Department for the Aging

Caregiver Services

Standards of Operation and Scope of Services

Based on standards set by the New York City Aging (NYC Aging) and the New York State Office for the Aging.

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Introduction

The Title III-E National Family Caregiver Support Program is part of the Older Americans Act (OAA). NYC Aging - funded caregiver programs assist family and other informal caregivers to care for loved ones at home. The caregiver and the care receiver together, form the service "dyad." The caregiver is always the primary client. Long-distance caregivers are served when the care receiver lives in the program's catchment area. The core service components are: **Caregiver Information (Public); Assistance: Case Management (Caregiver); Assistance: Information & Assistance; Caregiver Counseling; Caregiver Support Groups; Caregiver Training; Respite Care; Supplemental Services.** (See Attachment B for definition of these services).

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

All Caregiver programs must use NYC Aging's client tracking system to register participants and to document service provision.

Section 1. Scope

Standard 1: Eligibility

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

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

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

Standard 2: Target Population

The program serves its priority and target population.

Compliance 2.1. The program targets persons who:

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

Standard 3: Informed Consent and Confidentiality

The program obtains informed consent from clients. (See also General Program Standards, Section 2)

Compliance 3.1. Consent to Collect Personal Information. The program obtains signed consent to collect and record data from individuals seeking the service before any personal identifying information is entered into the NYC Aging client tracking system.

- Signed consent is required for all services that will require an intake or assessment.
- When the initial contact is via telephone, verbal consent is accepted to proceed with an intake. Signed consent must be obtained during the initial in-person visit or through other means if necessary, such as via mail, email, or fax.
- If the client withdraws from the service before an in-person visit can be made or signed consent is obtained, the program enters a note in the client's record in the client tracking system and immediately closes the case.
- Verbal consent to collect is acceptable for clients who receive information only.

Compliance 3.2. Consent to Refer and Share Personal Information. The program obtains signed consent to refer and share personal information before any information is shared for referral or other purposes.

- The program obtains a signed consent to refer and share information within 10 business days of an initial assessment.
- If a respite client refuses to sign the consent to share/refer, the client is considered to have refused services. This is explained to the client, and if no other assistance is needed the case is closed/inactivated.

Compliance 3.3. Revocation of Consent. Client consent is in effect until the case is closed or consent is revoked. If a client revokes consent, that client is refusing service. Any client identifying data shared while consent was in effect cannot be rescinded retroactively. No client data files may be deleted from the client tracking system.

Compliance 3.4. Mental capacity. Until a person is legally declared mentally incapacitated, the program assumes that they have the capacity to provide informed consent. The caregiver can provide consent on behalf of the care receiver.

Compliance 3.5. Minors/Children. The program may obtain consent from the legal parent or guardian to collect data for children being served by the caregiver program. The program must receive documentation of the relationship. If the child is under the care of a kinship caregiver and legally resides with the caregiver who is making other decisions on behalf of the child, then consent can be provided by the caregiver without further documentation.

Compliance 3.6. Documentation of Consent. The program utilizes the NYC Aging approved consent forms. The program uploads the signed consent forms in the client's record in the client tracking system. Electronic signatures are acceptable.

Compliance 3.7. Consent for non-English Speakers. Consent documents are provided to clients in the language understandable to them.

- If necessary, the program uses an interpreter fluent in the client's spoken language to aid in the consent process. (See General Program Standards, Standard 9.1)

Compliance 3.8. Client Privacy. The program shares caregiver and care receiver information only with consent, and only (1) when pertinent to service provision, or (2) when requested by authorized agency personnel and/or government representatives in connection with program monitoring.

Standard 4: Outreach
The program conducts outreach to the target population.

Compliance 4.1. Outreach activities are initiated by the program for the purpose of identifying potential caregivers and encouraging their use of services and benefits. This includes in-person or telephone contact between a worker and an individual. The contact must be conducted one-on-one and not as a group presentation. Outreach also occurs when a worker contacts an individual following a presentation. Tabling at a health event can be counted as outreach when providers conduct face-to-face identification of isolated caregivers by discussing their individual needs and available

services. Virtual Resource Fairs/Expos can be considered Outreach if the program offers participants breakout options for discussion of additional information and responding to individual inquiries.

Compliance 4.2. Outreach efforts ensure that caregivers represent the economic and social-cultural diversity of program's service area.

Standard 5: Public Information
The program provides information to the public about caregiver services.

Compliance 5.1. Public Information is a planned effort to provide the public with information about services, resources, and entitlements. Activities include the distribution of newsletters, flyers, pamphlets, and brochures, the use of digital, print, and social media for news, features, public activities, and public presentations by a caregiver program. (*See Service Definition*)

Standard 6: Information
The program provides information for caregivers about available services.

Compliance 6.1. Information refers to providing information, one-to-one, about available services and opportunities in the community. The information provides caregivers with instructions on locating and obtaining resources on their own. (*See Service Definition*)

Compliance 6.2. **Information Only Contacts.** The program enters information only contacts in the client tracking system as a Service Ticket.

Compliance 6.3. **Promoting Role Identification**. The program enhances role awareness of caregivers who do not identify as caregivers.

Standard 7: Assistance
The program assists caregivers in obtaining services and resources.

Compliance 7.1. The program provides assistance to caregivers on obtaining access to available services and resources in their community, including completion of forms for benefits.

Standard 8: Assistance: Case Management

Compliance 8.1. Program staff with case management experience conduct a comprehensive assessment of the caregiver to coordinate services that will meet the existing needs.

Standard 9: Intake
The Caregiver program screens each inquiry for eligibility and conducts an intake if the caregiver is accepted for service.

Compliance 9.1. Persons conducting screening/ intake are skilled interviewers who provide a consumer-friendly introduction to the program (i.e., reassuring tone, informative, and timely response).

Compliance 9.2. Persons making initial inquiries are interviewed in sufficient depth to determine eligibility (See Standard 1). Note: The program may accept supporting documentation that the caregiver meets eligibility requirements from the referring social service provider (e.g., case management agency or health care provider).

Compliance 9.3. The program determines whether:

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

Compliance 9.4. The intake lays the groundwork for developing a trusting relationship with the caregiver and is used to:

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

Compliance 9.5. The program ensures ease of access through telephone, direct contact (walk-in), website, and email, with 7 days/ 24 hours message capability.

Compliance 9.6. When an intake interview is conducted, the caregiver is registered into NYC Aging's client tracking system and is now a client. An intake is opened to enter the information collected and is an initial agreement for ongoing services.

Standard 10: Assessments

The Caregiver program conducts an initial assessment of each caregiver's needs, strengths, and assets, and makes three (3) month follow up calls.

Compliance 10.1. Case Assignment. Each caregiver is assigned a worker by the supervisor, who serves as his/her primary contact.

Compliance 10.2. Assessment. The program completes an assessment within ten business days of the intake interview. The purpose of the assessment is to gain a complete picture of the caregiver/care receiver dyad, including supports, resources, concerns, skills and abilities, limitations, and coping strategies. All sections of the assessment are completed. With caregiver permission, the program may involve formal or informal contacts in the assessment process to provide information. The relationship of the caregiver to these contacts is documented in the caregiver's electronic record. A complete caregiver assessment must be conducted for all caregivers receiving services.

- If the caregiver refuses to be assessed, information and assistance, caregiver counseling, caregiver support groups, and caregiver training may still be provided. However, the minimum required data for caregiver counseling and caregiver training must still be collected (age, gender, race, ethnicity, zip code, poverty status, and caregiver/care receiver relationship). Respite & Supplemental services require a complete caregiver assessment.
- Assessments may be completed via telephone or web-based platforms only with prior approval from NYC Aging.

Compliance 10.3. Location of Assessment. The assessment is conducted in the caregiver or care receiver's home whenever possible, and particularly when respite or supplemental services, or multiple concerns have been identified. The assessment may be conducted via telephone or web-based platforms only with prior approval from NYC Aging.

Compliance 10.4. Financial Assessment. The program reviews supporting financial documentation for the care receiver and/or caregiver to determine financial eligibility for benefits or entitlements, and to assist with long term care planning and other services. If the caregiver or care receiver refuses to provide financial information, refusal is noted in the caregiver's record. Caregiver services can still be provided.

Compliance 10.5. Three (3) Month Reassessment/Follow-up Calls. Caregivers are contacted every three (3) months to complete the three-month Reassessment/follow-up call. Following the 4th follow-up call after the initial assessment, the program must complete an updated Assessment Summary Case Note in the NYC Aging's Client Tracking System to reflect any changes in the needs of the caregiver and care receiver since initial assessment.

Compliance 10.6. Event Based Contact. The program conducts an event-based contact upon notification by the caregiver, or when changes in a caregiver's or care receiver's condition or situation require a change in the care plan. Examples of situations requiring an event-based contact include a major change in health, functional capacity, financial situation, social or physical environment, or formal/informal support system. The program conducts the event-based contact face-to-face where possible, particularly for those caregiving dyads receiving respite and/or supplemental services.

Compliance 10.7. Client Rights. The worker reviews a statement of Client Rights with the caregiver each time an assessment is conducted, and the caregiver is given a copy. The program must notify NYC Aging in advance of any required changes to Client Rights and provide planned modifications for review.

Standard 11: Care Planning

The Caregiver program develops service details in the Care Plan based on the assessment of caregiver needs.

Compliance 11.1. The worker who performs the assessment completes the care plan. When appropriate, other support staff can assist with data entry if needed.

Compliance 11.2. Assigned workers provide information and counseling about available services to help caregivers make informed decisions/choices.

Compliance 11.3. Service details address the full spectrum of the caregiver's needs and specified preference through direct services and referrals to programs. The service details specify:

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

Compliance 11.4. The Care Plan reflects knowledge of caregiver needs at different stages in the caregiving process or following a change in care receivers' status (i.e., when a critical event creates a new need for or adjustment to caregiver services and the caregiver must learn new skills/coping strategies).

Compliance 11.5. The Care Plan supports caregivers' strengths, health, mental health, and meaningful engagement in activities unrelated to their caregiving responsibilities.

Compliance 11.6. The Care Plan incorporates long term planning for the caregiver and care receiver, as appropriate.

Compliance 11.7. Coordination with Referral Sources. The program communicates and coordinates with referral sources to ensure seamless receipt or continuity of services.

Compliance 11.8. The caregiver, and care receiver when appropriate, agree to the care plan.

Standard 12: Supervisory Review

Program supervisors ensure comprehensive casework by workers.

Compliance 12.1. Initial Assessment Supervisory Review Timeframe. The supervisor reviews and signs off on each caregiver's case, including intake, assessment, assessment summary, care plan, and case notes no later than ten (10) business days after the assessment of the caregiver.

Compliance 12.2. Three Months Supervisory Review. The supervisor reviews and signs off on each caregiver's case file, including case notes since the last assessment, three (3) month follow-up call, and updated care plan, at least once every three (3) months, or more frequently should a need be identified, and discusses during supervision.

Standard 13: Resource Development

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

Compliance 13.1. Cultivation of Referral Sources. The program identifies and cultivates appropriate referral sources – e.g., health and social service agencies, home care providers, civic and religious groups, older adult centers, hospital discharge units, NORCs, case management agencies, adult day services, family life centers, libraries, schools, PTA's, elected officials and community boards, retailers, and other entities that have contact with family caregivers. Where necessary, the program educates potential referral sources on how to recognize caregivers in need by conducting informational meetings or training sessions.

Standard 14: Caregiver Counseling, Support Groups and Training

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

Compliance 14.1. Counseling. This service can be provided on an individual basis or in a group setting. There are many different types of counseling and can include mediation, grief counseling, etc.

Compliance 14.2. Support Groups. Support groups can be short-term or long-term, and can be in-person, on-line and/or by telephone. Support Groups can be designed for anyone in a caregiving role, be disease-specific, or based on the caregiving relationship, (i.e., spouse, child). They must be structured, with an agenda, a stated goal and purpose, and a summary. Summary of support group meetings/discussions and notes on participant progress must be recorded and signed off by facilitator and supervisor.

Compliance 14.3. Caregiver Training. Training programs may be delivered in one session or in a series, and the duration may be an hour or longer. Training topics are geared toward supporting the caregiver in their caregiving role. It can range from skills related to assisting care receivers with their activities of daily living, legal issues such as powers of attorney or living wills, managing difficult behaviors, stress management, etc.

Standard 15: Respite Services

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

Compliance 15.1. Respite Eligibility. The care receiver must require substantial assistance with at least two Activities of Daily Living (ADL) to receive respite. Care receivers in need of extensive supervision and/or monitoring resulting from cognitive impairment are also eligible.

Compliance 15.2. The program ensures that allocation of respite services is equitable, with particular consideration given to those in greatest social and/or economic need.

Compliance 15.3. The worker explores Medicaid eligibility with the caregiver when the long-term care need will exceed Caregiver program respite capacity.

Compliance 15.4. Types of Respite. The program makes available the following types of respite:

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

Compliance 15.5. When Demand Exceeds Availability. With NYC Aging's approval, the program establishes internal written guidelines giving priority to those with greatest social and economic need. The program explores and implements alternative care options with caregivers when respite demand exceeds availability.

Standard 16: Supplemental Services

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

Compliance 16.1. Eligibility. The care receiver must require substantial assistance with at least two Activities of Daily Living (ADL), Care receivers in need of extensive supervision and/or monitoring resulting from cognitive impairment are also eligible.

Compliance 16.2. The allocation for Supplemental Services does not exceed 20% of the Caregiver program's budget. The program has an appropriate accounting system to manage purchases.

Compliance 16.3. The program has written procedures for ordering and purchasing items/services.

Compliance 16.4. The program ensures sound management of accounts, including clear records of purchases made and timely payment to providers.

Compliance 16.5. The program establishes written internal guidelines to explore and implement alternative options should demand for supplemental services exceed funding.

Standard 17: Services Follow-Up, Coordination and Monitoring

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

Compliance 17.1. Linkage Follow-Up. The program follows up with the caregiver within 10 workdays of providing information about resources to inquire if a linkage was made and if the referral was adequate, appropriate, and satisfactory. If the caregiver needs referral assistance, the program makes the linkage. Contact with the caregiver is documented in case notes.

Compliance 17.2. When the program makes a linkage for a caregiver, the program follows up with the service provider or other entity regarding: (1) receipt of any required paperwork; (2) determination of eligibility, where applicable; (3) service start date, if applicable. Follow-up occurs within 10 business days of referral.

Compliance 17.3. Service Coordination. The program keeps in contact with all of the caregiver's social service providers, when in the /care plan, to coordinate the provision of care.

Compliance 17.4. Client Monitoring. The program calls the caregiver every three (3) months, at minimum, to monitor the care plan and ensure timely response to changing needs.

Standard 18: Service Discharge/Termination Procedures

The program follows service discharge/termination procedures.

Compliance 18.1. Voluntary termination of services. Reasons for voluntary termination of caregiver program include:

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

Compliance 18.2. Involuntary Termination of Services. The caregiver program service is terminated (client is discharged from the service) without requiring the client's consent when:

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

Compliance 18.3. The program discusses termination with the caregiver and documents the discussion.

Compliance 18.4. The caregiver's case record in the client tracking system reflects termination of services. Client information will remain closed in the database, but the case can be reopened as needed with a new intake and assessment.

Compliance 18.5. Right to Contest Termination. The program notifies the caregiver of his/her right to contest the involuntary termination of services and to seek a resolution through a Settlement Conference and/Hearing. The client has a right to contest an involuntary termination in the following situations:

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

Compliance 18.6. Notification of Termination to Providers. When caregiver program services are terminated, the caregiver program sends a notification to providers (Home care Agency, Adult Day Program, etc.).

Compliance 18.7. Assistance with Service Needs after Termination. If it appears that the caregiver client being discharged has further need of services, the caregiver program assists the client in accessing appropriate care.

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

Section 2: Staffing/Personnel Management

Standard 19: Staffing
Staff, volunteers, and supervisors are appropriately qualified and trained.

Compliance 19.1. The program employs an adequate number of staff to meet the needs of the number of caregivers the program serves annually.

Compliance 19.2. Staff Qualification. The Director of the Caregiver program and staff providing caregiver services have the qualifications detailed in the program's response to the RFP.

Compliance 19.3. References. The program obtains and verifies at least two professional references for potential employees.

Compliance 19.4. Case aides do not conduct assessments, do not develop care plans, and do not terminate caregivers from the program. MSW interns may conduct assessments and develop care plans with qualified supervision.

Compliance 19.5. Training Requirements. All persons performing screening/intake/assessment functions are trained on interviewing skills and resources. The Caregiver program maintains documentation of training in each worker's personnel file.

Compliance 19.6. Mandated Trainings. The Caregiver program abides by all NYC Aging mandated training requirements.

- All staff and volunteers participate in trainings as required by NYC Aging and the New York State Office for the Aging (NYSOFA).
- Program Directors and Social Work staff complete a minimum of ten (10) hours of trainings per year.
- The program maintains a record of trainings and attendees.
- The program maintains a list of trainings, number of hours, topics, training certificates and/or training confirmation documentation for each staff member.

Compliance 19.7. Orientation. All staff/students/ volunteers receive orientation materials that include program policies and procedures, client's rights, personnel policies, a written job description, program service definitions and NYC Aging's Caregiver Standards.

Compliance 19.8. Supervision. Staff/students/volunteers receive appropriate and regularly scheduled individual and/or group supervision, which includes a discussion of their responsibilities, as well as discussion of caregiver and care receiver cases, concerns, and questions.

Compliance 19.9. Equal Employment Opportunity Requirements. The program has written procedures to address equal employment opportunity complaints and will provide employees with a list of types of discrimination prohibited by law. The program will explain the complaint procedure for employees who believe they have been discriminated against in the workplace.

Standard 20: Background Checks

Compliance 20.1. Background Checks for All Staff. The program conducts criminal background checks on all potential employees and volunteers in compliance with the guidelines set forth in its contract.

Compliance 20.2. Background Checks for Respite Care Workers. The program screens all current and future volunteer respite care workers using the New York State Division of Criminal Justice Services (DCJS) Sex Offender Registry *prior* to that volunteer or staff member being offered a respite cared paid or volunteer opportunity.

- The program prohibits any individual listed on the State's Sex Offender Registry from providing direct respite care services.
- If the program conducts a background check that is more comprehensive and includes a check of the DCJS Sex Offender Registry, the program may continue to use its own background check process instead of following the procedure outlined in these standards.
- If there is uncertainty about an individual's status on the Sex Offender Registry, program must verify that the individual is not listed on the Sex Offender Registry before offering them a paid or volunteer position.
- The program may conduct a background check by telephone on up to five (5) prospective employees or volunteers by calling 518-457-5837 or 1-800-262-3257.

Compliance 20.3. Documentation of Background Check. Copies of background checks are kept on file.

Section 3. Cultural Competence and Language Access

Standard 21: Cultural and Linguistic Competence
The program is culturally and linguistically competent.

Compliance 21.1. Cultural Competence. Caregiver services are provided with respect for cultural differences, preferences, and styles of communication, and with skill in assisting individuals in overcoming cultural and linguistic barriers.

Compliance 21.2. Cultural Competency Training. Caregiver program staff receive cultural competency training, program staff/volunteers speak the languages of their predominant groups of caregivers; and posters and other printed materials are in predominant languages spoken by the caregivers they serve.

Compliance 21.3. Language Access. The program provides language assistance free of charge to persons with limited English proficiency (LEP). At minimum, the program has a telephonic interpretation service contract or similar

community arrangement with a language interpretation services provider to assist LEP individuals. (See also NYC Aging General Standards of Operation, Standard 2)

Section 4. Procedure and Methods

Standard 22: Emergency Planning

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

Compliance 22.1. The program has written policies and procedures for responding to caregiver emergency situations. Examples can include city-wide and weather-related emergencies, sudden illness, domestic violence, suicidal ideation, or possible abuse or mistreatment.

Compliance 22.2. Any situation suggesting a severe or imminent threat to the caregiver's/care receiver's health or safety is documented and reported in accordance with the Caregiver program's written emergency procedures.

Standard 23: Incident /Accident Reporting

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

Compliance 23.1. The program adheres to NYC Aging's policy for recording and reporting accidents and incidents. (See General Standards of Operation, Standard 20.4)

Compliance 23.2. The program uses NYC Aging's Accident/Incident Report Form. (See Appendix A)

Compliance 23.3. The program submits an Accident/Incident Report to NYC Aging no later than three days from the date of the accident/incident.

Compliance 23.4. Upon request, the program provides NYC Aging with Accident/Incident Reports or additional details about information in the report.

Standard 24: Caregiver Feedback

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

Compliance 24.1. The program provides opportunities for regular input from caregivers on satisfaction and service issues and can demonstrate that feedback is considered.

Compliance 24.2. At least annually, the program conducts a quality assurance survey to evaluate the caregiver satisfaction, summarizes the results of the survey, and indicates what steps the program will take to address areas of dissatisfaction. (See Appendix C for copy of the quality assurance survey.)

Standard 25: Contributions

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

Compliance 25.1. The program has written procedures for collecting and documenting contributions.

Compliance 25.2. The program adheres to NYC Aging's contribution guidelines (See General Standards of Operation, Standard 6)

Section 5. Documentation and Record Keeping

Standard 26: Documentation
The Caregiver program maintains required documentation and record of services.

Compliance 26.1. The program maintains current, complete, and accurate caregiver, care receiver, and service information. Care Plan, intake, and assessment information are entered in the client tracking system within 10 business days of completion of the assessment.

Compliance 26.2. The program uses the correct service and unit definitions. (See attached Standard Service Definitions for Caregiver Programs)

Compliance 26.3. The program maintains caregiver and care receiver data, paperwork and supporting documents for six (6) years from the end of the fiscal year in which the caregiver was discharged from the program.

Compliance 26.4. Financial Management of Respite and Supplemental Services. The program has an appropriate accounting system to manage and track respite and supplemental purchases.

Compliance 26.5. The program keeps track of respite and supplemental services utilization by each care receiver or caregiver referred for the service. The program ensures that it receives notice of respite and supplemental delivery from the provider.

Compliance 26.6. The program makes records and documentation available to NYC Aging upon request.

Appendix A: Service Definitions

Standard Service Definitions for Caregiver Programs
July 2023

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

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

NYC Aging Contracted Service	Service Definition	Unit Type

Assistance: Case Management (Caregiver)	A service provided to a caregiver, at the direction of the caregiver:
	• by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described below; and
	• to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the caregiver; and
	
	Includes services and coordination such as—
	• comprehensive assessment of the caregiver (including the physical, psychological, and social needs of the individual);
	• development and implementation of a service plan with the caregiver to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the caregiver, including coordination of the resources and services—
	  ○ with any other plans that exist for various formal services; and
	  ○ with the information and assistance services provided under the Older Americans Act;
	  ○ coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
	  ○ periodic reassessment and revision of the status of the caregiver; and
	  ○ in accordance with the wishes of the caregiver, advocacy on behalf of the caregiver for needed services or resources.
		Hour

Counseling	A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed, who are trained to work with older adults and families and specifically, to understand and address the complex physical, behavioral, and emotional issues and challenges related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training (see definitions for these services.	**Hour**

NYC Aging Contracted Service	Service Definition	Unit Type
Support Group	A service that is led by a trained individual, moderator, or professional, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. Caregiver support groups would not include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials.	**Session**
Training	A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person and/or on-line and be provided in individual or group settings.	**Hour**
Respite – Individual Respite	**<u>Homemaker/Personal Care (HMPC)</u>** Includes assistance with the following tasks on behalf of or to assist a client commensurate with the person's limitations in ADLs or limitations in both ADLs and IADLs: Some or total assistance with: • All the tasks listed under Housekeeping/Chore • Bathing of the person in the bed, tub or shower; • Dressing; • Grooming, including care of hair, shaving and ordinary care of nails, teeth and mouth; • Toileting, including assisting the person on and off the bedpan, commode or toilet; • Walking, beyond that provided by durable medical equipment, within the home and outside the home; • Transferring from bed to chair or wheelchair; • Preparation of meals in accordance with modified diets, including low sugar, low fat, low salt, and lowresidue diet; • Feeding; • Administration of medication by the client,	**Hour** (Excludes travel time)

NYC Aging Contracted Service	Service Definition	Unit Type
	including prompting the client of time, identifying the medication for the client, bringing the medication and any necessary supplies or equipment to the client,opening the container for the client, positioning the client for the medication and administration, disposing of used supplies and materials, and storing the medication properly; • Providing routine skin care; • Using medical supplies and equipment such as walkers and wheelchairs; and • Changing simple dressings **<u>Housekeeping/Chore (HSCH)</u>** Includes some or total assistance with the following tasks on behalf of or to assist a care recipient commensurate with the person's limitations in IADLs: • Making and changing beds; • Dusting and vacuuming the rooms which the person uses; • Light cleaning of the kitchen, bedroom and bathroom; • Dishwashing; • Listing needed supplies; • Shopping for the care recipient; • Laundering for the care recipient, including necessary ironing and mending; • Preparing meals, including simple modified diets; • Paying bills and other essential errands; • Escorting to appointments and community activities **<u>Home Health Aide (HHA)</u>** Provides health care tasks, personal hygiene services, housekeeping tasks and other related support servicesessential to the client's health including: • Assisting with tasks listed under Homemaking/Personal Care; • Performing simple measurements and tests to routinely monitor the care recipient's medical condition; • Preparing meals in accordance with modified diets or complex modified diets; • Performing a maintenance exercise program; • Using medical equipment, supplies and devices; • Changing dressings to stabilize surface wounds;	

NYC Aging Contracted Service	Service Definition	Unit Type
	• Caring for an ostomy after the ostomy has achieved its normal function; • Providing special skin care; and • Administering of medication	
Respite – Individual Overnight	This is an overnight in-home service. Includes Homemaker/Personal Care and Home Health Aide services asdescribed under Respite – Individual Respite.	**Hour**
Respite – Group Respite	**<u>Social Adult Day</u>** A structured, comprehensive program which provides functionally impaired individuals with socialization, supervision and monitoring, personal care and nutrition in a protective setting during any part of the day, but forless than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance and case coordination and assistance. Programs must meet the NYSOFA Regulations for Social Day Care (Title 9, Section 6654.20) • Additional services may include and are not limited to maintenance and enhancement of daily livingskills, transportation, caregiver assistance and case coordination and assistance. • Clients receiving this service are functionally impaired. • All clients are assessed for functional impairments before they are accepted into the program. Each client has an individualized service plan with expected outcomes based on the assessment andneeds of the client. **<u>Adult Day Health</u>** Health care services and activities provided to a group of registrants with functional impairments to maintain their health status and enable them to remain in the community. Programs are located at a licensed residential health care facility or an extension site. Programs are approved by the NYS Department of Health. **Reporting Clarification: Do not report meals.**	**Hour**
Respite - Supervision	Services provided in the home to monitor, guide, and oversee the care recipient's actions and activities. The service provides support to care recipients who are isolated because of physical and/or cognitive limitations.	**Hour**

NYC Aging Contracted Service	Service Definition	Unit Type
Respite – Other Respite	Includes overnight stays (e.g., nursing home, adult home, assisted living facility), sleep-away or day camps forchildren with grandparent or kinship caregivers.	**Hour**
Supplemental Services	Supplemental services complement the care provided by caregivers and addresses the needs of the caregiver. These are not the traditional caregiver services. Supplemental services has a funding cap. No more than 20% of a program's funding can be spent on supplemental services. All funds expended on supplemental services must be associated with a client. These funds may NOT be expended on giveaways. To be eligible for supplemental services a caregiver must be caring for an older person who is defined as frail under the Older Americans Act. This means that the care receiver is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing or supervision…or due to a cognitive or mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. [Sect. 102(22) (A) and (B)].	**See each Supplemental Service type below:**
Supplemental - Escort (Assisted Transportation)	Escorting a person who has difficulties (physical or cognitive) with using vehicular transportation. The Administration for Community Living (ACL)/Administration on Aging (AoA) states that services reported in the assisted transportation/escort category must involve the personal accompaniment of the older person throughout an outing or trip. If a client receives an escort and transportation, the service is counted only under escort. A unit of escort and a unit of transportation cannot both be claimed. **Reporting Clarification:** Assisted transportation/escort is NOT assisting a client to the lady's room or to the counter toreceive their meal at an older adult center. Assistance offered by a van driver in operating a wheelchair lift or walkingwith an older person from the van to his/her front door is not considered assisted transportation/escort – the driver is simply being helpful to the older person as part of regular transportation activities.	**One-Way Trip**

NYC Aging Contracted Service	Service Definition	Unit Type
Supplemental - Friendly Visiting	A scheduled visit to an older person to provide socialization, recreation and the opportunity to observe and report the person's condition and circumstances.	**Contact**
Supplemental – Home Delivered Meal	A hot or other appropriate meal which meets nutritional requirements and is provided to an eligible person forhome consumption.	**Each Meal**
Supplemental – Legal Assistance	Provision of legal advice, counseling and representation by an attorney or other person acting under thesupervision of an attorney.	**Hour**
Supplemental – Other	Includes disposable items such as incontinence supplies, nutritional supplements, laundry services, bill paying,heavy duty cleaning/trash removal, and other items.	**Each Item**
Supplemental – Personal Emergency Response System (PERS	A service which utilizes an electronic device to alert appropriate people of the need for immediate assistance in the event of an emergency in an older person's home.	**One Unit per Month**
Supplemental – Shopping Assistance	Shopping on behalf of an older person.	**Contact**
Supplemental – Telephone Reassurance	Regularly scheduled telephone contact with follow-up as necessary and appropriate.	**Contact**
Supplemental – Transportation	Transportation from one location to another. Does not include any other activity. If a client receives an escort and transportation, the service is counted only under escort. A unit of escort and a unit of transportation cannot both be claimed.	**One-Way Trip**

Appendix B: Incident/Accident Report Form

NYC Department for the Aging

INCIDENT/ACCIDENT REPORT FORM

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

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

DATE: _____

SERVICE PROVIDER/PROGRAM:_____ ID# _____

Bureau/Program Area:

Community Services: [ ] HDML [ ] NORC [ ] Nutrition [ ] Older Adult Center [ ] Transportation

Social Services: [ ] Caregiver [ ] Case Management [ ] Friendly Visiting
[ ] GRC/MAP [ ] Homecare [ ] SADS

Active Aging: [ ] Employment [ ] Foster Grandparents [ ] HIICAP
[ ] Senior Employment/Reserve [ ] Silver Stars

Office of Elder Justice: [ ] Bill Payer [ ] Elderly Crime Victims Resource Center (ECVRC)
[ ] Geriatric Mental Health [ ] HIICAP [ ] Home Sharing
[ ] Tenancy & Eviction Support Services

[ ] Other _____

EXECUTIVE DIRECTOR: **PROGRAM DIRECTOR:**

PROGRAM ADDRESS: **PHONE:**

Date of Incident	Time of Incident	Address/Location of Incident	Name/status of person(s) involved (Client, Staff, Volunteer, Other)

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

[ ] Physical Injury
[ ] Slip/trip/fall (outside/inside)
[ ] Choking
[ ] Burn
[ ] Illness
[ ] Client\workplace violence
[ ] Property damage/vandalism
[ ] Property stolen
[ ] Auto accident
[ ] Auto vandalism
[ ] Hazardous Material Exposure
[ ] Inappropriate Behavior

NYC Aging Incident Form 01/30/2023

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Appendix C: Quality Assurance Survey

National Family Caregiver Support Program (NFCSP) Quality Assurance Survey

The National Family Caregiver Support Program (Caregiver Program) provides a range of supports that assist family and informal caregivers with caring for their loved ones at home for as long as possible.

The Caregiver Program provides the following services:

- Information to caregivers about available services.
- Assistance to caregivers with gaining access to available services.
- Caregiver counseling, support groups, and training.
- Respite care (in-home, out of home, overnight).
- Supplemental services (e.g., home delivered meals, transportation, personal. emergency response systems, home modifications, etc.).

Organization Name is pleased to be able to provide you with assistance through the Caregiver Program. Please take a moment to complete this survey. Your feedback will help us improve the quality of the Caregiver Program and continue to effectively provide services to other families and informal caregivers. We appreciate your response to the survey.

1. How did you hear about the Caregiver Program, and the caregiver services offered by our agency?

- ☐ Friend/Family
- ☐ Newspaper
- ☐ Newsletter
- ☐ Radio/TV
- ☐ Brochure
- ☐ Hospital
- ☐ Case/Care Manager
- ☐ Other

If other, please specify:

---

2. What is your relationship to the person are you caring for?

- ☐ Husband
- ☐ Grandparent
- ☐ Wife
- ☐ Parent
- ☐ Domestic Partner (including civil union)
- ☐ Sister
- ☐ Son/Son-in-law
- ☐ Brother
- ☐ Daughter/Daughter-in-law
- ☐ Non-Relative

☐ Declined to Answer ☐ Other

If other, please specify your relationship:

_____

3. **Was the information about the Caregiver Program made clear to you?**

☐ Yes ☐ No

4. **Below is a list of services and resources available through the Caregiver Program. Please tell us whether you utilized any of these services, and, if so, please indicate your level of satisfaction with the services you received.**

Service	Did you use this service?			If yes, how would you rate the services you received?			
	Yes	No		Excellent	Good	Fair	Poor
Caregiver Case/Care Management							
Caregiver Counseling							
Caregiver Support Groups							
Caregiver Training							
Respite Care (A break from caregiving responsibilities)							
Other:							

If other, please state what other service(s) you received:

_____
_____
_____

5. **If you are not satisfied with a service or rated any of the above as "poor," please tell us about your experience:**

_____
_____
_____
_____
_____

6. **Were services arranged in a timely manner?**

☐ Yes ☐ No

7. **Was the staff member you worked with helpful, and did they assist you with arranging service(s) to meet your needs?**

☐ Yes ☐ No

8. **As a result of the service(s) you have received through the NFCSP:**

	YES	NO	UNSURE
Do you have a better understanding on how to access services?			
Do you feel more confident as a caregiver?			
Do you believe the service(s) you received allowed you to provide care for a longer period of time?			
Do you feel that your level of stress has decreased?			
Do you take more time for your personal health and overall well-being?			

9. **If you were to seek help with your caregiving responsibilities again, would you come back to our program?**

☐ Yes ☐ No

10. **Do you have any suggestions that would help us improve our program?**

_____
_____
_____
_____
_____

11. **What workshops or information could we provide that are of interest to you or you feel would be beneficial in your role as a caregiver?**

_____
_____
_____
_____
_____

12. **Do you have any additional comments about the service(s) you received or your role as a caregiver in general?**

_____
_____
_____
_____
_____

If you would like to be contacted regarding this survey, please provide the following information:

Name:

_____

Mailing Address:

_____
_____
_____

Telephone Number: ( ) ____-_____

If you have any questions about this survey, please contact (Organization Contact Information).

Thank you for taking the time to complete this survey. Your feedback is very important to us!

Please mail the completed survey to Organization Address.