

**In-Home Support Standards**

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## **FRIENDLY VISITING STANDARDS**

*Friendly Visiting provides an organized visiting service on a regular basis to older persons in their homes for the purpose of reducing isolation, and providing stimulating activities and companionship. The service is also used to monitor the older person's safety and well being, and to help identify the need for additional services early enough to avoid future emergencies. Friendly Visiting is not a one-time service.*

*Unit of Service: Each contact for the purpose of a friendly visit with the client.*

### **SCOPE**

#### **STANDARD 1. Visitors provide companionship and encouragement in an ongoing relationship with the client.**

**Compliance 1.1.** Clients are assigned visitors with whom they are compatible (program can demonstrate that it obtains information about the interests and preferences of both clients and visitors and makes assignments based on this information).

**Compliance 1.2.** Every effort is made to assign the same visitor to a client over time.

**Compliance 1.3.** The program provides each visitor with information about her/his client's needs, circumstances, and interests before the first visit.

**Compliance 1.4.** Before (or at the time of) the first visit, the coordinator or director for the service introduces the visitor to the client either by phone or in person.

**Compliance 1.5.** Visitors converse with the clients they visit and encourage expression of interests, concerns and needs.

**Opportunity 1.5.** *Each of the following is an opportunity.*

- Visitors regularly bring activities such as crafts or games into the home, or books or viewing materials, or provide limited services such as letter writing, sewing or escort to the person they are visiting, or take the person on trips.
- The program maintains a collection of games, crafts, books, etcetera for use by visitors, or a resource manual of suggested activities.
- The program organizes at least one group trip or other group activity a year for its friendly visiting clients (for example, a party or a trip to a movie).

#### **STANDARD 2. Visitors monitor clients' safety and well-being.**

- Compliance 2.1.** Visitors report observations on their clients' unmet needs, health problems, or problem situations to their supervisor.
- Compliance 2.2.** Problems reported by workers are documented in writing.
- Compliance 2.3.** The supervisor follows-up as necessary on all reported problems (e.g. to refer to case management; to arrange for additional services; to arrange family intervention; etc.).
- Compliance 2.4.** Client emergencies and other urgent situations are handled immediately.

**STANDARD 3. Service availability is publicized in the community.**

- Compliance 3.1.** Community-wide advertising is done for the service at least once annually (may be done as part of general program publicity).
- Compliance 3.2.** Where the program is a senior center, or sponsored by an organization that also sponsors senior centers, the program can demonstrate that while it *may* serve center members, it also serves clients who do not attend the center for meals and/or activities.

**STANDARD 4. The program surveys client satisfaction with the service.**

**Compliance 4.1.** At least annually, the program calls each client or send a written form to survey their satisfaction with the service and the visitor, and to determine whether client needs are being met.

**Opportunity 4.1.** *Each of the following is an opportunity:*

- Feedback is obtained from at least 50% of persons who received the service during the year.
- The program can demonstrate that the results of the survey were shared with escorts providing the service and the program's sponsor.

## **LEVEL OF SERVICE**

### **STANDARD 5. The program provides the number of budgeted units annually.**

**Compliance 5.1.** The number of units of service provided by the program is within the variance allowed by DFTA.

**Opportunity 5.1.** The program delivers more than 100% of budgeted units.

### **STANDARD 6. The program uses the correct unit definition for reporting levels of service.**

**Compliance 6.1.** Units are counted only for completed visit contacts with clients who are appropriate for the service and on whom there is an intake.

- Senior centers do not count one-time or occasional visits by center members to homebound or hospitalized center members as friendly visiting (e.g. visits made by a sunshine club or other goodwill club; visits made one-time or sporadically; visits made to persons who have not had an intake interview).

**Compliance 6.2.** Units reported as friendly visiting are not also reported as another service – e.g. intergenerational service, education/recreation, escort service, etc.

## **STAFF APPROPRIATENESS AND CONTINUITY**

### **STANDARD 7. Staffing is appropriate to and adequate for the service.**

**Compliance 7.1.** The number(s) of full and part time personnel (including volunteers) providing this service corresponds to the number(s) proposed in the program's response to DFTA'S RFP or in negotiated updates.

#### **Compliance 7.2. Volunteers**

- If volunteers are used to provide the service:
  - Volunteers are consistently available.
  - Records of interviews with each volunteer to establish interest and reliability are on file.
  - Schedule of each volunteer is on file.
  - All volunteers have a designated supervisor who meets with them individually or in a group for regularly scheduled supervision.

**Opportunity 7.2.** The majority (or all) of visitors are volunteers (not paid for by DFTA funds).

**Compliance 7.3.** The service is overseen (e.g. coordinated, supervised) by a staff person who has at minimum: a BSW degree, or a Bachelors degree and one year experience in social services provision, or an AA degree and two years social service experience, or four years of direct social service experience.

**Compliance 7.4.** All visitors are screened and interviewed (documented) by the staff person with oversight responsibility.

### **STANDARD 8. The program provides supervision and support to visitors.**

**Compliance 8.1.** All new visitors receive documented orientation on topics such as the following:

- roles and responsibilities;
- how to introduce themselves to new clients;
- how to set limits;
- appropriate client and visitor behavior (services and activities that can be performed by the visitor);
- how to recognize situations that should be referred to staff;
- how to "read" unspoken clues to a client's needs;
- how to handle confidential issues;
- what to do in urgent situations;

- required record keeping.

**Opportunity 8.1.** The program has offered (or arranged for) formal training to be provided to visitors during the year on topics relevant to the service – e.g. aging issues, characteristics of chronically ill, handicapped, and isolated older persons, how to build a relationship, how to help without creating dependency, how to write up observations, etc.

**Compliance 8.2.** Visitors have contact with their supervisors at least monthly to report on their assigned clients.

## **PROCEDURES AND METHODS**

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

**Compliance 9.1.** To the extent possible, the client is assigned a consistent worker, and a permanent day (or days) when the worker provides service.

**Compliance 9.2.** The schedule for visiting is decided with the client but visiting occurs no less than once every two weeks.

**Opportunity 9.2.** *Each of the following is an opportunity.*

- Clients are visited at least weekly, unless the client requests a less frequent schedule.
- The program can demonstrate that some visitors arrange visits with their clients over and above the scheduled visit.

**Compliance 9.3.** If the program has PDS, it creates route sheets in PDS for documenting service provision.

**Compliance 9.4.** If the program does not have PDS, it uses worker or client logs that document:

- The name of the client provided with service.
- The worker's name
- The date and time service was provided.
- The total of contacts with clients during the month.

**Compliance 9.5.** If the program has PDS, it confirms planned visits made to each client in actual services(PDS).

### **STANDARD 10. The program follows appropriate screening and intake procedures.**

**Compliance 10.1.** Service requests are screened prior to service provision to determine whether the client needs the service and is appropriate for the service.

**Compliance 10.2.** An Intake is completed on each client accepted for service.

**Compliance 10.3.** The Intake interview occurs in the client's home setting.

**Compliance 10.4. Completion of Intake**

- **PDS.** The program uses PDS to collect basic and intake information on the client (if PDS has been made available to the program).
- **Paper.** An Intake Form, and a Participant Information Form (the PIF is submitted to DFTA) are completed if PDS is not available to the program. *If an Intake and PIF have been completed for another service, no new forms are necessary. An internal referral form may substitute for an*

*Intake, if the client is already receiving service from another unit or component of the program. A case management agency Referral may substitute for an Intake.*

- **Information collection.** The following information is collected (*If basic information is already in the Provide Data System (client is currently receiving services) only items on the Intake Information screen are completed*).

Basic

Name  
Address  
Zip Code  
Date of Birth  
Social Security #  
Sex  
Income  
Marital status  
Living arrangements  
Primary Language  
Veteran Status  
Vision, Hearing and Mobility Impairments  
Emergency Contact

Intake

Date of Intake  
Referral source (where applicable)  
Informal support adequacy/inadequacy  
Presenting problem/reason why service is requested/needed  
Service Request  
Other services client receives

**Compliance 10.5.** At the time of the in-home intake visit, an evaluation is made of the client's need for other services (e.g. home-delivered meals, transportation, home care, home safety evaluation, etc.) and findings of need/no other need are documented.

**Compliance 10.6.** The program follows up to refer the client if other need have been identified.

**STANDARD 11. There is a demonstrable system for communicating information about the client.**

**Compliance 11.1.** Where a client has multiple visitors, there are clear procedures and communication channels for passing on information about the client.

- Procedures protect the client's confidentiality while maximizing the ability of each volunteer to be helpful.

**STANDARD 12. The program formally re-evaluates the client's need for service at least annually.**

**Compliance 12.1.** Service need is re-evaluated at least annually. Review occurs earlier than one year, if the original need was temporary (e.g. post-hospitalization; expected to return to senior center).

**Compliance 12.2.** Continued need is documented, or the service is terminated if need no longer exists.

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

### **STANDARD 13. The program serves the appropriate population.**

**Compliance 13.1.** The program provides the service to persons who meet the following criteria as documented on the Intake:

- 60 years of age or older.
- frail or vulnerable (e.g. chronic illness; impairments).
- few or no informal supports (isolated).
- homebound or have only limited ability to leave their homes.

## **RECORD KEEPING AND REPORTING**

### **STANDARD 14. The program correctly reports documented units of service to DFTA.**

**Compliance 14.1.** An accurate count of documented contacts to provide friendly visiting is reported to DFTA.

**Compliance 14.2.** Reported units match on-site documentation.

- If PDS is available to the program, PDS-generated monthly unit reports match units reported to DFTA.
- If PDS is not available to the program, visits documented on logs match units reported to DFTA.

### **STANDARD 15. The program maintains other required records.**

**Compliance 15.1. Client files.**

- a completed Intake documenting that client has an appropriate need for the service.
- the service plan (client's visiting schedule).
- the date of service start.
- the date(s) of service re-evaluation(s) and documentation of continued need.
- documentation of any contacts between supervisors/coordinators and the client (including satisfaction surveys).
- documentation of any reported observations by visitors (e.g. situations that require follow-up).
- the date service is terminated, with the reason for termination
- # of visits provided to the client (if program utilizes PDS)

**Compliance 15.2. Service Records**

- Worker logs (paper) or worker routes (PDS) documenting:
  - Name of visitor
  - Each client's name
  - Dates of each visit by the visitor to the client

**Compliance 15.3. Other**

- Employee/volunteer records.
- Satisfaction surveys.

## **SHOPPING ASSISTANCE/CHORE SERVICE STANDARDS**

*Shopping Assistance/Chore Service provides help with household chores and/or shopping needs to older persons who can be adequately maintained in their homes with fewer than four hours a week of this service, alone or in combination with other services. Case managers may utilize shopping assistance/chore service as a stopgap measure for clients on a waiting list for more intensive home care service.*

*Shopping Assistance/Chore Service Unit: Each contact with a client to provide the service.*

### **SCOPE**

#### **STANDARD 1. The program provides the type of service activity proposed in its response to DFTA's RFP.**

**Compliance 1.1.** The program provides each or both of the following types of service activity, as proposed in its response to DFTA's RFP or in DFTA-approved updates.

##### Chore service

- Activities may include: laundry, cleaning, dusting, vacuuming and other household tasks; light yard tasks; errands.

##### Shopping Assistance

- The program has a written policy as to whether shoppers shop for clients, or with clients on shopping trips (or whether it does both).
- Shoppers assist with the following activities:
  - Making or reviewing shopping list (items needed) with the client before going to the store.
  - Collecting the money, check or food stamps from the client in order to make purchases (in accordance with program's policies).
  - Shopping with the client (or for the client) for food, medicines, or other necessities (service may limit grocery shopping to one store).
  - Paying for purchases with the client's money.
  - Returning items bought, change and a receipt to the client.
  - Reviewing purchased items with the client.
  - Assisting with unpacking and putting items away, if necessary.
- If shopping with the older person, shoppers also assist with the following activities:
  - accompanying the older person on the shopping trip.

- helping to select items while shopping.
- carrying packages.
- helping the older person dress in outerwear such as coat, sweater or hat for the trip.
- helping the older person lock and unlock his/her residence.

**STANDARD 2. The program publicizes service availability in the community.**

**Compliance 2.1.** Community-wide advertising is done for the service at least once annually (may be done as part of general program publicity).

**Compliance 2.2.** Where the program is a senior center, or sponsored by an organization that sponsors senior centers, the program can demonstrate that while it *may* serve center members, it also serves clients who do not attend the center for meals and/or activities.

**STANDARD 3. Workers monitor clients' safety and well-being.**

**Compliance 3.1.**

- Workers report observations on their clients' unmet needs, health problems, or problem situations to their supervisor.
- Problems reported by workers are documented in writing.
- Supervisors follow-up as necessary on all reported problems (e.g. refer to case management; arrange for additional services; arrange family intervention; obtain mental health counseling; medical attention; legal assistance; an entitlement; etc.)
- Client emergencies and other urgent situations are reported immediately.

**STANDARD 4. The program surveys client satisfaction with the service.**

**Compliance 4.1.** At least annually, the program calls or sends out a written client satisfaction survey to each client who has received the service during the past six months to survey their satisfaction and to determine whether their needs are being met.

**Opportunity 4.1.** *Each of the following is an opportunity:*

- Feedback is obtained from at least 50% of persons who received the service during the year.
- The program can demonstrate that the results of the survey were shared with workers providing the service and the program's sponsor.

**STANDARD 5. The program requests contributions for service provision.**

**Compliance 5.1.** The program informs each client of the opportunity to contribute to the cost of the service and the amount of suggested contribution.

**Compliance 5.2.** The program has a standard procedure and time for requesting and collecting contributions.

**STANDARD 6. The program covers travel costs incurred by workers during the course of providing service.**

**Compliance 6.1.** Programs provide workers with carfare when needed during the course of providing the service. This does not include travel costs to and from work.

## **LEVEL OF SERVICE**

### **STANDARD 7. Units are counted appropriately.**

**Compliance 7.1.** The program uses the appropriate unit definition for shopping assistance/chore service – e.g. each contact with a client to provide service.

**Compliance 7.2.** Activities reported as shopping assistance/chore service are not also reported as another service – i.e. intergenerational service, escort service, housekeeping service, case assistance.

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

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

**Opportunity 8.1.** The program provides more than 100% of the number of units specified in its budget.

## **STAFF APPROPRIATENESS AND CONTINUITY**

### **STANDARD 9. Staffing is appropriate to the service.**

**Compliance 9.1.** The number(s) of full and part time personnel providing this service corresponds to the number(s) proposed in the program's response to DFTA'S RFP or DFTA-approved updates.

#### **Compliance 9.2. Volunteers**

- If volunteers are used to provide the service:
  - Volunteers are consistently available.
  - Records of interviews with each volunteer to establish interest and reliability are on file.
  - Schedule of each volunteer is on file.
  - Each volunteer has a designated supervisor.

**Opportunity 9.2.** The majority (or all) of shopping assistance/chore workers are volunteers (not paid for by DFTA funds).

#### **Compliance 9.3. Oversight responsibility**

- The person with oversight responsibility for the service has at minimum a BSW degree, or a Bachelors degree and one year experience in social services provision, or an AA degree and two years social service experience, or four years of direct social service experience.

### **STANDARD 10. Workers are appropriately qualified.**

**Compliance 10.1.** Before hire, the service coordinator (or person with oversight responsibility) interviews the applicant (documented) and confirms work history or other experience, to the extent possible.

### **STANDARD 11. Workers are appropriately trained and supervised.**

**Compliance 11.1.** All new workers (staff and volunteers) receive a documented orientation/training on:

- roles and responsibilities
- situations that should be referred to staff (e.g. deterioration in physical and/or emotional status or expressed need for a different or more intensive service
- what to do in urgent situations/emergencies
- working with persons with disabilities – for example, vision or hearing impairments or mobility problems
- policies and procedures including policies regarding use of client's money (for shopping, errands involving money, etc)

**Opportunity 11.1.** The program has offered (or arranged for) additional formal training (documented with date, trainer's name, attendance by at least one worker) during the year on topics relevant to the service – e.g. aging issues, characteristics of chronically ill, handicapped, and isolated older persons, how to build a relationship; how to help without creating dependency; how to write up observations, etc.

**Compliance 11.2.** All workers (including volunteers) meet with their supervisor either alone or in a group at least monthly.

## PROCEDURES AND METHODS

### **STANDARD 12. The program follows appropriate screening and intake procedures.**

**Compliance 12.1.** Service requests are screened prior to service provision to determine whether the client needs the service and is appropriate for the service.

**Compliance 12.2.** An intake is completed face-to-face with each client accepted for service prior to service provision.

- **PDS.** The program uses PDS to collect basic and intake information on the client (if PDS has been made available to the program).
- **Paper.** An Intake Form, and a Participant Information Form (PIF is submitted to DFTA) are completed if PDS is not available to the program. *If an Intake and PIF have been completed for another service, no new forms are necessary. An internal referral form may substitute for an Intake, if the client is already receiving service from another unit or component of the program. A case management agency Referral may substitute for an Intake.*
- **Information collection.** The following information is collected (*If basic information is already in the Provider Data System (client is currently receiving services) only items on the Intake Information screen are completed*).

#### Basic

Name

Date of Birth

Sex

Social Security Number

Address

Zip code

Living Arrangements

Marital Status

Ethnicity

Primary Language

Veteran Status

Total Monthly Income

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

Emergency Contact

#### Intake information

Referral source.

Date of Intake

Presenting problem or need (reason why client is seeking assistance).

Informal support adequacy/inadequacy.

Requested Service

Other services the client receives

Intake Next Steps

### **STANDARD 13. The program appropriately schedules and documents service provision.**

**Compliance 13.1.** To the extent possible, the client is assigned a consistent worker, and a permanent day (or days) when the worker provides service.

**Compliance 13.2.** A formal service plan (schedule) agreed to by the client is developed for each client who receives services on a routine basis.

- The service plan includes days of the week service will be provided, time service will be provided, duration of the service. *If PDS is used to record the service plan, the service plan may be entered in the care plan or in case notes.*

**Compliance 13.3.** If the program has PDS, it creates route sheets in PDS for documenting service provision.

**Compliance 13.4.** If the program does not have PDS, it uses worker or client logs that include:

- the name of the worker.
- the name of each client provided with service.
- the date and time service was provided

**Compliance 13.5.** The worker's weekly or monthly record of service provision is signed by each client to whom service has been provided.

**Compliance 13.6.** If the program has PDS, it confirms planned contacts recorded on the route in actual services (PDS).

### **STANDARD 14. The program formally re-evaluates the client's need for service at least annually.**

**Compliance 14.1.** A documented re evaluation of service need is conducted with each client who receive ongoing or intermittent service at least annually. Re-evaluation should occur earlier than one year, if the need was determined to be temporary at intake.

- Continued need is documented, or the service is terminated if need no longer exists.

**STANDARD 15. The program maintains a prioritized waiting list if service is not available.**

**Compliance 15.1.** A prioritized waiting list is maintained based on the following criteria:

- Urgency of need.
- Inability to make other arrangements.
- Unavailability of informal supports or unable to utilize other means to meet the need.

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

### **STANDARD 16. The program provides service to an appropriate population.**

**Compliance 16.1.** Persons served meet the following criteria as documented on the intake:

- 60 years of age or older.
- unable to perform needed chores independently
- unavailability of informal supports to meet the client's need.
- need is low-level unless service is being used as a stop-gap intervention when home care is not available, or as a bridge to more intensive service needed but not wanted by the client (noted on intake).

## **RECORD KEEPING AND REPORTING**

### **STANDARD 17. The program correctly reports documented units of service to DFTA.**

**Compliance 17.1.** An accurate count of documented contacts to provide service is reported to DFTA.

**Compliance 17.2.** Reported units match documentation maintained on site.

- If PDS is available to the program, PDS-generated monthly unit reports based on confirmed route sheets match units reported to DFTA.
- If PDS is not available to the program, the total of documented contacts recorded on worker or client logs match units reported.

### **STANDARD 18. The program maintains client, employee and other required records.**

**Compliance 18.1. Client files.**

- A completed intake record.
- the date of service start.
- the client's service plan (if service is recurrent for the client).
- documentation of reported incidents or observations
- documentation of contacts between program staff and the client outside of scheduled service (including satisfaction surveys).
- the date of service re-evaluation(s) and documentation of continued need.
- the date of service termination, with the reason for termination.
- Amount of actual service provided to the client (if program utilizes PDS).

**Compliance 18.2. Service Records**

- Worker logs (paper) or PDS route sheets documenting:
  - Name of worker.
  - Each client's name.
  - Date and time service provided.
  - Client signatures.

**Compliance 18.3. Other**

- Employee and/or volunteer records.
- Customer Satisfaction surveys.

## **TELEPHONE REASSURANCE STANDARDS**

*Telephone Reassurance is an organized service providing supportive contact and monitoring on an ongoing basis via regularly scheduled telephone calls to older persons who live alone, or are temporarily alone, and have limited ability to leave their homes. The purpose of the service is to reduce isolation, provide reassurance and companionship, and to determine if the older person is safe and well. Callers also help to identify the need for other services early enough to avoid future emergencies, and provide reminders to recipients who suffer from memory loss or confusion. Telephone Reassurance is not a one-time service.*

*Unit of service: Each contact with a client.*

### **SCOPE**

#### **STANDARD 1. Callers provide support and reassurance in an ongoing relationship.**

**Compliance 1.1.** Before making the first call to the client, the caller is provided with information about the client's needs, circumstances, and interests.

**Compliance 1.2.** Callers routinely inquire about and follow-up on issues of concern to the client.

**Compliance 1.3.** Where more than one caller is assigned to a client, each is kept informed about the client's current needs and status (e.g. notes from other callers are shared).

**Compliance 1.4.** Each client receives a scheduled call no less than twice monthly at a time established with the client.

**Opportunity 1.4.** *Each of the following is an opportunity:*

- Clients are called at least weekly, unless the client requests a less frequent schedule.
- In addition to the regularly scheduled call, special calls are made on birthdays and/or holidays.
- The program organizes at least one group trip or other group activity a year for its telephone reassurance clients (for example, a party, trip to a movie, etc.).

## **STANDARD 2. Callers monitor clients' safety and well-being.**

**Compliance 2.1.** Callers report observations on their clients' unmet needs, health problems, or problem situations to their supervisor.

**Compliance 2.2.** Problems reported by callers are documented in writing.

**Compliance 2.3.** Supervisors follow-up as necessary on all reported problems (e.g. to refer to case management; to arrange for additional services; to arrange family intervention; etc.).

**Compliance 2.4.** Client emergencies and other urgent situations are dealt with appropriately.

## **STANDARD 3. Service availability is publicized in the community.**

**Compliance 3.1.** Community-wide advertising is done for the service at least once annually (may be done as part of general program publicity).

**Compliance 3.2.** Where the program is a senior center, or sponsored by an organization that also sponsors senior centers, the program can demonstrate that although it *may* serve center members, it also serves persons who do not attend the center for meals or activities.

## **STANDARD 4. The program surveys client satisfaction with the service.**

**Compliance 4.1.** At least annually, the program calls or sends out a written client satisfaction survey to each client who has received the service during the past six months to survey their satisfaction and to determine whether their needs are being met.

**Opportunity 4.1.** *Each of the following is an opportunity:*

- Feedback is obtained from at least 50% of persons who received the service during the year.
- The program can demonstrate that the results of the survey were shared with callers providing the service and the program's sponsor.

## **LEVEL OF SERVICE**

### **STANDARD 5. The program provides the number of budgeted units annually.**

**Compliance 5.1.** The number of units provided by the program is within the variance allowed by DFTA.

**Opportunity 5.1.** The program provides more than 100% of the number of units specified in its budget.

### **STANDARD 6. The program uses the correct unit definition for reporting levels of service.**

**Compliance 6.1.** Units are counted only for completed telephone contacts with clients who are appropriate for the service and on whom there is an intake.

- Senior centers do not count calls to absent participants to inquire about their absence (participant is not expecting the call) as telephone reassurance unless the call results in an intake for scheduled telephone reassurance service.
- Units reported as telephone reassurance units are not also reported as another service – e.g. intergenerational service, case assistance.

## **STAFF APPROPRIATENESS AND CONTINUITY**

### **STANDARD 7. Staffing is appropriate to the service.**

**Compliance 7.1.** The number(s) of full and part time personnel (including volunteers) providing this service corresponds to the number(s) proposed in the program's response to DFTA'S RFP or DFTA-approved updates.

**Compliance 7.2. Volunteers.**

- If volunteers are used to provide the service:
  - Volunteers are consistently available.
  - Records of interviews with each volunteer to establish interest and reliability are on file.
  - Schedule of each volunteer is on file.
  - All volunteers have a designated supervisor.

**Opportunity 7.2.** The majority (or all) of callers are volunteers (not paid for by DFTA funds).

**Compliance 7.3. Service oversight.** The service is overseen by a staff person who has at minimum: a BSW degree, or a Bachelor's degree and one year experience in social services provision, or an AA degree and two years social service experience, or four years of direct social service experience.

**Compliance 7.4.** All callers are screened and interviewed to determine suitability by the staff person with oversight responsibility.

- The interview is documented.

### **STANDARD 8. The program provides supervision and support to its callers.**

**Compliance 8.1.** All callers receive documented training on topics such as the following:

- roles and responsibilities;
- how to introduce themselves to new clients;
- how to ask leading questions and respond to information;
- how to "read" a client's attitude, tone, and strength of voice;
- how to handle confidential issues;
- which situations should be reported to staff;
- what to do when a client expresses a need for service which cannot be met by the caller;
- what to do in urgent or emergency situations;

**Opportunity 8.1.** The program has offered (or arranged for) additional formal training to be provided to callers during the year on topics relevant to the service – e.g. aging issues, characteristics of chronically ill, handicapped, and isolated older persons, how to build a relationship, how to help without creating dependency; how to write up observations, etc.

**Compliance 8.2.** Callers have contact with their supervisor (documented) either alone or in a group at least monthly.

## PROCEDURES AND METHODS

### **STANDARD 9. The program follows appropriate screening and intake procedures.**

**Compliance 9.1.** Service requests are screened prior to service provision to determine whether the client needs the service and is appropriate for the service.

**Compliance 9.2.** An Intake is completed on each client accepted for service.

**Compliance 9.3.** The Intake interview occurs in the client's home setting.

#### **Compliance 9.4. Completion of Intake.**

- **PDS.** The program uses PDS to collect basic and intake information on the client (if PDS has been made available to the program).
- **Paper.** An Intake Form, and a Participant Information Form (the PIF is submitted to DFTA) are completed if PDS is not available to the program. *If an Intake and PIF have been completed for another service, no new forms are necessary. An internal referral form may substitute for an Intake, if the client is already receiving service from another unit or component of the program. A case management agency Referral may substitute for an Intake.*
- **Information collection.** The following information is collected (*If basic information is already in the Provide Data System (client is currently receiving services) only items on the Intake Information screen are completed*).

#### Basic

Name

Address

Zip Code

Date of Birth

Social Security #

Sex

Income

Marital status

Living arrangements

Primary Language

Veteran Status

Vision, Hearing and Mobility Impairments

Emergency Contact

#### Intake

Referral source (where applicable)

Informal support adequacy/inadequacy

Presenting problem/reason why service is requested/needed

Other services client receives  
Date of Intake  
Service Request  
Intake Next Steps

**Compliance 9.5.** At the time of the in-home intake visit, an evaluation is made of the client's need for other services (e.g. home-delivered meals, transportation, home care, home safety evaluation, etc.) and findings of need/no other need are documented.

**Compliance 9.6.** The program follows up to refer the client if other need have been identified.

**STANDARD 10. There is a demonstrable system for communicating information about the client.**

**Compliance 10.1.** Where a client has multiple callers, there are clear procedures and communication channels for passing on information about the client.

- Procedures protect the client's confidentiality while maximizing the ability of each caller to be helpful.

**STANDARD 11. The program re-evaluates the client's continuing need for service at least annually.**

**Compliance 11.1.** Service need is re-evaluated at least annually. Review occurs earlier than one year, if the original need was temporary (e.g. post-hospitalization; expected to return to senior center).

**Compliance 11.2.** Continued need is documented, or the service is terminated if need no longer exists.

**STANDARD 12. The program appropriately schedules and documents service provision.**

**Compliance 12.1.** A formal plan for telephone calls is developed with each client.

**Compliance 12.2.** If the program has PDS, it creates route sheets (schedules) in PDS for documenting service provision.

**Compliance 12.3.** If the program has PDS, it confirms planned telephone calls entered on the route sheet in actual services (PDS screen).

**Compliance 12.4.** If the program does not have PDS, it uses worker or client logs that include:

- the name of each client called.
- the date and time of service provision.
- the caller's name.

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

### **STANDARD 13. The program serves the appropriate population.**

**Compliance 13.1.** Persons served meet the following criteria as documented in the client file:

- 60 years of age or older.
- few or no informal supports (isolated)
- frail or vulnerable (e.g. chronic illness; impairments)
- homebound or have only limited ability to leave their homes.

## **RECORD KEEPING AND REPORTING**

### **STANDARD 14. The program correctly reports documented units of service to DFTA.**

**Compliance 14.1.** An accurate count of documented contacts is reported to DFTA.

**Compliance 14.2.** Reported units match documentation on-site.

- PDS-generated monthly unit reports based on confirmed route sheet match units reported to DFTA.
- If PDS is not available to the program, the total of contacts documented on worker or client logs match units reported.

### **STANDARD 15. The program maintains other required records.**

**Compliance 15.1. Client files.**

- A completed intake record.
- the date of service start.
- any notes or observations reported by the caller.
- documentation of any contacts between program staff and the client outside of scheduled service provision (e.g. satisfaction surveys).
- the date of service re-evaluation(s) and documentation of continued need.
- the date of service termination, with the reason for termination.
- Amount of actual service provided to the client (if program utilizes PDS).

**Compliance 15.2. Service Records.**

- Worker logs (paper) or PDS route sheets.

**Compliance 15.3. Other.**

- Employee or volunteer records.
- Client satisfaction surveys.