk openly without being overheard.

## **RECORD KEEPING AND REPORTING**

### **STANDARD 15. There is on-site documentation to support unit reporting.**

**Compliance 15.1.** There is on-site documentation for the number of units reported.

- If PDS has been made available to the program, PDS-generated monthly unit reports based on worker log entries match units reported.
- If paper is used, each worker maintains a dated worker log for individual counseling and/or a record for group counseling that documents:
  - The worker's name
  - Name of each client provided with individual counseling or indication that group counseling was provided.
  - Amount of time spent on counseling service.
- The amount of time spent on client activity matches the number of units reported to DFTA.

### **STANDARD 16. The program maintains other required records.**

#### **Compliance 16.1. Client Records**

- Basic registration/intake information.
- Psychosocial information.
- Case notes.
- Termination note (client no longer receiving service).
- Record of actual counseling hours each client received (if PDS is available to the program).

#### **Compliance 16.2. Employee Records**

#### **Compliance 16.3. Service records (worker logs)**

#### **Compliance 16.4. Other**

- Documentation on clients referred out (inappropriate for counseling service).
- Individual and Group Counseling Plan

## **INFORMATION SERVICE**

*Information service involves the provision to individual inquirers of accurate and relevant information about programs, services, benefits, entitlements, and other resources for older persons. It is provided to an individual face-to-face, by telephone, or through the mail, and is intended for persons who can take appropriate action on their own once provided with information. It does not include assisted referral or follow-up on a referral (case assistance activities).*

*Unit of Service: Each contact.*

### **SCOPE**

#### **STANDARD 1. The program provides accurate, complete, and current information about community resources.**

**Compliance 1.1.** The program provides the types of information appropriate to whether to whether it is a full-scale information service, or a specialized information service, as proposed in its response to DFTA's RFP.

Full-scale information service:

The program provides information on:

- Eligibility and application requirements for the most common benefits and entitlements for seniors (e.g. Medicare, Medicaid, SSI, HEAP, Food Stamps, Reduced Fare, etc.)
- Resources and services available in the community, including but not limited to the DFTA-funded case management agency, senior centers, social adult day services, transportation programs, senior employment programs, mental health programs, local social security office, tax preparation assistance office, legal services provider.
- Informal service providers, such as churches, synagogues, fraternal organization, ethnic clubs etc. in the community.

Social service or health program providing limited information service:

The program provides information about the organization's own programs only, or about specific services or resources only, as specified in its response to DFTA's RFP.

**Compliance 1.2.** The program maintains up-to-date comprehensive resource files, as appropriate to its type.

**Compliance 1.3.** Resource files on service/resource providers contain current information on:

- provider name and/or acronym, address, telephone number, and days and hours when service are provided by both the main office of the resource and any branch office.
- contact name.
- services provided by the resource.
- eligibility requirements and application procedures or intake procedures.
- cost of the service and/or donation policies.
- geographic areas served.

**Compliance 1.4.** The resource file can be easily understood and accessed by staff that provide information.

**Compliance 1.5.** The program has a demonstrable system for updating staff on changes to entitlements/benefits/services requirements and other information changes as they occur (e.g. posted memos, agenda item for staff meetings).

**Compliance 1.6.** The resource file is updated at least once a year.

## **STANDARD 2. Information is provided in a manner that enables inquirers to obtain the services/resources they need.**

**Compliance 2.1.** Information workers:

- Respond to each inquirer's stated needs or help the inquirer to clarify the type of information needed.
- Provide sufficient information to enable the inquirer to understand the services provided by the resource and how to obtain these services (eligibility requirements, name of provider, hours of operation, telephone number or address).
- Confirm that the inquirer understands the services available and how to access them, and that the inquirer can self-access, or has a source of informal help.
- Encourage the inquirer to call back if he/she encounters additional problems or has trouble getting services.

## **LEVEL OF SERVICE**

### **STANDARD 3. The program provides the number of budgeted units yearly.**

**Compliance 3.1.** The number of units provided by the program is within the variance allowed by DFTA.

**Opportunity 3.1.** The program provides more than 100% of budgeted units.

### **STANDARD 4. The program uses the correct unit definition in reporting levels of service.**

**Compliance 4.1.** Each contact with an individual inquirer is one unit of service.

- Multiple requests for information made during one contact with an individual are counted as one contact only.
- When a phone call from an inquirer is transferred from one staff person or volunteer to another, it counts as one unit only.
- Senior-center based programs do not count information about the center's services as units – e.g. what's on the lunch menu; hours of program operation; informing a center member about educational/recreational activities.
- Group presentations are not counted as units.

## **STAFF APPROPRIATENESS AND CONTINUITY**

### **STANDARD 5. Staffing is appropriate to deliver the service.**

**Compliance 5.1.** There are a sufficient number of information givers to provide the service at budgeted levels.

### **STANDARD 6. Information givers have the skills to perform the service.**

**Compliance 6.1.** Information givers demonstrate the following:

- General knowledge of the aging process.
- General knowledge of the aging network service delivery system.
- Knowledge of the range and structure of services available to older residents of the service area.
- Knowledge of entitlement and benefit programs for older persons.

**Compliance 6.2.** Information givers have the skills to perform the following activities:

- Compile, use and update resource files.
- Communicate with older people and service providers.
- Direct the interview so as to determine whether the inquirer needs help clarifying his/her information need.
- Assist in clarifying the information need, where necessary.

### **STANDARD 7. Information givers receive ongoing training and supervision.**

**Compliance 7.1. Training.** *See General Program Standards.*

**Compliance 7.2.** Each information giver has a supervisor who routinely reviews the information giver's performance.

## **PROCEDURES AND METHODS**

### **STANDARD 8. Procedures ensure timely response to inquiries.**

**Compliance 8.1.** Staff is deployed so that during normal program operating hours, a staff person capable of providing accurate information answers the telephone or is immediately available if a receptionist answers the telephone. If a staff person trained to provide information is unavoidably not present, the person answering the telephone is trained to:

- Know what information he/she can give.
- Take the caller's name and telephone number and tell the caller when he/she will be recontacted.
- Provide the name and telephone number of a resource if caller has an emergency need.

### **STANDARD 9. The program appropriately documents service provision.**

**Compliance 9.1.** If the program has PDS, each inquiry contact is documented in PDS by entering the inquiry source and the inquiry type.

**Compliance 9.2.** If the program does not have PDS, the program tracks:

- the number of inquiries (contacts/units).
- the types of inquiry.

## **PHYSICAL ENVIRONMENT**

### **STANDARD 10. The program has adequate telephone lines.**

**Compliance 10.1.** There are sufficient telephone lines so that staff can call out and incoming calls can be received.

## **RECORDKEEPING AND REPORTING**

### **STANDARD 11. The program correctly reports documented units of service to DFTA.**

**Compliance 11.1.** An accurate count of documented information contacts is reported to DFTA.

**Compliance 11.2.** Reported units are supported by on-site documentation.

- If PDS is available to the program, PDS-generated monthly unit reports document units reported to DFTA.

### **STANDARD 12. The program maintains other required documentation.**

**Compliance 12.1.** Records of information contacts by type of inquiry are maintained at the site.