

Case Management / Home Care / Home-Delivered Meals / Social Adult Day Standards

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CASE MANAGEMENT STANDARDS

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CASE MANAGEMENT STANDARDS

Department for the Aging (DFTA)-funded case management is a method of providing services whereby a worker assesses the needs and desires of the older person and the person's family and, when appropriate, arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services and interventions to meet the person's complex needs and desires. The main goal of DFTA-funded case management is to assist older adults in their efforts to age in place (i.e., to continue to live at home and to engage or re-engage in their lives and in their communities).

SECTION 1 DEFINITIONS

Core Functions

Case management's core functions are: (1) Identification of the client's needs and capabilities through a comprehensive strength-based intake and assessment. (2) Comprehensive financial assessment to determine whether clients are enrolled in or eligible for various city, state and federal programs and services. (3) Development of a comprehensive and coordinated care plan with clients and caregivers that is based on the needs and desires identified in the assessment and that prescribes the interventions that will assist the older person to age in place. (4) Implementation of the care plan, including service authorization and/or linkages to services that clients need to continue both living at home and being engaged in their communities. (5) Care coordination that allows clients and their caregivers to make informed choices about long-term care options, costs and planning for future needs. (6) Care plan management including monitoring of the effectiveness of interventions and service delivery.

Target Population

The "target population" for DFTA-funded case management is functionally and/or cognitively impaired individuals 60 years of age or older. DFTA-funded case management must also recognize and address the special needs and challenges of the diverse New York City population including those from different socio-economic, racial and ethnic backgrounds, as well as recent immigrants, and lesbian, gay, bisexual, transsexual and transgender adults.

Authorized Representative

An "authorized representative" is a person authorized, in writing, by the client to represent them in the case management process.

Case Management Only

"Case management only" designates clients who receive DFTA-funded case management as the result of an in-home assessment, without receiving other DFTA-funded services, but who have unmet needs. It does not designate clients on a waiting list for DFTA-funded home care, home delivered meals or social adult day services or persons for whom an assessment has been scheduled but not yet performed. "Case management only" clients must meet the same functional impairment eligibility requirements as DFTA-funded home care clients, as determined by the in-home assessment.

Cost Share

"Cost Share" means the amount the recipient of DFTA-funded home care may be required to pay towards the DFTA-funded home care service provided. The New York State Office for the Aging requires cost sharing and annually determines the cost share rate for DFTA-funded home care services based on client income.

Unit of Service

"Unit of Service" means each hour of direct service provided to, or on behalf of, a client including travel time from the office to visit a client or between clients; time spent completing client forms and updating case notes, including case entries done by a case manager; case consultations with supervisors and phone contacts with

other agencies regarding individual clients, completing benefit forms and/or applications, and the provision of information and referral for older people and/or their families for whom no case has been opened.

SECTION 2 SCREENING AND INTAKE

Screening

The purpose of screening is to determine if the person making the initial inquiry or who is being referred to the case management agency is eligible for the DFTA-funded comprehensive case management services that the agency provides. DFTA-funded case management services include—but are not limited to—assessment and eligibility determination for, and authorization of DFTA-funded home care, home delivered meals and social adult day services.

Persons making initial inquiries must be interviewed in sufficient depth to determine the type of assistance needed, whether the person needing assistance is at least 60 years of age and has functional impairments and unmet needs sufficient to need assistance to age in place, and whether to open a case or provide information and/or referral.

If a person requesting case management does not live in the agency's service area, the person must be referred to the appropriate case management agency.

Persons whose initial request is for DFTA-funded home-delivered meals, home care and/or SADS for which there are waiting lists should be advised of the approximate wait for these services and informed about other meal programs, private pay home care or other home care resources, and/or private pay SADS, and assisted to obtain these services where appropriate and necessary. The presence of waiting lists for these other DFTA-funded services, however long, should not, however, preclude a comprehensive strength-based intake and in-home assessment which may reveal the presence of other case management needs (*e.g.*, assistance applying for benefits and entitlement programs, linkage to grief counseling or mental health/wellness programs, caregiver respite, elder abuse counseling, etc.) that can be addressed immediately.

Medicaid certified or apparently Medicaid eligible persons in need of home care are not ineligible for a comprehensive strengths-based intake and/or in-home assessment based solely on their Medicaid certification or apparent eligibility. Among other case management needs these persons may have are (1) assistance with application for Medicaid home care, and/or (2) DFTA-funded Temporary Home Care.

The older person must be visited when she/he appears confused or disoriented over the phone, when language difficulties prevent telephone communication, or when urgent nutritional or safety problems or other emergencies are reported.

Persons who, as a result of the screening, are determined not to be at least 60 years of age, do not need assistance to age in place, and/or do have functional impairments are appropriately referred and/or assisted with needs that do not require in-home assessment.

Intake

At a minimum, intake must (1) lay the groundwork for a trusting relationship with the prospective client, (2) provide the client with accurate program information, (3) establish preliminary eligibility for the program in terms of age, functional and/or cognitive impairment and existence of unmet need to age in place, and (4) result in a decision about next steps.

At intake, clients are (1) assisted with needs that do not require an in-home assessment, (2) scheduled for assessment immediately or within ten days, or (3) placed on a waiting list for assessment.

SECTION 3 ASSESSMENT

Case Manager Assignment

When a person is not referred out, he/she becomes a client and the case management agency opens a case in the Provider Data System (PDS). A case manager must be assigned who is and will remain the primary contact for the client, and who coordinates contacts with the client by other agency staff. The case manager assigned to the client must make a home visit to interview and assess the client regardless of whether a service is requested by the client that the agency can authorize (*i.e.*, DFTA-funded home care, DFTA-funded home delivered meals or DFTA-funded SADS).

Assessment Instrument

DFTA's Assessment Instrument must be used. All sections must be completed. This includes the PDS-generated assessment form, frozen meal assessment, elder abuse screen, PHQ9 depression screen, modified CAGE, social isolation screen and other screens that are identified or developed over the life of the contract.

Timeframe for Assessment

The assessment must occur no later than ten work days after initial intake of client information. If the assessment cannot be performed within this timeframe, the client must be placed on a waiting list for assessment.

Exception: An assessment may be temporarily delayed if requested by the client or his/her authorized representative. The client's file must document the reason for the delay.

The assessment must occur prior to authorization or arrangement for DFTA-funded home care, home delivered meals or SADS.

Exception: DFTA-funded Emergency homecare or home-delivered meals or SADS may be authorized or arranged before the assessment is completed. In such cases, the start date and reason for providing service must be documented in the case notes and the assessment must be conducted within five work days of the start of service delivery.

Location of Assessment

The assessment must be conducted face-to-face with the older person and, if applicable, his/her authorized representative. It must take place in the client's home or usual residence.

Exception: The interview may be conducted in another setting (*e.g.* a hospital or residential facility) but a home visit must be made within five work days of the individual's return to his/her usual residence.

Need for Accommodation

Where the older person being interviewed has difficulties communicating because of a visual or hearing impairment or another issue (*e.g.*, a lack of fluency in English), the person will need some accommodation for the entire assessment process. The case management agency will use the best method available to communicate with that person. This might involve using someone from another agency that specializes in working with persons with that special need, utilizing an interpreter, or involving a family member or friend who will be present during the assessment to aid in communication with the older person.

Getting Information from Others

If the client does not object, formal and/or informal caregivers should be involved in the assessment process. The type of care that informal caregivers can provide should be documented.

When the client has been referred from a hospital or other formal service provider (*e.g.*, CHHA), the case manager must request the assessment and discharge summary information from the previous provider.

Where necessary to fill in gaps or provide information, other persons familiar with the client should be contacted with the client's permission.

Financial Assessment

Before DFTA-funded home care or SADS can be authorized, the client's financial status must be assessed using the Financial Assessment Form. The case manager must ask for documentation of a client's assertions about his/her financial status. Clients requesting services other than DFTA-funded home care or SADS should be asked for financial information to screen for entitlements and benefits.

Refusal to Provide Financial Information

If a prospective DFTA-funded home care recipient refuses to provide financial information, this service can be provided only if the client agrees to pay the highest cost-share amount for the service.

If a prospective DFTA-funded SADS recipient refuses to provide financial information, SADS service can be provided only if the client agrees to pay the full per-slot cost for SADS service. Clients should be prioritized for SADS based on their need and financial status.

If a client does not provide financial information, they may still receive services other than DFTA-funded home care and SADS, but the request to the client for this information and the explanation for how it can be used to assist the client must be documented in case notes.

Calculating Income and Housing Expenses

Income determination must include the following: social security, wages, salary, pensions, annuities, net income from the sale of real property, rental income, interest earned on savings, and any other source of income.

Housing expenses should be calculated as the actual housing expenses if the client lives alone. If the client lives with another person, that person's income is included in the income calculation. If the client lives with another person but that person declines to divulge income, (and is not a recipient of DFTA-funded home care) housing expenses should be set at half of the actual expenses.

Release of Information/ Client Privacy

A signed DFTA Release of Information must be obtained each time a client is assessed. This release should include the case management agency's partners and cover any exchange of information relevant to the assessment or reassessment and consequent care planning. If circumstances occur between assessments that require a release of information, telephone permission from the client must be documented in case notes.

Client information may be shared only with client consent and only (1) when pertinent to services provision, or (2) when requested by authorized agency personnel and/or government representatives in connection with program monitoring.

Client Rights

The case manager must review the statement of Client's Rights with the client each time an assessment is conducted and the client must be given a written copy.

The Assessment Summary

A written summary must give a complete picture of the client: the client's strengths, their current supports and resources, the factors that negatively affect everyday functioning and long term well being, and their hopes for engaging or re-engaging in their lives and communities. The summary should state whether the client can be expected to become more autonomous through rehabilitation, education, use of adaptive devices or linkage to community supports (*e.g.*, friendly visiting programs, income supports, civic engagement opportunities, etc.). The summary should note when the case manager recommends that the client's reassessment occur.

Finalizing the Assessment

The assessment must be signed by the case manager conducting the interview.

SECTION 4 ELIGIBILITY DETERMINATIONS

DFTA-funded Case Management Eligibility

Individuals authorized for DFTA-funded case management must:

- be 60 years of age or older (except where noted later in this section),
- functionally and/or cognitively impaired which results in the need for assistance with at least one Activity of Daily Living (ADL) or assistance with at least two Instrumental Activities of Daily Living, and,
- have unmet needs for case management assistance (but not necessarily unmet need for DFTA-funded home care, DFTA-funded home delivered meals and/or DFTA-funded social adult day services).

Where it is necessary for the older person who is in receipt of DFTA-funded case management to be able to age in place, the case management agency may need to provide case management services for the older person's caregiver(s) or for a disabled or minor dependent for whom the older person is the primary caregiver.

DFTA-funded Home Care Eligibility

All individuals authorized for DFTA-funded home care must meet the New York State requirements for the EISEP program:

- be 60 years of age or older
- have functional limitations, as shown by the need for the assistance of another person with at least (a) one Activity of Daily Living (ADL) such as bathing, grooming, dressing, washing, feeding, toileting, mobility, and transferring, or (b) two Instrumental Activities of Daily Living (IADLs) such as shopping, laundry, meal preparation, reheat meals and cleaning (for housekeeping); and
- have unmet needs for assistance with ADLs and/or IADLs; and
- be able to be maintained safely in the home if support is provided; and
- be ineligible for housekeeping or home attendant or home health aide services under any other government program, including Medicaid or Medicare¹; and
- there are no other resources available to assist the client and the DFTA-funded home care services do not duplicate other services being received.

Clients in receipt of DFTA-funded home care services at the time of the assessment or reassessment who are assessed to no longer be eligible for DFTA-funded home care or to be eligible for less hours of DFTA-funded home care should be counseled about other options.

¹ The case manager may authorize DFTA-funded home care for clients who will receive private pay or Medicare-funded home care as long as the home care services provided by Medicare or private pay do not overlap or duplicate the DFTA-funded services.

DFTA-funded Home Care & Medicaid

DFTA-funded home care may not be provided to older persons who are Medicaid certified or who appear to be eligible for Medicaid, unless the individual applies for Medicaid including submitting an M11Q application for Medicaid homecare. Under those circumstances, DFTA-funded Temporary Care may be provided pending the client's acceptance for home care services by Medicaid. The case management agency must follow up with the CASA office to which the Medicaid application was made at least every thirty days until the decision is known. The case management agency must immediately notify the DFTA-funded home care agency and, within five business days, notify DFTA of the decision on Medicaid eligibility for home care.

DFTA-funded Temporary Care may *not* be provided for clients who are or may be eligible for Medicaid home care *through the Medicaid Surplus program*.

However, older persons who are Medicaid certified or who appear to be eligible for Medicaid and who are in need of case management services should be assisted where appropriate.

DFTA-funded Home-Delivered Meals Eligibility

Individuals authorized for DFTA-funded home-delivered meals must:

- be 60 years of age or older (except where noted below), and
- be unable to attend a congregate meals site unattended and be unable to prepare meals because of: incapacity due to accident, illness or physical or mental frailty; lack of facilities such as refrigerator or stove; inability to safely prepare meals; lack of knowledge and/or skills on how to prepare meals; and
- lack formal or informal supports who can regularly provide meals; and
- be able to live safely at home with services to be provided.

Except as described in the next section, DFTA-funded home delivered meals may not be provided to persons who already have home care for twenty hours or more per week from a Medicaid Home Attendant, or DFTA-funded home care or private pay homecare.

Clients in receipt of DFTA-funded home-delivered meals at the time of the assessment or reassessment who are assessed to no longer be eligible for DFTA-funded home-delivered meals should be counseled about appropriate resources such as congregate meals, food pantries, etc.

When it is in the best interest of the older person receiving a DFTA-funded home delivered meals, DFTA-funded meals may also be provided to: (1) her/his spouse or domestic partner, regardless of age or physical condition, and (2) a disabled dependent(s) living in the same household who is under 60 years of age. Explanation of why it is in the best interest of the client receiving the DFTA-funded home delivered meals for these other individuals to receive home delivered meals should be made in the client's notes.

DFTA-funded Home-Delivered Meals Exceptions Involving Medicaid

DFTA-funded home-delivered meals may be provided on a temporary basis in the following situations involving Medicaid recipients and must be documented as specified.

- **Client has emergency need.** Circumstances must be explained in case notes and a date set for review.
- **Client needs home care and appears to be income and resource eligible for Medicaid (without surplus) but refuses to apply.** If meals are provided, documentation must: (1) indicate how client can be maintained safely in the home without needed home care; and, (2) specify efforts made to counsel the client regarding Medicaid application. (If the client is at risk without home care, case notes must document ongoing efforts to counsel the client, discuss options with informal supports, or refer the client to Adult Protective Services).

- **Client refuses to eat food prepared by the Medicaid Home Attendant (including kosher or halal meals).** Case notes must document: (1) the persistence of the client's refusal; (2) attempts to counsel the client regarding eating the food prepared by the Medicaid Home Attendant; (3) discussions with the CASA or Medicaid home care vendor to determine what can be done to ensure the client will accept the food prepared by the Medicaid Home Attendant (*e.g.*, training of Home Attendant, replacement of the Home Attendant, etc.); and, (4) how the client will be at risk if DFTA-funded home delivered meals are not provided.
- **Client eligible for or receiving Medicaid Home Attendant service but has no cooking facilities (*e.g.* lives in an SRO) or cannot afford to purchase food.** Case notes must document need for meals. When meals are provided because client cannot afford food, case notes must document efforts to increase Food Stamps and to link the client with other sources of public and private income supports.
- **Note: Home-delivered meals cannot be provided to Medicaid home care recipients whose HRA care plan includes meals preparation.** If, however, the HRA care plan does not include meals preparation and the client is unable to perform food preparation tasks, the case manager must advocate with HRA to include meals in the care plan. In addition, if the client is an existing DFTA-funded home-delivered meals recipient, case notes must document advocacy with HRA for home attendant to begin meal preparation and a date must be set for review and possible termination of the home delivered meals if there are no other needs.

DFTA-funded Home-Delivered Meals & Adult Protective Services (APS) Clients

When APS refers a client for home-delivered meals, the case management agency must request a copy of the APS care plan. APS should be given a date by which to comply with the request.

DFTA-funded Social Adult Day Services Eligibility

Individuals authorized and referred for DFTA-funded SADS must meet the following eligibility requirements:

- be 60 years of age or older.
- be a resident of the designated SADS catchment area.
- have an unmet need for assistance with at least one of the following Activities of Daily Living (ADLs): toileting, mobility, transfer, or eating.
- be able to be maintained safely in the home if supports are provided.
- (for those persons with a cognitive impairment) have an unmet need for supervision due to Alzheimer's disease, dementia, developmental disabilities, or other causes of cognitive dysfunction.

Program-specific eligibility criteria: In addition to these eligibility requirements, case management agencies must adhere to the SADS program's written admissions and discharge criteria.

Note: The case manager may authorize SADS for clients who pay privately for home care or SADS, or clients who receive DFTA-funded home care or home-delivered meals. In each case, the client's care plan must be suitable to the client's need and circumstances, and demonstrate a suitable use of service resources. These services should complement each other and not overlap.

Clients eligible for Medicaid or in receipt of Medicaid can be authorized for DFTA-funded SADS if a medical model social adult day program does not meet their needs.

A statement of medical conditions should be obtained from the client's doctor for all clients receiving DFTA-funded SADS. The statement should be obtained within two months of start of SADS service and kept in the client's file. The statement should be shared with the SADS provider.

Only the DFTA-funded case management agency conducts assessments for the purpose of establishing eligibility for DFTA-funded SADS. (SADS providers do their own assessment solely to assess individual service plan needs.)

If an individual currently receiving DFTA-funded SADS no longer meets the SADS provider's admission requirements, he or she may continue in the program while discharge planning is under way. Social adult day providers must provide at least four weeks written notice of ineligibility to allow the case management agency sufficient time for discharge planning.

SECTION 5 CARE PLAN

General Care Planning

A written care plan for each person receiving DFTA-funded case management services, including those receiving case management only, must be developed within six work days of the date of the assessment visit.

- The person who performs the assessment must complete the recommended care plan.
- The case manager's supervisor must review and sign the completed assessment and care plan before services can be authorized or begin and no later than ten work days after the assessment. By signing the care plan, the supervisor is attesting that it comprehensively addresses the client's and caregiver(s) 1) needs and desires to remain aging in place with the appropriate type(s) and level(s) of service(s); 2) social connectedness; and 3) long term situation.
- When assessment information is incomplete, the care plan must indicate the steps that will be taken to obtain the missing information. The case manager shall arrange for additional medical, nutritional, mental health or housing assessments if the assessment indicates such a need.
- The client and/or his or her caregiver(s) must be involved in the development of the care plan, and her or his preferences must be regarded, to the extent possible. At a minimum, the care plan must be discussed with and approved by the client, or the client's authorized representative, and by informal supports who are helping to meet the client's needs for assistance with activities of daily living and/or instrumental activities of daily living.
- The care plan must comprehensively address the client and caregiver(s) needs and desires that were identified in the client's strengths-based in-home assessment, including services and/or other types of social work intervention and linkage, in order to provide choices for the client that not only meet his or her needs but also maintain or improve the client's quality of life.
- The care plan should build on client strengths and capacity for independent functioning.
- The care plan should support the client's meaningful engagement in the life of the community or enable the client to re-engage meaningfully in the life of the community.
- The care plan should incorporate, strengthen, and support existing informal caregivers when possible.
- The care plan should include long range planning for long-term care needs, especially for clients where it is anticipated that at some point the level of services in the care plan would not be sufficient to maintain the client safely in his or her home and meaningfully in the community.
- Where the client has a need for home care in order to be able to age in place, the care plan must include the type(s) of home care service appropriate to and consistent with, the client's assessed unmet ADL and/or IADL needs (*e.g.*, housekeeping service when client has only IADL impairments).
- In developing the care plan for clients with unmet functional needs, the case manager must decide whether physical rehabilitation or assistive technology would be useful, whether the client can be taught compensatory techniques to deal with impairments, whether a substitution or change of activity can help the client be more independent, or whether assistance from another person is necessary for the client to perform an ADL or IADL.

- The care plan may not exceed twelve months, although interventions contained in the care plan may be for a shorter period of time. Reassessment must be scheduled to occur annually or more often as appropriate, based on the particular needs and level of risk for the individual client.
- The client record in PDS must contain the care plan.

Potential Conflicts of Interest

If the case management agency provides other services to older adults besides case management, it must explain this as a potential conflict of interest to clients. (Any such conflicts must also be reported to DFTA.)

Clients with High Level Chronic Needs

When a client has high level chronic needs (*e.g.*, needs more than 20 hours of home care and/or SADS per week for more than six months) or shows increasing frailty, the care plan must specify steps to address the long term care needs of the client. These steps should aim to replace DFTA-funded home care with a more suitable disposition (*e.g.*, Medicaid home care), or to reduce the DFTA-funded services in the care plan to fewer than 20 hours by supplementing them with other interventions or services (*e.g.*, DFTA-funded SADS and home delivered meals). The timeframe for achievement of this goal should be specified.

Linkages in the Care Plan

The care plan must specify the linkages provided for clients to resources in the community that best suit their needs and wishes, including the amount, frequency and duration, as appropriate. Resources include:

- services the case manager can authorize, *i.e.*, DFTA-funded home care, emergency home care, Temporary Care, SADS, home delivered meal services; and
- other DFTA-funded services, *e.g.*, caregiver services, elder abuse services, NORC-SPPs, legal, transportation, senior centers (to avoid social isolation and/or promote civic engagement); and
- non-DFTA funded medical, non-medical and other community services such as mental health services, transportation, friendly visiting, telephone reassurance, bereavement groups, services for the visually or hearing impaired, housing, nursing homes, mediation services (*e.g.*, to reach agreement of a care plan by all members of the client's family if there is strong disagreement or to work out landlord-tenant issues), government benefit and entitlement programs, (*e.g.*, SCRIE, Food Stamps, SSI, etc.) as well as assistance in accessing technology that may be useful such as the Personal Emergency Response System.

DFTA-funded SADS in the Care Plan

The SADS provider is responsible for providing:

- Service for the length of the contracted DFTA slot only. Clients who wish to stay for a longer program day are responsible for any additional fees set by the SADS provider. Conversely, SADS providers are not required to accept referrals for fewer daily service hours than the length of the DFTA slot.
Exception: SADS providers may designate a trial period at the time of the initial referral. During this period, the client may attend fewer hours than a full slot while adjusting to the program. This period may not exceed five SADS program days.
- The level of service they contracted for. Clients who wish to receive additional services offered by the program (*e.g.* bathing, grooming) are responsible for any additional fees set by the SADS provider.
- Transportation and a congregate meal. These services should be listed separately in the care plan. If a client does not require or refuses transportation services, the refusal should be communicated clearly to the SADS provider on the Referral Form and noted in the Notes section of the care plan.

SADS may be authorized in combination with home care, home-delivered meals, or other available services when deemed appropriate by the case manager. When clients receive SADS in combination with home delivered meals, case managers are required to justify a meal delivery plan that is less than five days per week.

DFTA-funded Homecare & SADS in the Care Plan

When the authorization in the care plan is for less than one half day of DFTA-funded home care or one day of DFTA-funded SADS per week, or more than 20 hours of DFTA-funded home care and/or SADS per week, the case manager must justify the authorization in case notes. The case manager should consider other feasible options for clients with minimum or maximum service needs (*e.g.*, informal caregiver or volunteer assistance, shopping or chore service, home adaptive device, etc.) and develop the care plan accordingly.

When the condition requiring DFTA-funded home care is temporary (*e.g.*, impairments due to recent surgery), home care should be authorized or arranged for a period shorter than six months and a reassessment scheduled.

DFTA-funded home care and/or SADS may be used to supplement private pay home care service or support provided by an informal caregiver.

Home attendants and housekeepers should not be scheduled for the same time the client will attend the SADS program.

DFTA-funded home care and SADS may be used to provide respite for informal care already being provided, but should not be used to replace it.

DFTA-funded Home-Delivered Meals in the Care Plan

If the care plan includes home-delivered meals, arrangements for less than five meals per week must be explained in case notes. The case manager must document how the client will get a substitute meal on the day(s) when no meal is scheduled.

Changing the Care Plan

The authorized care plan (type, amount, frequency and duration of service) cannot be changed without an in-home assessment. Changes in the care plan must reflect changes in the client's circumstances.

When Hours of Services Authorized in the Care Plan Are Unavailable

If the authorized number of hours of DFTA-funded home care or DFTA-funded SADS slots is not available from the provider, the case manager must determine, in consultation with and with the agreement of his/her supervisor, whether the client will be safe on a short term basis with fewer hours of DFTA-funded home care or fewer slots of DFTA-funded SADS.

Note: If the full authorization of SADS is not available, any service provided should still be full days of service. The client may not receive less than a full day of service of SADS.

The short term authorization (number of DFTA-funded home care hours/SADS slots to be provided provisionally) agreed upon with the home care/SADS provider must be documented in case notes or the "comments" section of the care plan in the Provider Data System. The case manager must indicate in case notes how the client will manage at the lower level of service.

The case manager must put the agreement for fewer DFTA-funded home care hours/SADS slots than authorized in writing to the home care/SADS provider.

The case manager must note on the Service Agreement or otherwise notify the client that until the original service plan can be implemented, fewer DFTA-funded home care hours/SADS slots will be provided than authorized.

The client must be maintained on the waiting list for DFTA-funded home care and/or DFTA-funded SADS until the full authorization can be met. The case manager must monitor service provision to the client and follow-up with the provider on progress toward implementing the authorized level.

Case Management in the Care Plan

Where case management interventions are planned (including case management for clients who receive no other DFTA-funded services) these must be specified in the care plan and in PDS on the care plan screen. The case management agency should be named as the provider and “case management” the service provided. The specific case management activities to be conducted should be described in the “Case Worker Tasks” section.

Temporary Homecare (for Medicaid Applicants) in the Care Plan

DFTA-funded “Temporary home care may be authorized for persons who have submitted an M11Q to the appropriate Medicaid CASA if homecare is needed before the CASA can determine eligibility. “Temporary homecare” may also be used for clients who have special problems in applying for Medicaid (*e.g.* difficulty with documentation) and for whom the Medicaid application process can be expected to take longer than usual.

Note: Authorization of Temporary Care requires an in-home assessment by the case manager. The case manager should authorize the number of hours the client needs based on the assessment (the physician’s M11Q is not the basis for decisions about hours needed).

When there is a waiting list for DFTA-funded home care, the case management agency should reserve the option of re-evaluating temporary care clients found to be ineligible by Medicaid. Temporary Care clients should be informed that DFTA care will be provided only while Medicaid determination is pending and that if Medicaid determines that the client is ineligible for its home care, service may be terminated and the client placed on a prioritized waiting list.

The case management agency should monitor the ratio between the number of clients who are designated Temporary Care and actual Medicaid acceptance of those clients. Disposition of the Medicaid application should also be tracked. When clients are rejected by Medicaid, the number of Temporary Care hours provided to them remains subtracted from the home care agency’s budget. An over authorization of home care may result if Temporary Care authorizations outstrip Medicaid acceptances too quickly.

SECTION 6 SERVICE AGREEMENTS

The Service Agreement specifies type(s), frequency, amount and duration of the service(s) to be provided.

Both the case manager and client (or authorized representative for a mentally frail client) must sign and date the Service Agreement. The Service Agreement may not be signed by the case manager or given to the client (or authorized representative) until the assessment and recommended care plan have been approved by the case manager’s supervisor. A case note approved by the supervisor must document 1) the reason(s) for authorizing these services and 2) the appropriateness and adequacy of these services to assist the older person in his/her efforts to “age in place.”

The Service Agreement for DFTA-funded Temporary Care should be used with all Temporary Homecare clients. As indicated in this agreement, if Medicaid rejects a client’s application, their Temporary Homecare service will be discontinued and they will be re-evaluated for DFTA home care.

The Service Agreement for clients receiving SADS must include a statement about any applicable trial period.

SECTION 7 COST SHARING AND CONTRIBUTIONS

Cost Sharing for Home Care Clients

A cost share must be calculated for all clients authorized to receive DFTA-funded home care whose income (as calculated on the Financial Assessment Form) is above the current threshold provided annually by the NYS Office for the Aging. Clients must be told that paying the cost share is a requirement. The responsibility of collecting the cost share belongs to the home care provider.

- If a client refuses to give financial information necessary to determine cost-share status, she/he must agree to pay the maximum cost-share in order to receive home care.
- If a client authorized to receive DFTA-funded home care disagrees with the designated fee, he/she must be informed in writing that she/he has the right to a hearing.

Contributions for Case Management Service

Clients must be given the opportunity to contribute voluntarily and confidentially to the cost of providing case management. Any contributions collected must be used to expand or support the case management program in accord with state and federal law.

Contributions for Other Services

DFTA-funded home care clients who are not required to cost share, as well as clients who receive DFTA-funded home-delivered meals, shopping assistance, chore service, SADS or transportation should be told that they will be given the opportunity to voluntarily contribute to the cost of those services but that there is no obligation to contribute.

SECTION 8 SERVICE AUTHORIZATIONS AND REFERRAL

Initial Referral

A PDS generated Referral Form must be used to authorize or refer for DFTA-funded personal care, housekeeping, home-delivered meals, SADS or transportation services. The Referral Form must be mailed to the provider within five work days of a telephone, email or fax referral. A copy of the Referral Form must be maintained in the client's file. The Referral Form sent to the provider and the Service Agreement signed by the client must be consistent with one another regarding the types, amounts, frequency and duration of services specified in the care plan.

Referral for SADS

A copy of the Assessment and a PDS-transferred Referral Form must be sent to the SADS provider within five work days of the telephone referral.

If DFTA-funded social adult day services will not be implemented at the level authorized on the Referral Form and indicated on the Care Plan, a note from the case manager must document approval of the lower level to be provided and describe how the client will manage with less service.

If the SADS provider is expected to remind the client about medication, prompt for toileting, etc., these tasks must be specified on the Referral.

If a client authorized for DFTA-funded SADS does not require transportation that must be on the Referral Form.

Referral for Home Care

If the DFTA-funded home care worker is expected to remind the client about medications or to mail bills, these tasks must be specified on the Referral Form.

The DFTA-funded home care provider must be informed about which cases are "mutual" cases, that is, couples who both require housekeeping although only one of the couple receives personal care.

Referral for Home Delivered Meals

If fewer than five hot meals are to be delivered to a home-delivered meals client, the Referral Form must specify the delivery days.

Referrals & Reassessments

An updated Referral Form must be sent to each provider of services within ten work days of each reassessment.

SECTION 9 WAITING LISTS

Waiting List for Assessment

When an in-home assessment cannot be conducted within ten work days of completion of the intake, the client must be prioritized on a waiting list for assessment.

- The waiting list for assessment must be agency-wide.
- The manager responsible for maintaining the agency-wide waiting list must regularly update the waiting list as new clients are added.
- A standard (*i.e.*, uniform) and demonstrable method of prioritizing clients must be used.
- At a minimum, the criteria for establishing priority on the waiting list must include: (1) degree of assistance needed with IADLs or ADLs; (2) degree of unmet needs; and, (3) risk factors.
- The Worksheet for Determining Waiting List Priority developed by DFTA may be used or the program must develop a similar written methodology.

Case Management Service for Clients on Waiting Lists for DFTA-funded SADS or In-home Service

Case management with clients on a waiting list for DFTA-funded home care, home delivered meals and/or SADS must be documented in case records. Case management includes, but is not limited to, discussing the following options, as appropriate, with the client and encouraging a suitable choice:

- Emergency Homecare;
- Private-pay home care or private-pay SADS;
- Application for Medicaid home care, and assistance to clients who might be eligible for Medicaid through spend-down and/or the Medicaid Surplus program;
- Temporary Homecare when appropriate;
- A combination of DFTA-funded home care and private pay home care from a licensed home care agency;
- Gap-filling services, such as shopping assistance, chore or escort service, home-delivered meals;
- Support for informal caregivers;
- Caregiver program respite services;
- Application assistance for Medicaid Special Needs Trust Fund or Lombardi Medicaid Programs.

Clients for whom substitute or gap-filling services have been arranged may continue on the waiting list for DFTA-funded home care, home delivered meals and/or SADS until the appropriate service and level can be provided.

Waiting Lists for DFTA-funded Home Care, Home Delivered Meals and SADS

The case management agency manager responsible for maintaining agency-wide waiting lists for DFTA-funded home care, home delivered meals and/or SADS must begin a prioritized waiting list for any service which is unavailable from the provider.

- Clients on this list must be prioritized according to relative need as determined by assessment. As new clients are added, and if additional information about clients already on the list is obtained, the supervisor or delegate must reprioritize the list.

- A uniform method of prioritizing clients must be used. DFTA's Worksheet for Determining Client Priority or another standard written methodology (approved by DFTA) must be used.

Programs with multiple sites must develop a system for prioritizing clients agency-wide.

Waiting list information should be in PDS.

Waiting lists are not closed.

Clients should be advised of the approximate wait for DFTA-funded home care, home delivered meals and/or SADS when waiting lists occur for these services.

Clients on the waiting list must be called a minimum of every two months to determine continued need for the particular service(s) and any new needs or other changes in their situation.

Clients with the highest priority on the list must be referred first when the particular service for which they are waiting becomes available. If the particular service cannot be provided to the highest priority client due to geographic or scheduling problems, that client must maintain his or her priority status on the waiting list.

A lower level of DFTA-funded home care or SADS than that which was authorized in the care plan may be provided for a client only when the case manager determines, in consultation with and with the agreement of his/her supervisor, that the client will be safe on a short term basis with fewer hours of DFTA-funded home care or fewer slots of DFTA-funded SADS--but the client must remain on the waiting list for additional services.

Assessment of Waiting List Clients

Clients on the waiting list must be reassessed in the home every six months to formulate a new care plan that comprehensively addresses the totality of the client's needs and their needs for DFTA-funded home care, home delivered meals and/or SADS through other service arrangements, where possible. Clients should remain on the waiting list after six months only after all alternatives have been explored and no other resources are available. The case manager must document alternatives explored.

SECTION 10 SERVICES FOLLOW-UP, COORDINATION AND CLIENT MONITORING

Services Follow-up and Coordination

The case manager must follow up with all the service providers (whether DFTA-funded or not) to which referrals for services were sent on behalf of the client, to ensure (1) receipt of required paperwork (2) determination of eligibility and (3) service start if eligible. Follow-up must be documented.

Clients must be contacted no later than the first work day after service(s) were scheduled to begin to ensure that the service(s) began.

Clients must be contacted within 15 work days after service(s) initiation to ensure adequacy, appropriateness and satisfaction with the service. If the service initiation is for DFTA-funded home care or home delivered meals, the contact must be in the form of a home visit.

The case manager must keep in contact with all service providers to coordinate care of client.

When a client receiving DFTA-funded home care, SADS or home-delivered meals is under-served in any month, the case management agency must contact the provider regarding the reason and plan for clients at risk.

Homecare Variances

The case management agency must review variances between the total number of DFTA-funded home care service hours it has authorized each month from each provider and the actual hours of service the provider delivered. Monthly variance reports available from PDS may be reviewed for this purpose. If PDS reports are not available, the case management agency must base the review on the completed Monthly Service Summaries received from its home care service provider(s).

The variance between the total number of hours authorized from the home care provider for the particular service (total weekly authorization times 4.3), and the total number of hours provided to all clients must be reviewed. If there has been insufficient communication from the home care provider to explain any variance greater than 10%, the case management agency must follow up. Follow-up must be documented.

Client Monitoring

The case manager or a staff person under the case manager's direction, must monitor the client's satisfaction with the care plan to determine that it is being implemented as authorized and that it is appropriate to the client's needs. Contacts must be documented in the case notes.

- A minimum of one phone call every two months for clients receiving DFTA-funded homecare and SADS.
- A minimum of one phone call every three months for clients receiving only DFTA-funded home-delivered meals or case management services only.
- If the client has no phone, reasonable efforts must be made to contact the client through other means.

Problems with the care plan must be followed-up with the service provider and documented in the case notes.

Case management needs that come to the case manager's attention between assessments must be followed up in a timely, adequate and appropriate fashion, and actions documented in the case record.

Case management supervisors must review and sign the case record at least once every three months to ensure that the action steps indicated in the care plan are being implemented and that the client's overall status is being monitored and responded to appropriately.

Client Satisfaction Survey

The case management agency must administer an annual client satisfaction survey to be supplied by DFTA.

SECTION 11 COORDINATION WITH SUBCONTRACTORS

Case Management Has the Final Say on Services

DFTA-funded home care, SADS and home-delivered meals programs that believe a client needs services must contact the case management agency, providing a written Referral Form for authorization of services.

Providers that disagree with the service plan provided to them by the referring case management agency may not make changes in the plan. Any changes must be authorized by case management and memorialized in a new Referral Form. Termination of service must be authorized by case management and be followed by a written Termination Notice.

Meetings with Providers

The case management agency should coordinate quarterly meetings with all relevant service providers in their community to share resources, service updates and improve service coordination among the service providers.

The case management agency should hold regular case conferences with all service providers in the care plan to review, monitor and assess the efficacy of the client care plan.

Responsibility for Clients Served by Subcontractors

The designated case management agency must ensure that subcontractors provide case management services according to the case management standards.

- A sub-contractor may serve as the primary case manager for a client, including conducting required assessments and reassessment(s), comprehensive service plan development and authorizing of services.
- The case management agency must keep their subcontractors regularly informed about waiting lists for DFTA-funded home care, home delivered meals and SADS. If a subcontractor performing direct case management concludes that the client needs a DFTA-funded service that has a waiting list, they must seek authorization from the case management agency because the case management agency is responsible for prioritizing the wait list for service.
- The case management must keep track of service utilization within their service area. Therefore, subcontractors must report information concerning clients who have been authorized for a particular service to the case management agency.

When Providers Must Contact Case Management

Situations in which the DFTA-funded home care, SADS or home-delivered meals provider is responsible for contacting the client's case manager include:

- When service starts they should inform case manager of start date.
- When a client does not answer the door for a scheduled visit, meal delivery, or transportation pick-up, and their whereabouts are unknown.
- When the provider is unable to provide the client with the authorized level of service due to worker unavailability, program emergency or for other program reasons.
- When the provider discovers that the client's condition has deteriorated, the client is in danger or at risk, or has other problems that cannot be solved. (Note: An event-based reassessment must be done by case management.)
- When the client has entered the hospital, or has notified the provider that she/he is unable to receive a meal or service for an extended period of time. (Note: When service provision is to be resumed after a client has been hospitalized for a serious problem, a new Referral Form based on an event-based reassessment must be sent to the service provider.)
- When a client or client's supports have alleged elder abuse or a serious theft by a worker.
- When a provider is having difficulty servicing a client.
- When a cost-sharing client has not made a monthly payment or has made only a partial payment.

Visiting SADS Programs

The case manager must visit each SADS program for which they authorize clients at least once every six months. Each visit should include a meeting with the Director and/or designated staff at the social adult day program to discuss client progress and/or coordination issues.

SECTION 12 COLLECTION OF PAST DUE COST-SHARE AMOUNTS

Timing of Cost Share Collection Procedures

Past-due collection procedures begin when the client has not paid a cost-share payment within thirty calendar days of the billing date or has made only an unauthorized partial payment.

DFTA-funded home care Provider's Responsibilities

The DFTA-funded home care provider must send the client a Late Payment Notice when no payment, or only partial payment, has been received in response to the invoice. The DFTA-funded home care provider must send a copy of the Late Payment Notice to the case management agency.

Case Management's Responsibilities

The case manager must keep a copy of the Late Payment Notice in the client files.

The case manager must attempt to reach the client by phone to discuss the payment problem. Attempted contacts and outcomes of contacts with the client must be documented. If the client or the client's representative cannot be reached by phone, the case manager must send a follow-up letter to both.

Clients or their representatives may not be harassed for payment. Reminder phone calls can only be made during normal business hours. Caregivers or authorized representatives may be called after normal business hours only if necessary to established contact.

If it appears that the client's income and allowable expense have changed, a new Financial Assessment and cost-share calculation must be conducted.

If it appears that a client cannot make payment due to a hardship which can be documented, a payment plan may be negotiated.

Within three weeks of the date of the Late Payment Notice, the case manager must inform the DFTA-funded home care provider about the status of client follow-up. Client may be Status #1, #2, or #3 as described below.

Status #1: Beginning on a specified date, client will make specified pro-rated payments on the past-due amount until the entire amount past due is paid off. (The case management agency must specify the dates and amounts to the DFTA-funded home care provider) OR

The client will pay a specified amount less than the assessed cost share until a specified date when the client will start paying the full cost share. The client will also begin paying all past-due amounts owed (including amounts that will be incurred as a result of the partial payment plan) at a specified rate on a specified date.

Status #2: Client agrees to pay assessed cost share in the future and to pay off the past-due amount before or upon receipt of the next bill.

Status #3: Discussion/Negotiations are occurring (period of negotiation limited to 90 days from the date of the Late Payment Notice).

Termination Proceedings for Failure to Cost-share

If a payment plan cannot be negotiated, a Termination Notice should be sent within 90 days from the date of the Late Payment Notice. The case manager must notify the client and the DFTA-funded home care provider that services will be terminated within 10 days of the date on the Termination Notice as a result of failure to pay cost-share or negotiate a payment plan in good faith. The case manager must also notify the client of the right to a hearing and continue to work with the client and their supports to make alternate long term care plans which must be documented in the case notes.

Reinstatement After Termination

A person whose service is terminated for failure to cost-share, and who applies for DFTA-funded home care services at a later date, must agree to pay the past due cost-share amount before service can be re-started. If full payment is not possible, the client must make at least partial payment and a schedule of payment for the past-due cost share amount must be negotiated.

SECTION 13 REASSESSMENT

Timing of Reassessments

The reassessment must be conducted at least every twelve months, more often as appropriate, based on the particular needs of the individual client. The care plan must specify the frequency of reassessment and must be reviewed, agreed to and signed by the case manager's supervisor.

Exception: A reassessment may be temporarily postponed if requested by the client or his/her authorized representative or if there is a sudden change in his/her condition (*e.g.* hospital or nursing home stay) which will affect the information collected. Circumstances of postponement must be noted in the client's file.

Reassessment Requirements

The reassessment is a fresh opportunity to review the client's needs and desires to continue living at home and to engage or re-engage in her/his life and community and to measure the progress of the care plan since the last assessment. The reassessment should determine whether the existing care plan should be modified or maintained, identify opportunities for enhancing the client's functional capacity either through education for self-management, rehabilitation, use of adaptive devices or greater involvement of family and friends and identify ways to strengthen the client's engagement/involvement with his/her community.

All DFTA Reassessment forms, including the Financial Assessment Form, must be used for all clients. Information considered at reassessment should include the most recent individualized SADS Service Plan. A Cost-Share Worksheet must be completed for reassessed clients who are receiving and continue to need DFTA-funded home care and whose income is above the current threshold.

Location of Reassessment

The reassessment must be conducted face-to-face with the client and, if appropriate, his/her authorized representative in the client's home or place of residence.

Exception: A client may be reassessed in another setting (*e.g.* in a hospital or residential health care facility or temporary residence). However, a home visit must be conducted within five work days of the individual's return to her/his usual residence.

Event-based Reassessment

The case manager must conduct an event-based reassessment when changes in a client's condition or situation require a change in the care plan before the next re-assessment. The event-based reassessment must be conducted within five work days of the precipitating event. An event-based reassessment must be conducted if there is a major change in the client's health, functional capacity, social or physical environment, formal or informal support system or if other circumstances require re-evaluation of the care plan.

When an emergency increase in DFTA-funded home care hours, or an emergency change in DFTA-funded home care service type (*e.g.*, housekeeping to personal care service) is required, changes may be verbally authorized with the home care provider, followed by a new Referral Form after the event-based reassessment.

An event-based reassessment must be conducted for clients receiving DFTA-fund SADS when the SADS provider notifies the case manager that the client's needs exceed the program's capacity.

New Care Plan

A new care plan must be developed when improvement or deterioration in the client's level of functioning is identified through reassessment, or when there are new case management needs. When no change has occurred, the existing care plan must be renewed. If DFTA-funded home, home delivered meals and/or SADS are no

longer needed, they must be terminated. All reassessed clients must sign a new Service Agreement after the care plan has been reviewed and agreed to by the case manager's supervisor.

An updated Referral Form or Assessment must be sent to each DFTA-funded homecare, home-delivered meal program and/or SADS provider within ten days of the days of Reassessment. It must specify the service plan and the cost-share or contribution amount, as well as any updated client information.

Information about the client must be updated in the Provider Data System.

SECTION 14 TERMINATION OF SERVICE

Termination of Case Management Clients

Case management clients must be terminated when the specific steps listed in the care plan have been completed and based on the reassessment, no further needs are identified by the case manager and client, and/or supports. The client may remain in the database, and service may be re-opened as needed. The PDS record must reflect the termination. All service providers listed in the care plan should be notified of the termination of case management services.

Termination of Specific Services for Clients

Clients who are not expected to need DFTA-funded home care, home-delivered meals or SADS for the next 90 days must be terminated from these services. A copy of the service termination notice must be sent to the DFTA-funded home care, home-delivered meal and SADS providers.

Discharge at Client's Request

When a client or his/her authorized representative requests that DFTA-funded homecare, home-delivered meals and/or SADS be terminated, an event-based reassessment must occur to determine if the services can be safely discontinued. If the client appears mentally incompetent or is at risk from neglect or abuse, the case manager must ensure the client's safety and well being by working with the appropriate agency such as DFTA's Elderly Crime Victims Resource Center or Adult Protective Services.

Involuntary Termination of Services

Reasons for involuntary termination of services include: functional ineligibility; ineligibility because needs are too great; ineligibility because Medicaid eligible; failure to comply with program requirements (*e.g.*, failure to cost share or validate financial information when requested; service discontinuance for more than 90 days; refusal to undergo an assessment, to agree to a care plan or to allow for in-home visits by the case manager).

Each client or authorized representative must be informed in writing of the reason(s) for involuntary service termination. The Service Termination Notice must specify a date for termination at least five work days after the date the Notice is mailed. The Notice must include information on how to obtain a hearing.

The case manager must send a Termination Notice to the provider. The provider must continue to provide service until the date on the Termination Notice.

The case manager must make every reasonable effort to help the client secure alternatives service (*e.g.* APS, CASA services) if DFTA-funded services are involuntarily terminated.

Right to a Hearing

The client has a right to a hearing in the following situations:

1. The client has been denied DFTA-funded homecare service based on a determination that he/she is not functionally/programmatically eligible.

2. The client contests the amount of cost share.
3. The client contests an involuntary termination from DFTA-funded homecare arising through:
 - failure to make cost share payments or to make negotiated payments on a past-due amount; or
 - failure to cooperate with program requirements such as permitting a case manager to visit or refusing to agree to a care plan or refusing to validate income information; or
 - the client is not expected to need services for the next 90 days.

When a determination is made that gives a client the right to a hearing, the client must be notified in writing and informed about the hearing request procedure. Clients who have the right to a hearing must be informed of the following in writing with the Termination Notice.

- If a hearing is desired, the client has 30 days from receipt of the notice to request a hearing (either in writing or verbally).
- The client is entitled to a Settlement Conference. The case management agency must contact the client as to the client's wishes with regard to a conference.
- The client has a right to a State Office for the Aging review of the hearing decision.
- The client has a right to represent him or herself or to be represented or accompanied by any competent adult of their choice to the Settlement Conference and any hearing.
- The client will be given assistance necessary to ensure her/his understanding of the hearing process, such as interpreters for non-English speaking clients as well as help with transportation, if necessary.

An involuntary termination involving the right to a hearing must be approved by DFTA's Long Term Care Unit. If approved, the Program Officer will inform the case management agency about the hearing process. The case manager must notify the Program Officer of the client's hearing request so that the State Office for the Aging requirements can be met and so that a formal hearing can be arranged through the City's Office of Administration Oaths Trials and Hearings.

Status of Clients During the Hearing Process

If a client receiving homecare is subsequently found to be functionally ineligible, and requests a hearing, the client must continue to receive the services in his/her existing service plan until the hearing decision or a Settlement Conference agreement is reached.

When a hearing is requested to contest the level of cost-share or for termination for failure to pay cost-share, the client may only continue to receive services if the client (or authorized representative) agrees in writing to pay whatever cost-share is eventually determined to be legally correct by the Hearing Officer or SOFA review, and, to continue to pay the cost-share set by the case management agency during the hearing proceedings, including payment of any past due amounts.

Note: A client may be permitted to make lesser payments in this situation and still receive services where the case manager determines that the client is acting in good faith and has sudden or temporary personal or family expenses not included in the cost-share formula.

It is not necessary to continue to provide services during the hearing process when a client is terminated for failure to cooperate with the case manager or failure to supply necessary financial records or when the client does not need them (*e.g.* client is unavailable for 90 days or more).

Termination of Service without Right to a Hearing

Clients do not have the right to a hearing on case management decisions including, but not limited to, the following:

- where the client is dissatisfied with the content of a care/service plan or the means of service delivery;
- where a client is denied service because of a lack of program funds or means of service delivery;

- where the client is dissatisfied with her/his prioritization status on a waiting list for services;
- where the client is denied services because she/he appears eligible for Medicaid but refuses to apply for a Medicaid eligibility determination;
- where the case manager, homecare, home delivered meal social adult day provider assess that the client's needs exceed the capacity of the services being provided.

SECTION 15 LEVERAGING COMMUNITY RESOURCES AND LINKAGES

Case management must collect information on an annual basis about the seniors they serve. This information includes gender, age ranges, living status, ethnicity, race, number in household, and income range.

Case management must maintain and update resource files on community resources for use in referring older persons at screening who are not eligible for DFTA-funded case management services and for making linkages after an in-home assessment for those who are eligible for DFTA-funded case management. This resource file should include (1) key businesses serving the residents; (2) cultural, religious and education institutions; (3) key health care providers, (public and voluntary) including hospitals, ambulatory care clinics, community health centers, nursing homes; and (4) non-DFTA providers serving the community.

Case management must identify, develop and maintain collaborative relationships with the CASA programs, hospitals, occupational therapists and community-based organizations, including senior centers, volunteer organizations and health care providers, among others. Where these entities could potentially be duplicating the same work, case management will clarify their roles so as to avoid duplication.

Case management must identify, develop and maintain relationships with key civic and representative offices serving the community. They must participate in interagency councils, task forces or committees of government agencies and/or community planning bodies.

Case management must regularly refer to DFTA-funded programs.

Case management must attend annual NORC-SSP partnership meetings.

SECTION 16 WELLNESS

Prevention, promotion and wellness programming reflects the identified health risks in the community. Case management addresses these identified risks:

- Identifies health and/or social risks of their clients by using the PDS data to identify their health and/or social needs.
- Develops health and social interventions targeted towards identified needs.
- Pro-actively identifies those older adults who are at risk of nursing home placement. This would include regular interactions with medical providers to identify and assist those older adults who are frequent visitors to emergency rooms as well as post-hospital and post-rehabilitation discharges.
- Identifies those older adults who are at risk in the event of a heat or other weather emergency.
- Identifies those older adults who are at risk for falls.

SECTION 17 HUMAN RESOURCES

Qualifications

DFTA prefers that persons hired as case managers have a Masters of Social Work (MSW) degree. The following are minimum qualifications: Bachelor's degree (BA) from an accredited college or University OR registered nurse with one year of satisfactory full-time paid experience as a nurse OR four years full-time experience in social casework, in social work in a community or social action program, teaching in an accredited school or as a community service worker or case aide in a human services agency.

It is preferred that persons hired as case management supervisors have an MSW or other masters-level degree in a social science/human services field. The minimum requirement for a case management supervisor is that they meet all of the qualifications for case managers plus have two additional years or related experience.

All persons who perform the screening and/or intake function must be trained on resources and on interviewing skills. They must be able to (1) elicit and evaluate the client's presenting problem, (2) determine preliminary eligibility, (3) make necessary referrals, and (4) provide program information.

The Director for the program must meet the qualifications proposed in the program's response to DFTA's RFP.

Case managers and supervisors should be culturally competent and there should be staff members that speak the languages spoken by the largest groups of clients.

Training Requirements

Case management staff, including program directors, supervisors, case managers, and sub-contracted staff who function as the primary case manager for clients, must attend annual trainings as specified by DFTA.

All newly hired case management staff (including program directors) must attend DFTA's nine-day "Introduction to DFTA-Funded Case Management: Theory and Practice" training before the first anniversary of their employment. Existing staff who have never attended this training are required to do so by June 30, 2009. Those staff who attended this training prior to July 1, 2006 are required to attend a refresher training (a condensed form of the 9 day training) on DFTA-funded case management practice no later than June 30, 2009.

All newly hired or promoted supervisors must attend specific training for case management supervisors before the first anniversary of their employment.

Beyond the first anniversary of their hiring, and after attending DFTA's nine-day "Introduction to DFTA-Funded Case Management: Theory and Practice" training, (or in the case of case management supervisors, training specific for supervisors) all case management staff must attend a minimum of four days of training relevant to case management practice per year. Attendance at non-DFTA trainings may be used to satisfy the four-day training requirement provided prior approval is obtained from DFTA.

The case management agency must maintain documentation of training in each worker's personnel file. This includes topic, date, trainer's name and organization, and number of hours in attendance.

Background Checks

Background checks must be conducted on all employees. Providers must use their own business judgment in developing employment protocols for their staff. The contractor must comply with the requirements of the Case Management contract with regard to the screening of staff, and follow applicable Federal, State, and City laws. References must be obtained and checked. Copies of background checks must be kept on file.

Orientation

All staff members are provided with an orientation kit that includes program policies and procedures, personnel policies; a written job description; DFTA's standards and the narrative section of the RFP response.

All staff members receive an orientation which includes the following:

- Name of staff person who will supervise staff member
- Client's rights including confidentiality, consideration, respect, and individual choice.
- Emergency procedures
- Specific staff role and responsibilities
- Profile of specific case management community
- Specific program components
- An explanation of the characteristics of the community served

Supervision

Staff members receive regularly scheduled individual and/or group supervision which include a discussion of their cases and the application of guidelines to practice.

Supervisors must have no more than five case managers reporting to them to ensure effective supervisory methods. Where appropriate, the Director of the program may also supervise case managers.

Training of Intake Workers

Intake workers must be trained to perform the screening/intake function, on interviewing skills and resources and on customer services skills. They must be able to elicit and evaluate the client's presenting problem, determine preliminary eligibility, make necessary referrals, provide program information and ensure the person calling receives a positive impression of the assistance provided.

Case Aides and BA Students

Case Aides and BA students may assist designated case managers only with these specific duties: (1) arranging services (2) services follow-up/client monitoring; (3) cost-share determination. Case Aides may not conduct assessments or reassessment; do care planning; authorize services; or terminate clients from the program. Case Aides must receive appropriate training for their duties.

MSW Students

MSW interns may do assessments and care planning, under the supervision of an MSW supervisor.

Office Location(s)

The program's administrative office(s) (and sub-contractor offices if subcontractor(s) provide direct case management services) comply with all applicable federal, state and city requirements, including building, fire and health codes. The site must be compliant with the Americans with Disabilities Act (ADA).

SECTION 18 RECORDKEEPING

Client Data & PDS

Clients of the case management agency must be entered into the Provider Data System, including case management only clients. Current and accurate client and service information including assessments, reassessments, case notes, and actual DFTA-funded home care units must be maintained in the Provider Data System, and transmitted to DFTA in accordance with state and federal law.

On days that data is entered, the data must be backed up to safeguard the system.

Data is exported to DFTA on the 10th of each month with information on clients from the previous month.

The data to be reported includes the actual hours (as opposed to authorized hours) that a client receives DFTA-funded homecare.

Programs with partners must also include their partners' data in the export to DFTA.

Client data must be retained for seven years in either paper or electronic form.

Case Management Log

Each person providing case management must log actual time spent per client on a Case Management Log, indicating client name, hours/minutes involved, and brief description of activity (*e.g.* assessment, home monitoring visit, telephone monitoring, follow-up on applications, etc.).

Case Records

Each case record must contain: the completed screening instrument, the completed assessment instrument and all subsequent reassessments, approved service plans, service request and authorization forms, documentation of the provision of any emergency services, copies of any consent forms, a case narrative, a form signed by the client or authorized representative indicating they have been informed of, understand and have received a copy of the DFTA-supplied Client Rights form; and a copy of the completed instrument used to determine cost-sharing. The content of case records should be kept neatly in reverse chronological order. Any notes written on scrap paper or telephone message pads must be entered as case narrative.

Client case records shall be available only to the client, his or her authorized representative, designated case manager, other authorized staff and authorized program and fiscal monitoring agents; updated in a timely manner and maintained for six years from the end of the State fiscal year in which the client was discharged from the program.

Case Notes

Case Notes are a record of all substantive contact with the client or on behalf of the client (*e.g.*, with family/significant others, formal and informal service providers). Case Notes should be written within three days of the event date/log entry to explain and enlarge upon activities documented on the worker log. The Case Notes entry must include the date, identity of person with whom there was contact, type of contact, (*e.g.*, home visit, phone call), a brief summary of the contact, a summary of actions to be taken and the identity of persons responsible for taking those actions.

SECTION 19 EMERGENCY PLANNING

Threats to Health or Safety

Case management must have written policies and procedures for how to deal with emergency situations such as; possible abuse, mistreatment or neglect of the client, self neglect, suicide ideation and heat emergencies. Any situation suggesting a severe or imminent threat to the health or safety of the client must be immediately followed-up (Police, APS, public health office involvement, etc.) and documented and reported in accordance with the agency's written emergency procedures. DFTA must be notified of all such emergency situations.

Off Hour Needs

Case management may be called upon during non-traditional work hours to respond to emergency needs, arranging transportation for clients to cooling centers or coastal evacuation centers, or providing emergency supplies.

**Home-Delivered Meals Policy
2010**

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Introduction

The purpose of the home-delivered meals (HDML) program is to maintain or improve the nutritional status of older New Yorkers who are unable to prepare meals.

This document outlines the policies to the HDML Providers for operating their programs, collaborating with Case Management Agencies (CMAs) and DFTA, and responding to nonstandard circumstances. It also provides policies regarding performance expectations and reporting.

Definitions

Approved Menu

The Approved Menu is the quarterly or six-month menu cycle that the Provider submits to the DFTA Nutritionist for review and approval. All menus must be submitted for approval at least eight weeks prior to the start of the cycle.

Case Manager (CM)

The Case Manager is the worker employed by the CMA who, after completing a comprehensive assessment of the Client, works regularly with the Client and/or their supports to identify unmet needs, connect Clients to services and resources, and/or coordinate their care.

Case Management Agency (CMA)

The Case Management Agency is the primary entity that determines eligibility for the HDML service and communicates approval for the Provider to initiate meal service.

Client

A Client is a New York City resident who has been determined to meet the following criteria:

1. Is 60 years of age or older
2. Is unable to attend a congregate meals site unattended
3. Is unable to prepare meals due to at least one of the following,
 - Incapacity due to accident, illness or physical or mental frailty;
 - Lack of cooking facility, such as refrigerator or stove;
 - Inability to shop or cook for self;
 - Inability to safely prepare meals;
 - Lack of knowledge or skills on how to prepare meals;
 - Financial hardship; or
 - Specific dietary or religious considerations that the senior and/or home care worker cannot meet on their own
4. Has less than 20 hours of homecare per week from any source
5. Lacks formal or informal supports who can regularly provide meals
6. Is able to live safely at home if services are provided

When it is in the best interest of the older person receiving a DFTA-funded home

delivered meals, DFTA-funded meals may also be provided to: (1) her/his spouse or domestic partner, regardless of age or physical condition, and (2) a disabled dependent(s) living in the same household even if they are under 60 years of age.

Client Intake Form

The Client Intake Form is completed for all new clients to determine client eligibility for HDML and need for nutrition counseling. This form captures all relevant demographic information that is required by DFTA.

Deliverer

The Deliverer is the employee of the HDML Provider who delivers the meal to the Client face-to-face. The Deliverer may or may not also drive the delivery vehicle.

Driver

The Driver is the employee of the HDML Provider who transports meals on scheduled routes. The Driver may or may not also deliver the meal to the Client.

Home-Delivered Meal (HDML)

A Home-Delivered Meal is a nutritious meal that meets the one-third recommended Dietary Reference Intake (DRI), and which adheres to U.S dietary guidelines, SOFA guidelines, and the New York City Agency Food Standards (attached as Appendix 1). The meal may consist of a (1) daily hot meal, or (2) bi-weekly delivered flash-frozen meals or (3) a cold/chilled meal during special occasions with the prior approval of DFTA.

Home-Delivered Meal Provider (HDML Provider or Provider)

A Home-Delivered Meal Provider is an entity that DFTA contracts with to deliver hot, flash-frozen or chilled meals to Clients enrolled in the HDML program. Regardless as to whether a Provider subcontracts with a caterer, senior center or any other entity to produce and/or deliver meals, the Provider is ultimately responsible for all terms and conditions as set forth in the contract with DFTA.

New York City Department of Health and Mental Health (NYC DOHMH) is the City agency that protects and promotes the health of all New Yorkers. DOHMH oversees food safety at DFTA-funded sites where home-delivered meals are prepared.

New York State Office for the Aging (SOFA)

The New York State Office for the Aging is DFTA's state oversight agency; SOFA promulgates many of the requirements that DFTA and its contracted service providers must meet when providing services to Clients.

No Answer/Not Home

"No Answer" and "Not Home" are the terms given to a failed delivery attempt when the Client does not answer their door after three attempts at contact.

Nutrition Counselor

A Nutrition Counselor is a DFTA Nutrition Staff member who is available for in home

nutrition counseling to clients who are determined to be at high nutrition risk, based on the Nutrition Risk Screening tool.

Nutrition Risk Screening

The Nutrition Risk Screening is a tool that determines the client's nutrition risk. Clients with a nutrition risk score of 6 or higher, are considered high risk, and are offered nutrition counseling.

Provider Data System (PDS)

PDS is the data base that the CMAs use to input client information.

Service Day

A Service Day is any day in which a Provider is contractually bound to provide meals to Clients. There are 250 Service Days per year, including every weekday, except when the Provider is closed for a holiday.

Senior Participant Profile (SPP)

SPP is the data base that the HDMLs use to view identifying client information, emergency contact information, assign clients to routes, and indicate specific data pertaining to meals and clients authorized for meals. SPP identifying information is populated by the data in PDS.

Unit of Service

A Unit of Service is one meal delivered to the correct Client within the appropriate timeframe.

Section 1. Client Service

Client service covers the general scope of service and the procedures for all interactions with HDML Clients.

Standard 1.1. Authorization and Enrollment of Clients

1. Case-Managed Clients

- a. The CMA determines a Client's presumptive eligibility for HDML during intake. These Clients are referred to as Presumptively Eligible Clients (PEC).
- b. Within 3 days from receipt of the PDS-generated referral form from the CMA, the Provider shall begin meal service.
- c. The CMA will perform an in-home assessment of Clients within 10 days of the initial intake to fully assess Clients' needs and determine ongoing eligibility for HDML. The CMA then sends to the Provider: 1) an HDML PEC termination form if Client is not eligible for meals or 2) a HDML referral form to authorize regular ongoing service.

- d. In instances of emergency meal delivery, the Provider shall provide HDML no later than one day after receipt of the emergency referral from the CMA.
- e. The Provider shall inform the CMA when the Provider reaches the maximum number of Clients that it can serve within its contract budget, and conversely, when the Provider has capacity to serve new Client(s).

2. HDML-Managed PEC Clients

- a. If the CMA has a wait-list for an in-home comprehensive assessment, the Provider must directly contact the PEC Clients 5 days after the start of meals (and once a month thereafter) to confirm the adequacy of the HDML service. This contact must be documented in Client's case record maintained by the Provider. The Provider must likewise follow-up on "No Answers" and Client emergencies until the CMA has conducted a comprehensive in-home assessment. If the CMA transfers this responsibility to the Provider, DFTA must be apprised of this arrangement.

3. HDML-Managed Temporary Meals-Only Clients

- a. The HDML Provider may authorize temporary (up to 120 days) HDML service for Clients deemed presumptively eligible. DFTA must give prior approval before the Provider may take on the role of determining PEC.
- b. The Provider must contact the Client directly to complete a Client Intake, using the DFTA-required Intake Tool.
- c. A release of information and service agreement forms should be provided to the Client for their review and signature.
- d. All Clients scoring a 6 or more on the Nutrition Risk Screening must be counseled on the availability of a DFTA Nutrition Counselor. A completed copy of the Client Intake should be sent to the DFTA Nutrition Counseling Unit for all Clients who opt for nutrition counseling/education.
- e. After completing the Client Intake, or at any time prior to the maximum 120 days, if the Client is found to be in need of regular ongoing meals (more than 120 days), Provider should make a referral to the CMA for an comprehensive in-home assessment, as per DFTA Guidelines.
- f. The Provider must contact the CMA if, at any time, they become aware of any issues requiring further intervention.
- g. The Provider is responsible to monitor and track Client's progress until a CMA conducts an in-home assessment including directly contacting clients 5 days after the start of meals and once a month thereafter to confirm the adequacy of the HDML service in meeting the client's needs. This contact must be documented in the client's case record.
- h. The Provider must follow-up on "No Answers" and Client emergencies until the CMA conducts an in-home assessment.
- i. The Provider may terminate the HDML service within the initial 120 day period if (1) the Client no longer needs the meal, or (2) the CMA finds that the Client

does not warrant continued eligibility.

4. Non-DFTA Customers

- a. The Provider may provide HDML services through a fee-for-service arrangement or through alternative funding sources to customers not enrolled in HDML program.
- b. The Provider shall not use DFTA funds to subsidize or fund meal service for non-DFTA customers, although DFTA-funded vehicles may be used for this purpose.
- c. The Provider shall not commingle the reporting of DFTA-contracted meals and non-DFTA-funded meals.

Standard 1.2. Providing a Meal – Scope

1. The Provider shall deliver either twice-weekly frozen or daily hot meals to each Client, following a schedule agreed upon by the Client, the Provider, and the CMA, if applicable.
2. The Provider shall operate a total of at least 250 days per year.
3. The Provider shall provide Clients with a list of scheduled holiday closings at the onset of HDML service. Thereafter, Provider must give the Client the dates of holiday closings at least annually. Provider must give a reminder at least one month prior to any approaching holiday regarding any changes in service.
4. The Provider may deliver an extra meal to a Client prior to a holiday, which shall be reimbursed as a Unit of Service.
5. Clients may request that the Provider temporarily suspend meal delivery service. If the meal suspension is to last more than three days, the Provider shall direct the Client to inform his/her CMA (if applicable) and also inform the CMA about the Client's request.
6. In the event that a Client requests a one-day meal suspension, the Provider may, at its discretion, deliver an extra hot meal the day before the planned suspension.

Standard 1.3. Information for the Client

1. Within 5 business days of Client enrollment in HDML service, the Provider shall give each Client an information package which shall, at a minimum, include:
 - a. The Provider's phone number;
 - b. The timeframe for delivery;
 - c. The contributions policy and procedures for collecting contributions;
 - d. The Provider's complaint procedures;
 - e. How the Client may report the non-delivery of meal(s);

- f. How the Client shall be notified of service delays or closings;
 - g. How the Client should notify the Provider if she/he will not be home to receive a meal on a particular day; and
 - h. Instructions on proper food handling, including, but not limited to, re-heating and storage instructions, specific to the Client's receipt of daily hot meals or twice-weekly frozen meals.
2. The information package shall be kept up-to-date and redistributed at least annually.
3. The Provider shall give Clients and the CMA copies of the Approved Menus at least one month prior to meal delivery.
4. The Provider shall give Clients the opportunity to offer input on meal planning and service on an ongoing basis. Provider shall retain documentation of these opportunities, the input received, and any actions taken as a result of the input.

Standard 1.4. Contributions

1. The Provider shall offer each Client the opportunity to make a voluntary contribution. The Provider shall ensure that each Client receives written information stating the following:
 - a. The suggested contribution amount;
 - b. Contributions are used to help support or enhance the program;
 - c. Contributions are voluntary and confidential;
 - d. Services will not be denied if the Client chooses not to contribute;
 - e. The procedures for making a contribution; and
 - f. Receipts shall be given for contributions.
2. The Provider procedure for contributions:
 - a. Each Provider shall determine a suggested contribution amount, and develop a regular, systematic method of notifying Clients about contributions and how they are to be collected. This information must stress that the contribution is voluntary, and meals will not be withheld if the Client chooses not to contribute. No Client should feel encumbered or under duress to make a contribution.
 - b. Provider must furnish the CMA and DFTA with a copy of contribution and collection policies and materials.
 - c. Deliverers are not to accept any loose checks or cash. They may only accept contributions in a sealed envelope with the Client's signature on the front. Receipts shall be given for contributions.
 - d. Each Provider shall designate an employee who is responsible for opening envelopes and logging contributions into a spreadsheet. This employee shall perform this task with another employee present, at all times.

- e. The opening of envelopes and updating of the contribution spreadsheet shall occur on a daily basis. All contributions collected shall be kept in a safe place (i.e., a safety deposit box onsite or in a bank account under the Provider organization's name).

Standard 1.5. Termination of Meal Service

1. Case-managed Clients: The CMA shall make all determinations regarding termination of HDML for a Case-managed Client.
 - a. The Provider must terminate HDML service upon written notification by the CMA on the specified termination date.
 - b. The Provider shall maintain the Client's record in SPP and on paper for 6 years following termination, in case the HDML service is re-opened and/or for auditing purposes.
 - c. Under no circumstances shall a Provider terminate meal service for a Case-Managed Client without a written statement from the CMA that the Client (a) requested voluntary termination, or (b) was found ineligible by the CMA, informed via a Notice of Service Termination, and relinquished their rights to an appeal within 30 days, or (c) appealed the termination and lost with no further right to contest the decision.
 - d. The Provider shall notify the CMA of the date when last meal is delivered to the Client.
 - e. The Provider must call the Client 5 days before meals are terminated to inform them of the upcoming meal termination date.
2. HDML-Managed PEC Clients: When the Provider authorizes HDML service for Clients, the Provider will follow-up with a letter of termination sent to the Client prior to the last day of meal delivery.

Standard 1.6. Coordination with CMAs

The Provider and the CMA shall have a protocol in place to ensure regular communication. Appropriate forms of communication include staff meetings, voicemail and electronic mail. The Provider shall attend quarterly meetings with the CMA.

Section 2. Delivery of Meals

Standard 2.1 Face-to-Face Interaction

1. The Provider shall deliver all meals directly to the Client in a face-to-face encounter.
 - a. The Deliverer shall report to his/her supervisor any changes observed in a Client's physical health, mental status, support or environmental situation,

and/or any possible hazards or dangers to the Client. The Deliverer shall make these reports to the supervisor no later than the end of the business day when such conditions are observed.

- b. If the Client is case-managed, the supervisor shall report any concerns immediately to the Client's CMA and maintain documentation on all conversations. If the Client is a HDML-Managed PEC or Temporary Meals-Only Client, the Provider shall contact the Client's emergency contacts and document any follow-up performed.
- c. The Deliverer shall not leave meals in apartment building lobbies (with doorman, superintendents, porters, etc), in front of Client's door, or in any other manner besides a face-to-face encounter.
 - i. One-time exception: The Client may request delivery to a neighbor on a one-time exceptional basis only. The Client makes this request through the HDML Provider, who shall document the request. The Deliverer then may give the meal to the designated neighbor in a face-to-face encounter, and shall provide the neighbor with appropriate written food-handling instructions for the meal(s).
 - ii. Ongoing exception: Only the referring CMA may authorize ongoing delivery to someone other than the Client due to extraordinary circumstances. If the client is a temporary meals only client and requires on-going delivery to a third-party, the Provider must first refer the Client to the CMA.
2. Building Access – Clients should provide building access to the Deliverer or arrange for someone else on site to admit the Deliverer. The Deliverer must always give meals to the Client in a face-to-face encounter.
3. The Deliverer shall not have keys to any Client's home.

Standard 2.2. Procedures for Emergencies and “No Answers”

1. Emergencies: If the Deliverer finds the Client in a situation requiring emergency action (e.g., Client is unconscious or appears gravely ill):
 - a. The Deliverer shall call 911 immediately to report the emergency.
 - b. The Deliverer shall contact his/her supervisor for further instructions.
 - c. The Provider shall develop emergency response and follow-up procedures for HDML delivery staff and supervisors(s). Providers are directly responsible for emergency response and follow-up for all HDML-managed Clients.
 - d. If the Client is case-managed, the supervisor shall inform the Client's CM the same day.
 - e. If the Deliverer is making a delivery on a weekend or holiday when the CMA is closed, the Provider shall contact the Client's emergency contact directly.
 - f. The Provider shall notify DFTA immediately about all emergency situations.

2. No Answer: If the Deliverer cannot make direct contact with the Client or ascertain the Client's whereabouts:
 - a. The Deliverer, at a minimum, shall notify his/her supervisor no later than the end of the route.
 - b. The supervisor shall telephone the Client. If the supervisor cannot reach the Client by phone, and the Client is case-managed, then s/he shall notify the Client's CM that day and the CMA will contact the Client's designated emergency contact. If Client is HDML-managed, then the Provider is responsible for follow-up that day. These contacts must be documented and, if applicable, Provider must receive verification from CMA that message was received.
 - c. The Delivery shall indicate on the route sheet, "not home." Single hot meals may be delivered as an extra meal to the next person on the route. Frozen meals must be returned to the program for re-delivery.

Standard 2.3. Late and Non-Delivery

1. A Client must receive his/her hot meal before 3:00 pm, or frozen meal delivery before 5:00 pm, for the meal to count as "on-time".
2. If the hot meal is delivered after 3:00 pm, or frozen meal after 5:00 pm, the Deliverer shall mark the meal delivery as "late", record the exact time of delivery on the route sheet, and report that to the supervisor at the end of the route. The Supervisor shall a.) notify the CMA, if the Client is Case-managed, or b.) follow up with the Client directly if HDML-managed or the CMA is closed.

Standard 2.4. Routing and Route Sheets

1. The Provider shall design routes using electronic routing to generate daily or weekly route sheets for each driver. Client meals shall be delivered within the same time interval each day and on the same day(s) of each week. Route sheets are to be updated to reflect Client addition/removal.
2. The route sheet shall include the following general information:
 - a. The name of the Deliverer;
 - b. The route identifier used by the Provider for the particular route covered by the sheet; and
 - c. The time that the Provider placed the meals on the vehicle and the delivery time of the last meal.
3. Delivery instructions: the route sheet shall also include the following delivery information for each Client on the route:
 - a. The Client's name;
 - b. The Client's address, including apartment number;
 - c. Any special instructions for delivery that a Deliverer unfamiliar with the route

(such as a new or substitute Deliverer) might need in order to successfully deliver the meal to that Client (e.g., “Takes Client time to answer the door because he uses a walker”);

Standard 2.5. Temperature of the Last Meal

1. The Provider shall maintain the temperature of the last flash-frozen meal on the route at 32°F or below.
2. The Provider shall maintain the temperature of the last hot meal on the route at a minimum of 140°F for hot food and a maximum of 40°F for cold food.
3. The Provider shall test the temperature of the last frozen and the last hot meal on each route at least monthly, using a sample meal included for the purpose of testing. The Provider shall document this testing in writing and promptly make it available to DFTA upon request.
4. If the sampled temperatures do not fall within the requirements above, the Provider shall document the controls and corrections implemented in writing and promptly make them available to DFTA upon request.

Standard 2.6. Drivers and Delivery Staff

1. The Provider shall train and supervise Deliverers in the following responsibilities:
 - a. Temperature maintenance;
 - b. Meal assembly at each stop;
 - c. Proper food handling;
 - d. Face-to-face Client service requirements;
 - e. Monitoring of Clients; and
 - f. Emergency procedures.
2. The Provider shall ensure that Drivers (who may or may not also be the Deliverers) meet the following job requirements:
 - a. Valid current license appropriate to delivery vehicle: regular license for a car, Class D or E license for van that weighs 26,000 lbs or less; or Commercial License A or B for vehicle weighing 26,001 lbs or more; and
 - b. At least one year of driving experience; and
 - c. No more than one moving violation, and no convictions for driving while intoxicated or impaired during the past 24 months. The Provider shall maintain a current New York State Department of Motor Vehicles report as proof of the driving record.
3. Supervisors shall ride along on routes as needed.
4. Drivers and Deliverers shall meet job requirements, including driving records, background checks, and verified references.

5. The Provider shall notify DFTA within 2 weeks when there are permanent changes in staffing.

Standard 2.7 Vehicles

1. Provider shall register their vehicles with the DMV as often as necessary and shall, upon request, provide the City with evidence of such registration.
2. Provider shall make all necessary adjustments, repairs and replacements during the Performance Term, as necessary, so that the vehicles pass the requisite annual DMV inspections.
3. Provider shall, at its sole cost and expense, maintain the insurance coverage in the minimum limits and for the periods, as mandated by the Funding and Security Agreements executed with DFTA.
4. Provider must maintain Commercial General Liability insurance, written on an “occurrence” basis and not a “claims made” basis, protecting against all liability for bodily injury, death, personal injury and property damage, in an amount not less than One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) in the aggregate for any policy year, and designating Provider as “named insured” and the DFTA as “additional insured.
5. Automobile insurance shall insure against (i) bodily injury liability, (ii) medical payments, no-fault or personal injury protection coverage, (iii) uninsured motorists coverage, (iv) comprehensive physical damage coverage, (v) collision coverage, and (vi) property damage liability with limits as reasonably designated by the City from time to time but in any event with limits of not less than One Million Dollars (\$1,000,000) combined single limit per occurrence with respect to personal and bodily injury, death and property damage and which shall designate the City as additional insured and loss payee.
6. Provider, at its sole cost and expense, shall keep the vehicle(s) in good condition and working order, ordinary wear and tear from proper use excepted.
7. To protect against theft and vandalism, the Provider must park and operate the vehicle(s) out of its business premises or an alternate secured location at all times during the Performance Term. Notwithstanding the foregoing, any vehicle(s) may be temporarily parked away from the business premises or alternate secured location for maintenance or repair.
8. Provider shall permit the DFTA to inspect the vehicle(s) from time to time during normal business hours as DFTA deems necessary.

9. Provider shall have a contingency plan for delivery of HDML, in the event that the vehicle(s) must be removed from service.
10. Provider shall use vehicle(s) for a period of five (5) years from the date of receipt and solely for the purpose of the contract – to deliver home delivered meals. Provider shall not transfer ownership or control (by sale, lease or any other means) of vehicle(s) to any person or entity without Data's prior written permission.

Section 3. Food Preparation

Standard 3.1. Meal and Menu Standards

1. The Provider shall deliver to each Client a meal that meets one-third of the Dietary Reference Intake (DRI) and that adheres to U.S dietary guidelines, SOFA guidelines, and the New York City Agency Food Standards (attached as Appendix 1).
2. As an exception to the New York City Agency Food Standards, Providers must meet the following milestones as they pertain to sodium intake: 800mg sodium/meal by March 2010, 650mg sodium/meal by March 2011, and 525 mg sodium/meal by March 2012.
3. The Provider shall send 6 months of menus to DFTA for review and approval. Actual meals shall match Approved Menus in content and portion size. Provider shall retain copies of Approved Menus for a period of 6 years.
4. DFTA must give prior approval to menu submissions. If DFTA should require menu changes, including to ensure adherence to nutrition guidelines, the Provider must implement those changes.
5. The Provider shall submit a professionally-prepared nutrient analysis for each planned menu cycle to the DFTA Nutritionist at least eight weeks prior to the start of that menu cycle. Provider shall retain copies of these analyses for a period of 6 years. If the Provider cannot produce a full nutritional menu analysis, Provider must submit menus to DFTA Nutritionist with recipes and nutritional content for each product used in meal preparation.
6. The provider needs to meet the required food standards for all meals, including special dietary, cultural and religious meals. The provider will notify the DFTA Nutritionist of all replacement menu items.
7. Last-minute substitutions shall be comparable in nutritional value to the Approved Menu. Provider shall notify the DFTA Nutritionist of all substitutions prior to any change.
8. The Provider shall offer all meal types as set forth in their proposal.

Standard 3.2. Food Handling and Preparation

1. The Provider and its subcontractors, if applicable, shall have all permits and licenses necessary to do business in New York City. The Provider shall comply with all applicable New York City, New York State and Federal regulations regarding meal programs and food products such as food handling and preparation, storage, cleanliness, sanitation, disease control, facilities and equipment, including the proper posting of any required permits, notices or certificates. For informational purposes, Providers are encouraged to consult the Department of Health and Mental Hygiene Bureau of Food Safety and Community Sanitation's "Operating a Food Establishment in NYC," as well as NY State Sanitary Code Subpart 14-1.
2. The Provider and applicable subcontractors shall maintain and provide to DFTA, upon request, copies of all applicable permits, notices or certificates required for operation.
3. Food Service Staff
 - a. Food production staff shall be free from communicable diseases in accordance with health regulations; if not, they shall be removed from food service tasks and areas immediately.
 - b. The Provider shall train and supervise food production staff and volunteers appropriately.
 - c. At least one food handler with a current NYC Food Handlers Certificate issued by the DOHMH shall be present on site at all times. The food service supervisor and the cook must both have a Food Protection Certificate. Certificates shall be posted in the food service area.
4. Appropriately qualified managers shall supervise all food service staff, according to DOHMH regulations and any other applicable laws, rules, or regulations.
5. An individual with a Food Protection Certificate shall conduct training at least quarterly for all employees and volunteers who do not hold a Food Protection Certificate. The Provider shall retain training plans, schedules, and attendance records on file.
6. The Provider shall train food preparation staff on the use of fire extinguishers and proper evacuation procedures, and shall conduct fire drills annually. The Provider should maintain records on file concerning training, procedures and drills for a period of 6 years.

Standard 3.3. Food Packing and Delivery

1. The Provider shall ensure that each hot meal, flash-frozen meal and cold/chilled meal meets the following packaging standards:
 - a. The Provider shall utilize containers that are easy for Clients to open. The containers shall be made of non-porous, disposable, recyclable materials that

- are microwave and oven safe. The containers shall not be made of styrofoam.
- b. The Provider shall divide food into portions and place it in individual containers with covers.
 - c. The Provider shall provide the nutritional content for each meal, including the amount of sodium, either on a label or on a separate piece of paper included with the menu list. The Provider may phase-in compliance with the nutritional content labeling requirement during the first 3 years of the contract (2009 - 2011.)
 - d. Frozen meals and cold/chilled meals must be stamped with a “packed on” and an expiration date. Cold/chilled meals have a maximum shelf life of 48 hours from the day of production.
 - e. Hot meals and cold/chilled meals must include directions regarding by what date they should be consumed and proper handling and storage if not eaten promptly.
 - f. Each frozen/alternative style meal and milk carton is labeled with the recommended date for use, or the manufacturer’s expiration date.
 - g. The Provider shall label the food containers with clear instructions on heating and serving in large print. In regions where more than 25% of the HDML Clients speak a language other than English, the instructions shall be available in the most prevalent language of the region.
2. The Provider shall pack hot, cold and frozen food separately and in a sanitary fashion.
 3. Food Temperature:
 - a. Frozen Food temperature: Frozen food must be stored and kept at a temperature below 32°F at all times.
 - b. Hot and Cold/Chilled Food temperature: Hot food must be kept at a minimum temperature of 160°F during portioning and packaging. Hot foods must be delivered at a temperature above 140°F. Cold foods shall be kept at a temperature of 41°F at the time of portioning and packaging, and 40°F or below during delivery. The Provider shall measure food temperature with a probe thermometer before portioning and packaging on a daily basis.
 4. Insulated Food Carriers and Temperature Control Devices During Delivery: The Provider shall portion and seal hot food in individual containers, then place the containers in pre-heated insulated food carriers with temperature control devices or in vans with temperature control thermostats.
 - a. The Provider shall utilize appropriate carriers or temperature-controlled vehicle compartments that maintain food within the temperature ranges specified above in 3.
 - b. The Provider shall maintain food carriers upright and covered, except when

opened to remove food.

- c. The Provider shall clean food carriers with soap and water and a sanitizing solution after each use, then air-dry them, and store them at least 6 inches off of the floor.

Standard 3.4. Food Storage

1. The Provider shall maintain at the food preparation facility an inventory of food and supplies each month, to be signed by the program director. The Provider shall produce the inventory for inspection upon request by DFTA.
2. The Provider shall record the quantity of food used and daily meal consumption.

Standard 3.5. Quality Assurance

1. The Provider shall conduct monthly self-inspections and shall correct unsanitary or unclean conditions noted at self-inspection. The Provider shall also document the dates and specific actions of all relevant inspections and corrective actions, if any, taken.
2. The food service supervisor or director shall make a documented monthly visit to the caterer's preparation site, of which at least four of these visits shall be unannounced, to observe whether bulk and/or individual plated meals are prepared, packaged and handled in accordance with health codes, basic sanitary requirements, and DFTA policies. In addition, the Provider must provide annual written assurance to DFTA that the subcontractor's facility meets all applicable Federal, New York State and City requirements, including the monitoring and inspections of preparation facilities. Providers are encouraged to familiarize themselves with 9 N.Y. Comp. Codes and Regs. § 6654.10(l)-(k) for applicable requirements.
3. The food service supervisor or director shall visit the caterer/preparation site if there are substantial or repeated Client complaints or noted problems, and will document the problem and its resolution.
4. Persistent problems with the caterer must be brought to attention.
5. Food-borne illness: The Provider shall promptly report any suspected outbreaks of food-borne illness to the City DOHMH and to DFTA.
 - a. The Provider shall follow all DOHMH instructions for food poisoning procedures when several Clients complain about an upset stomach, diarrhea, or feeling ill within 3 to 36 hours after consuming a HDML.
 - b. If possible, the Provider shall save half-cup samples of all meal items on an appropriate plate, then cover and freeze the samples for later laboratory tests by DOHMH.
 - c. The Provider shall contact affected persons to determine if they are under medical supervision or require medical assistance. The Provider shall continue to follow-up until the total incident has been resolved.

- d. The Provider shall document and report the incident(s) to DFTA and to the CMA within 24 hours or by close of business the same day, if before a weekend or holiday.

Section 4. Facility and Equipment

Note: The Provider is responsible for ensuring the following requirements are also met by its subcontractors, if any.

1. The Provider, or its food service subcontractor, shall have a current Permit to Operate from DOHMH. The Provider must resolve any citations received from any regulatory agency immediately and report any critical citations and their resolution to DFTA within one business day of receipt of the critical citation and any non-critical violations within 10 business days of receipt of the non-critical citation.
2. The Provider's food preparation site shall meet the following requirements:
 - a. Floors shall be made of or covered with a smooth, non-slip, hard, non-absorbent, watertight material.
 - b. Walls and ceilings shall be made of or covered with a hard, light-colored material; if in contact with steam/vapor, walls and ceilings shall be made of smooth cement, glazed tile, glazed brick, or other non-absorbent material.
 - c. Windows and doors that open into the outer air (with the exception of emergency exits) shall be equipped with screens.
 - d. All places where water flows shall be equipped with proper drains as required by sanitary codes.
 - e. Plumbing: sinks shall be of sufficient size and have hot and cold running water, indirect drains, protection from back flow, and grease traps (if designed after 1997).
 - f. Food storage, preparation and utensil-washing areas shall be restricted to food service use.
 - g. Lighting, ventilation, sewage, toilet facilities, and hand washing areas shall all be in compliance with DOHMH regulations.
3. The Provider's facility shall comply with all applicable building, fire, and environmental codes, laws, regulations, and reference standards.
4. The Provider shall ensure that its facility remains free of rodents or vermin, utilizing the services of an appropriately-licensed pest control service, if needed.

Section 5. Emergency Preparedness

1. The Provider shall have adequate, up-to-date procedures to address foreseeable

emergencies to prevent interruption of service to Clients. Foreseeable emergencies could include vehicle breakdowns and food problems. These procedures shall be in writing and must adhere to DFTA's Emergency Protocols (see attached Appendix 2 DFTA Emergency Protocol).

2. The Provider shall give DFTA up-to-date emergency contact information for the program director and one alternate representative with decision-making authority, in case of emergency. Where a Provider subcontracts some part of its services, the Provider shall provide DFTA with similar information for each of its subcontractors.

Section 6. Performance Requirements, Data and Reporting

Standard 6.1. Documenting the Delivery of Meals

1. Route sheets: Each Provider shall maintain completed route sheets for six years. Completed route sheets shall contain all information as specified in Standard 2.4.
2. Using the DFTA-required database, each Provider shall provide information to DFTA on daily meal service.

Standard 6.2. Client Complaints

1. The Provider shall develop a written complaint procedure that is Client-friendly. The Provider shall distribute copies of the complaint procedure to all Clients upon initiation of service and annually. The Provider shall also provide a copy of the complaint procedure to DFTA.
2. The Provider shall designate an employee to receive and log complaints and their resolutions. Each Provider shall record total Client complaints about food/meal quality, delivery experience, late meals, non-delivery and other. In all cases, Client complaints should be resolved within one week of being brought to the Provider's attention.

Standard 6.3. Customer Satisfaction

1. Each Provider shall solicit customer satisfaction and feedback from Clients every six months. All forms shall be translated into widely-used foreign languages.
2. The methodology and results shall be shared with DFTA within one month of completion.

Section 7. Client Records and Other Documentation

1. Each Provider shall maintain up-to-date records of service delivery in SPP or the

database that DFTA provides.

2. The Provider shall maintain original Client records for six years after service termination. In the event the contract for HDML service is terminated, relinquished or not renewed, the Provider shall provide the Client records to the new Provider within the time frame requested by the DFTA. These files shall contain basic information about the Client, referral forms, and other relevant information. All records must be maintained in a confidential manner.
3. The Provider shall maintain all of the following documentation for a period of 6 years and, upon request, shall provide copies to DFTA:
 - a. Menus actually served, with documented substitutions;
 - b. Copies of meal packaging, labels, and reheating instructions;
 - c. Client input on menus;
 - d. Professionally prepared nutrition analysis;
 - e. Food supply costs and inventory, including invoices/receipts;
 - f. Proof that staff meets job requirements, including driving records and background checks and that references were verified;
 - g. Copies of annual written staff evaluations; and
 - h. Training plans, schedules, and staff attendance at trainings.

Appendix 1. New York City Agency Food Standards

Appendix 2. DFTA Emergency Protocol

MODEL SOCIAL ADULT DAY SERVICE (SADS) STANDARDS

SCOPE OF SERVICES.....

STANDARD 1. The program provides socialization as a core service component, consistent with the needs of participants.....

STANDARD 2. The program provides supervision and monitoring as a core service Component, consistent with the needs of participants.....

STANDARD 3. The program provides cueing and personal care assistance as a core service component.....

STANDARD 4. Nutrition is a core service

STANDARD 5. Transportation is offered to all DFTA-funded clients as a core service component.....

STANDARD 6. The program has an adequate number of qualified staff to provide all core service components.....

STANDARD 7. All DFTA-funded participants have a current individualized SADS Service Plan.....

STANDARD 8. Participants consent to their SADS Service Plan.....

STANDARD 9. Participants status is regularly monitored.....

LEVEL OF SERVICES.....

STANDARD 10. The number of units (slots) provided is consistent with the scope of the contract.....

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 11. Staff and Volunteers are appropriately qualified.....

STANDARD 12. Staff and Volunteers are appropriately oriented.....

STANDARD 13. Staff and Volunteers are appropriately trained.....

STANDARD 14. Staff are in good health.....

PROCEDURES AND METHODS.....

STANDARD 15. Contributions are requested and collected appropriately.....

STANDARD 16. The program's policies and procedures are in writing.....

STANDARD 17. Admissions procedures doe DFTA-funded clients are clear and appropriate.....

STANDARD 18. Food is prepared and served according to principles of nutritional health and safety.....

PHYSICAL ENVIRONMENT AND EQUIPMENT.....

STANDARD 19. Adult Day Service is conducted in a safe and appropriate environment.....

STANDARD 20. The program's site is welcoming and appropriate for participants.....

STANDARD 21. Site, equipment and utensils comply with applicable Federal, State and City codes regarding meals service.....

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS.....

STANDARD 22. The program serves the population described in its response to the RFP.....

RECORDKEEPING & REPORTING.....

STANDARD 23. Training is appropriately documented.....

STANDARD 24. Personnel files are complete.....

STANDARD 25. The provision of contracted services is properly documented.....

STANDARD 26. The collections of contribution is appropriately documented.....

STANDARD 27. Appropriate documentation regarding meals provision is on file.....

STANDARD 28. Client files are complete.....

APPENDIX A: SADS – 20-HR TRAINING REQUIREMENTS.....

SCOPE OF SERVICES

STANDARD 1. The program provides socialization as a core service component, consistent with the needs of participants.

Criteria

- 1.1 Planned and organized group activities appropriate to the population served are available each day the program is open.
- 1.2 The program offers the specific group activities described in its response to the RFP.
- 1.3 The activities offered emphasize each individual's strengths and abilities.
- 1.4 It is possible for each individual to participate at his/her optimal level of functioning and to progress according to his/her own pace.
- 1.5 Participants are encouraged to interact with others during group activities, and to respect themselves and others.
- 1.6 Participants are encouraged to take part in activities, but may choose not to do so or may choose another activity.

STANDARD 2. The program provides supervision and monitoring as a core service component, consistent with the needs of participants.

- 2.1 Service staff and/or volunteers are observant of each participant's whereabouts, activities, and current needs during attendance at the program.
- 2.2 Service staff and/or volunteers provide ongoing direction, verbal or visual cueing, reassurance, encouragement and assistance to each participant, as needed.
- 2.3 Service staff intervene when participants cannot communicate their personal needs, are disruptive, or are at risk for elopement or self-endangerment.

STANDARD 3 The program provides cueing and personal care assistance as a core service component.

- 3.1 The program provides supervision, cueing and some personal care assistance for all of the following ADLs: toileting, mobility, transfer and eating.
 - 3.1.1 When necessary, clients are reminded about medication.

- 3.2 The program provides DFTA-funded clients with additional service components as outlined in their response to the RFP. Additional service components may include, but are not limited to, the following:
- Maximal assistance with toileting, mobility, transfer, and eating;
 - Some or total assistance with dressing, bathing, or grooming;
 - Routine skin care;
 - Changing simple dressings;
 - Using supplies and/or adaptive equipment;
 - Caregiver assistance.

STANDARD 4 Nutrition is a core service component.

- 4.1 At least one nutritious meal is provided to DFTA-funded clients during the program day.
- 4.2 Additional meals are provided at normal meal times if the length of the program day warrants it.
- 4.3 Meals meet 1/3 RDA requirements and are consistent with the standards for a DFTA meal program. *(See DFTA Congregate Lunch Standards.)*
- 4.3.1 If meals are purchased from another source, the Social Adult Day follows all DFTA standards regarding receipt of catered meals. *(See DFTA Congregate Lunch Standards.)*
- 4.4 Nutritious snacks and liquids are offered to participants at appropriate times.

STANDARD 5 Transportation is offered to all DFTA-funded clients as a core service component.

- 5.1 Round-trip transportation is offered to all DFTA-funded clients. *Note: If a client makes other arrangements for transportation, it will be noted in the Referral/Assessment from the Case Management Agency.*
- 5.2 If group transportation is provided, each vehicle has an escort, (in addition to the driver) on board to assist clients.
- 5.2.1 If group transportation is purchased from another provider, it is the SADS program's responsibility to ensure that a suitable escort is provided.
- 5.3 If the program provides transportation directly, vehicles meet all applicable safety standards. *See DFTA Transportation Standards.*

STANDARD 6 The program has an adequate number of qualified staff to provide all core service components.

- 6.1 The program maintains a Direct Service Staff to Client ratio of at least 1:7. *(Note: This ratio includes only staff that directly supervise clients during program activities. It does not include WEP workers, volunteers, or participants' home care workers. It does not include drivers unless they assist with supervision and socialization at the program site.)*
- 6.2 The program maintains the Direct Service Staff: Client ratio listed in the program's response to the RFP.
- 6.3 Programs which share physical space with other non-adult day service programs (e.g. senior centers) have their own staff, with hours that are committed to the adult day services program.

STANDARD 7 All DFTA-funded participants have current individualized SADS Service Plan.

- 7.1 The initial SADS Service Plan is developed no later than 30 days after participant admission to the program.
- 7.2 The program utilizes the DFTA-approved SADS Service Plan form.
- 7.3 SADS Service Plans are re-evaluated and updated every six months, at minimum. Reasons for changes in the Service Plan are documented in case notes.
- 7.4 The initial SADS Service Plan, and each subsequent SADS Service, specifies:
- The specific personal care services that will be provided by the program, based on assessed needs,
 - Expected client outcomes,
 - Planned interventions to promote outcome achievement.
- 7.5 The interventions in the SADS Service Plan:
- Encourage existing capacities
 - Develop new capacities and interests, where possible, and
 - Compensate for existing or developing impairments in capacities.

STANDARD 8 Participants consent to their SADS Service Plan

- 8.1 Individualized SADS Service Plans are discussed with participants and/or caregivers, and their input solicited where possible.

STANDARD 9 Participant status is regularly monitored.

- 9.1 Significant changes in participant status or condition (e.g. changes in functional or mental ability, social and environmental support, housing situation or health status) are documented in case notes.
- 9.2 When changes in participants status or condition require new interventions by program staff, SADS Service Plans are changed.
- 9.3 There is an established system for daily communication among staff/volunteers to ensure that all staff have up-to-date information about participants' status.

LEVEL OF SERVICES

STANDARD 10 The number of units (slots) provided is consistent with the scope of the contract.

Criteria

- 10.1 The number of units (slots) provided during the contract year is no less than 90% of contracted units (slots).

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 11 Staff and volunteers are appropriately qualified.

Criteria

- 11.1 Each staff person and volunteer has a written job description that specifies duties, qualifications, and training to be provided.
- 11.2 Staff members have the qualifications detailed in the program's response to the RFP.
- 11.3 **Director.** Each program has a paid director with the skills, knowledge, and experience necessary to ensure that activities and services are provided appropriately and in accordance with participants' needs. The Director meets the specific qualifications described in the program's response to the RFP.

- 11.4 **Driver.** Drivers hired by the program meet all the requirements for a DFTA-funded transportation program. *See Transportation Standards.*

STANDARD 12 Staff and volunteers are appropriately oriented.

- 12.1 **Orientation.** All new service staff, including volunteers and escorts, complete a brief introduction (orientation) to the following topics:
- Orientation to the Aging Process
 - Orientation to personal care skills
 - Body Mechanics
 - Behavior Management
 - Any additional topics listed in the program's response to the RFP.

STANDARD 13 Staff and volunteers are appropriately trained. (See Appendix A.)

- 13.1 20-Hours Training. All service staff and volunteers who work directly with participants complete a twenty hours of group, individual and/or on-the-job training in addition to orientation.
- 13.1.1 The additional twenty hours of training meets these requirements:
- Completed within three months of hire (with the exception of that part of the training which is provided by DFTA);
 - Directed by a registered professional nurse, social worker, home economist, and/or other appropriate professional with at least a bachelor's degree or four years professional experience in an area related to delivery of human services or education;
 - Documented in individual personnel files (date of training, person providing the training, specific content of training).
- 13.1.2 The additional twenty hours of training covers:
- How to promote socialization
 - Supervision and monitoring
 - Personal Care Skills, taught by a registered nurse (at least 8 of the 20 hours)
 - The family and family relationships
 - Mental illness and mental health
 - The Aging Process
 - Cardiopulmonary Resuscitation (CPR)
 - Any additional elements described in the program's response to the RFP.
- 13.2 Exemptions from 20-hour training requirements:
- 13.2.1 New staff/volunteers with a BA in Social Work, and MSW in Social Work or Gerontology Certificate are exempt from training in the following areas: Mental Illness and Mental Health, and Family and Family Relationships. Please note, however, these individuals must still receive 20 hours of training in total.

- 13.2.2 New staff/volunteers with a Gerontology Certificate are exempt from training on the Aging Process.
- 13.2.3 New staff/volunteers with a certificate of CPR training from an appropriate organization (e.g. DFTA, Red Cross, YMCA, etc.) are exempt from the CPR component of the 20-hour training. However, these individuals must still complete 20 hours of training in the other areas.
- 13.2.4 Training requirements may be waived for persons who have documented equivalent knowledge and skills as indicated by:
- Completion of personal care training which is approved by the State Department of Social Services or home health aide training or nurse aide training which is approved by the State Department of Health;
 - Completion of adult day services worker training which is approved by the State Office of Mental Retardation and Developmental Disabilities.
- 13.3 **Volunteers.** Volunteers who have only limited contact with participants (e.g. provide assistance to an instructor or group leader only; perform all tasks under direct supervision; volunteer only one day a week for a short period of time; volunteer for one activity only) receive training appropriate to the tasks they perform. Such training is to be determined by the program director and indicated in their job descriptions.
- 13.4 **Escorts.** Transportation escorts (who may be volunteers) receive training on how to assist with mobility. They are not required to have full personal care training.
- 13.5 **Drivers.** Drivers should receive training appropriate to the tasks they perform. They are not required to have full personal care training.
- 13.6 **Food Service Staff.** Food service staff receive any additional training required. *See DFTA Congregate Lunch Standards.*
- 13.7 **Six-Hours In-Service Training.** All staff receive six hours of in-service training annually to develop, review, or expand skills or knowledge (date of in-service training, content and documentation of attendance maintained in personnel files).
- 13.8 All service staff, including volunteers, receive periodic on-the job training, as considered necessary by the program director or supervisor or as described in the program's response to the RFP.
- 13.9 Staff receive any additional training described in the program's response to the RFP.

STANDARD 14 Staff are in good health

14.1 Prior to assignment, all staff and volunteers who regularly help with meals/snacks service, or assist participants one-on-one (e.g. with personal care, SADS Service Plan implementation, etc.) present a physician's written statement that they are free from any health impairment that is of potential risk to others, or that may interfere with the performance of their duties.

14.1.1 *Note: When workers or volunteers are assigned under the auspices of another organization, it is sufficient to have on file an agreement signed by both parties that the outside organization assumes responsibility for meeting this requirement.*

14.2 On an annual basis, staff and volunteers who regularly help with meals/snack service, or assist participants one-on-one, renew their Physician's statement. *See Note above.*

14.3 Prior to assignment, and no less than every two years thereafter for negative findings, each staff person or volunteer who handles food or assists participants one-on-one has a PPD (Mantoux) skin test for tuberculosis.

14.4 Food preparation staff meet any additional health requirements listed in DFTA's Congregate Lunch Standards.

PROCEDURES AND METHODS

STANDARD 15 Contributions are requested and collected appropriately

Criteria

15.1 Contributions are voluntary. Signage and/or correspondence requesting contributions state this clearly.

15.2 The amount of contribution requested from DFTA-funded clients does not exceed 25% of the per slot cost stated in the program's response to the RFP. *Note: SADS programs may collect contributions for various program elements (e.g. lunch, transportation) separately; however, the sum of all requested contributions may not exceed 25% of the program's per slot cost.*

15.3 The program charges DFTA-funded clients fees under the following circumstances only:

- The client wishes to attend the program for a greater number of hours than designated in the program's contracted slot. The program may charge fees for additional hours of attendance.
- Ancillary service not included in the DFTA slot: (e.g. bathing, grooming, additional meals.)

15.4 Contributions are collected in the manner described in the program's response to the RFP.

STANDARD 16 The program’s policies and procedures are in writing

- 16.1 Written program policies and procedures are available, covering at a minimum:
- Program description – program philosophy, days and hours open, types of service available;
 - Target population/admission procedures;
 - Service planning procedures;
 - System for inter-staff communication management;
 - System for communication with Case Management Agency;
 - Program expectations of caregivers/family;
 - Discharge policies;
 - Medications policy;
 - Confidentiality procedures;
 - Grievance procedures;
 - Back-up transportation procedures.
- 16.2 The program has a written admissions and discharge policies which detail its capacity to meet the needs of participants who need some or total assistance with any of the following ADLs: dressing; bathing; grooming; prompting regarding medication/routine skin care; changing simple dressings; using supplies and adaptive and assistive equipment.

STANDARD 17 Admissions procedures for DFTA-funded clients are clear and appropriate

- 17.1 **Trial Period:** The social adult day services program may designate a trial period to determine whether the potential participant is suitable for the program/meets the program’s criteria for admission and to allow new participants time to adjust to the program. The designated trial period may not exceed five program days.

STANDARD 18 Food is prepared and served according to principles of nutritional health and safety *See DFTA Congregate Lunch Standards.*

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 19 Adult Day Service is conducted in a safe and appropriate environment

Criteria

- 19.1 The program adheres to all site-related DFTA standards regarding site safety.

See General Senior Center Standards.

- 19.2 The program has implemented all additional site enhancements/safety measures as proposed in their RFP.
- 19.3 The program site complies with all regulations pursuant to the Americans with Disabilities Act of 1990.
- 19.4 The square footage and number of rooms dedicated to the SADS program matches the amounts specified in the program's response to the RFP.
- 19.5 If the program shares space with other programs/services, there is space dedicated to SADS participants. Staff and participants clearly understand the location and size of the dedicated space.

STANDARD 20 The program's site is welcoming and appropriate for participants

- 20.1 Rooms are welcoming, clean, and as home-like as possible within the program's resources.
- 20.2 The program's décor matches that described in the program's response to the RFP.

STANDARD 21 Site, equipment and utensils comply with applicable federal state and city codes regarding meals service. *See Congregate Lunch Standards.*

ADHERENCE TO TARGET POPULATION AND TARGET AREAS

STANDARD 22 The program serves the population described in its response to the RFP

RECORDKEEPING & REPORTING

STANDARD 23 Training is appropriately documented

Criteria

- 24.1 Each person trained is evaluated in writing on her/his competency in each content area by the person responsible for or supervising the training. Competency evaluations are maintained in personnel files.

- 24.2 When training requirements are waived, the person must be evaluated in writing in all competency areas covered by the additional twenty hour training. They may require additional training on portions of the content not covered by prior training.
- 24.3 The program has a written training plan for
- Basic training or orientation;
 - 20 hour training; and
 - In-service training.
- 24.4 For basic training (orientation), and the 20 hour additional training, the written plan includes and outline of training topics, a description of how the training will be provided (e.g. individual in-service, group), the names of persons or organizations who will provide the training, and dates of training, if possible. For in-service training, the training plan included each year's topics, and scheduled dates.

STANDARD 24 Personnel files are complete

- 25.1 Each personnel file includes the following:
- Job description. *See 11.1*
 - Orientation. *See STANDARD 12.*
 - Training. *STANDARD 13 and STANDARD 26*
 - Physician's statement dated within the past year (if required). *See 14.2*
 - Results of PPD (Mantoux) test, if required. *See 14.3*
 - Any additional documentation required (*See Congregate Lunch and Transportation Standards.*)

STANDARD 25 The provision of contracted services is properly documented

- 26.1 Daily attendance records are maintained for each DFTA client, indicating the number of hours in attendance.
- 26.1.1 The program utilizes the DFTA SADS Attendance record or a PDS Activity sheet to record attendance.
- 26.2 Each day a DFTA-funded client attends for at least the length of the contracted slot may be counted as a unit of service provided. Transportation time is not included in the length of the contracted slot.
- 26.2.1 **Exceptions:** A unit of service may be counted for client attendance of at least three hours under the following circumstances only:
- Client has an occasional health-related appointment. (*Regularly-scheduled appointments do not qualify for the exemption. SADS program should contact case manager to reschedule service schedule.*)
 - Client leaves the program unexpectedly due to an emergency.
 - Client is attending the program on a trial basis (not to exceed 5 program days.) *See also 17.1.*
- 26.3 Meals, transportation, and activities provided to DFTA-funded clients are reported as part of a SADS slot only. They may not be reported as units under any other contract.

STANDARD 26 The collections of contributions is appropriately documented.

27.1 The program clearly documents the amount of contributions collected.

STANDARD 27 Appropriate documentation regarding meals provision is on file.

28.1 If meals are provided on site, relevant documentation regarding *health, safety, and menu planning* is on file. See DFTA Congregate Lunch Standards.

28.1.1 *Note: SADS providers are not required to document meals attendance for clients separately from program attendance.*

28.2 If meals are purchased from another provider, relevant documentation, including a DFTA Catering Agreement, is on file. See *DFTA Congregate Lunch Standards*.

STANDARD 28 Client files are complete.

29.1 Each client file (may be maintained on PDS) includes the following:

- The most recent Referral Form or Assessment Form from the Case Management Agency (dated within the last six months.) *Note: If the program transfers the Referral form via PDS, programs may print a paper copy of the Referral only.*
- The most recent SADS Service Plan (dated within the last six months.)
- Case notes which document any significant changes in client status.

APPENDIX A: SADS – 20 – HOUR TRAINING REQUIREMENTS

All new service staff, including volunteers who work directly with participants, must complete 20-hrs of training (in addition to orientation) within 3 months of start date.

<u>20-HR TOPIC</u>	<u>REQUIRE- MENTS</u>	Trainer Must Be:	<u>TRAINING REQS MAY BE WAIVED FOR THE FOLLOWING</u>
ALL TOPICS			<ul style="list-style-type: none"> • Volunteers who have only limited contact with participants. • Drivers and escorts who do not also provide direct service to clients during the program day. • Persons who have completed PC training approved by State DSS. • Persons who have completed HHA or nurses aide training approved by DOH. • Persons who have completed ADC worker approved by State OMRDD.
Socialization		<ul style="list-style-type: none"> ▪ Appropriate Organization (e.g. DFTA, Brookdale, etc.) ▪ Appropriate videotape ▪ Program Director ▪ RN ▪ Social Worker ▪ Appropriate Professional w/BA ▪ Appropriate Professional w/ 4 years ▪ Experience in human services or education 	“
Supervision & Monitoring			“
Personal Care Skills	Represents at least 8 of 290 hours	Must be conducted by RN	“

<u>20-HR TOPIC</u>	<u>REQUIRE- MENTS</u>	Trainer Must Be:	<u>TRAINING REQS MAY BE WAIVED FOR THE FOLLOWING</u>
Family & Family Relationships		<ul style="list-style-type: none"> ▪ Appropriate Organization (e.g. DFTA, Brookdale, etc.) ▪ Appropriate videotape ▪ Program Director ▪ RN ▪ Social Worker ▪ Appropriate Professional w/BA ▪ Appropriate Professional w/ 4 years ▪ Experience in human services or education 	<p style="text-align: center;">“ and</p> <p>Bachelors in SW MSW Gerontology Certificate</p>
Mental Illness And Mental Health		“	<p style="text-align: center;">“ and</p> <p>Bachelors in SW MSW Gerontology Certificate</p>
The Aging Process		“	<p style="text-align: center;">“ and</p> <p>Gerontology Certificate</p>
CPR		“	Certificate