



**Department for
the Aging**

Elder Justice Program

Standards of Operation and Scope of Services

Updated May 2026

Table of Contents

Introduction	2
Section 1: Eligibility and Target Population	2
Standard 1: Eligibility.....	2
Standard 2: Target Population.....	2
Section 2. Informed Consent and Client Confidentiality	3
Standard 3: Informed Consent and Client Confidentiality.....	3
Section 3. Scope	3
Standard 4: Incoming Referrals.....	3
Standard 5: Intake	5
Standard 6: Case Assistance	5
Standard 7: Service and Safety Plan.....	6
Standard 8: Case Monitoring.....	7
Standard 9: Client Counseling.....	7
Standard 10: Supplemental Services.....	8
Standard 11: Holistic Trauma-Informed Care.....	8
Standard 12: Continuity of Care.....	8
Section 4. Procedures and Methods	9
Standard 13: Management of Caseloads.....	9
Standard 14: Outreach and Educational Activities.....	9
Standard 15: Linkages and Collaborative Partnerships.....	10
Standard 16: Program Metrics/System Impact	10
Section 5. Staff Appropriateness and Continuity	11
Standard 17: Staffing.....	11
Standard 18: Staff Qualification.....	11
Standard 19: Supervision and Training.....	11
Section 6. Language Access and Cultural Competency	13
Standard 20: Cultural Competence and Language Access.....	13
Section 7. Levels of Service	13
Standard 21: Budgeted Units.....	13
Standard 22: Unit Definitions.....	13
Section 8. Documentation and Reporting	13
Standard 23: Documentation	13
Standard 24: Reporting.....	15
Section 9. Emergency Preparedness and Planning Procedures	15
Standard 25: Emergency Preparedness.....	15
Definitions and Service Units	16

Introduction

Elder Justice supports the development of systems and programs that (a) prevent abuse from happening, (b) protect people from abusive situations, (c) support people who have experienced abuse to help them recover, and (d) preserve, promote, and empower the independence, choice, and financial security of the client.

NYC Aging's Elder Justice Program plays a critical role in addressing elder abuse in New York City through its dual mission of: (i) ensuring the safety and providing support to New Yorkers 60 years and older who have been abused; and (ii) working to prevent abuse by building awareness, education, training, and outreach.

The Elder Justice program uses a holistic and multi-disciplinary approach to service provision in order to avoid unnecessary duplication, facilitate coordination of services and supports, and to provide elder abuse victims with a seamless continuum of care. To maximize and leverage the services they provide, programs collaborate with NYC Aging's Crime Prevention and Support Services (C-PASS) program, NYC Aging-funded case management agencies, caregiver programs, Naturally Occurring Retirement Communities (NORCs) and older adult centers, as well as the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV) and its Family Justice Centers, the New York City Police Department, courts, District Attorney (DA) Offices, Mobile Crisis Teams, and NYCHA social services, legal services to older New Yorkers providers, Multidisciplinary Teams (MDTs), the Human Resources Administration's Adult Protective Services Program (APS) and other programs, mayoral agencies, legal services providers, law enforcement, and community-based providers.

These standards are applicable to all NYC Aging-funded Elder Justice programs. Elder Justice programs must also adhere to all applicable requirements in the NYC Aging General Standards of Operation found at: [General-Program-Standards-v02-01-2023.pdf](#)

Section 1: Eligibility and Target Population

Standard 1: Eligibility

The program accepts all clients who meet eligibility requirements.

Compliance 1.1. The program accepts clients into the program who meet the following criteria:

- Client is either: (a) aged 60 or over; or (b) is a secondary victim of elder abuse under the age of 60;
- Client resides in the program's catchment area;
- Client or referral source has reported either that: (a) the elder is a victim of mistreatment, including Active/Passive Neglect (see Definitions and Service Units section); or (b) that the older adult is allegedly or presumptively a victim;
- Client does not meet Adult Protective Services (APS) criteria for service (see Definitions and Service Units section); and
- The person responsible for the (alleged) elder mistreatment has a trusting relationship (e.g., a family member, spouse, partner, boyfriend/girlfriend, friend, trusted professional) with the client.

Standard 2: Target Population

The program serves individuals in its contracted service area.

Compliance 2.1. The program serves elder abuse victims/abusers/family systems (this may include persons who were alleged to be elder abuse victims, but allegations were not substantiated) who reside in all community districts in its contracted service area.

Section 2. Informed Consent and Client Confidentiality

Standard 3: Informed Consent and Client Confidentiality

The program has an appropriate protocol for protecting client confidentiality and obtains informed consent. (See also General Program Standards, Section 2.)

Compliance 3.1. Consent to Collect and Record Data. The program obtains consent from the client before a new record containing identifying information is created and entered in the client data system. Verbal consent is acceptable to collect and record data. In these instances, the program must document via case note that verbal consent has been obtained. However, at time of first in-person meeting, client should provide written consent.

Compliance 3.2. Pre-Consent Documentation. The program may document pre-consent efforts made on behalf of new client referrals prior to obtaining consent and must adhere to policies and protocols outlined in the Elder Justice Pre-Consent Protocol issued on January 31, 2025 (see Definitions and Service Units section).

Compliance 3.3. Consent to Refer and Share Information. The program obtains the client's consent before information related to the client's case is released to other professionals and agencies.

Exception: The client's consent is not needed for APS referrals, or in response to emergencies, 911, mobile crisis, or court order, or for the client's case to be presented to an MDT for discussion only.

Compliance 3.4. Consent Revocation. Client consent remains in effect until the consent is revoked. Any client identifying data shared while consent was in effect cannot be rescinded retroactively. No data files may be deleted from the client data system.

Compliance 3.5. Documentation of Consent. The program utilizes the NYC Aging approved consent forms. Signed consent forms are scanned and attached to the client record in the Documents section of the NYC Aging client data system. Electronic signatures are acceptable.

Compliance 3.6. Client Confidentiality. Only authorized personnel have access to program files and the NYC Aging client data system. Client information is shared only when pertinent to service provision.

Section 3. Scope

Standard 4: Incoming Referrals

The program has a procedure for receiving and assessing referrals to determine level of risk and appropriateness/eligibility for service.

Compliance 4.1. The program accepts referrals from NYC Aging or other sources (e.g., self, family member, friend, neighbor, community-based organization, police, DA's office) via phone, email, VIVE, and an electronic referral form. For purposes of determining prospective client eligibility and appropriateness for services, program gathers, at minimum, the information below (all of which must be included as fields on the electronic form):

- Referred older adult's name, full address, age, and contact information (phone number and/or email address, if available).
- Referral source's name, contact information (phone number and/or email address, if available), affiliation and relationship to referred older adult.

- Alleged abuser’s name, relationship to client, address (if available) and age (if available).
- Type(s) of abuse or mistreatment being alleged (physical, sexual, verbal, psychological/emotional, financial, neglect).
- High Risk criteria present (referral from NYPD, self-referral, physical abuse suspected or alleged, lack of access to food and/or water suspected or alleged, Order of Protection in place or being sought).
- Whether the referred older adult is aware that a referral is being submitted on their behalf.
- Safe method(s) and time(s) to communicate with the referred older adult.
- Presenting problem (open field text box).

Compliance 4.2. If the program receives a referral on behalf of an older adult who appears ineligible or inappropriate for Elder Justice services based on the referral content, the program should inform the referral source of the reason(s) the referral is being rejected and provide information and referrals for alternative services that may be appropriate. Each program should create a “Rejected Referrals” client profile in VIVÉ, under which rejections can be captured. Programs may document response to and/or information and referrals provided to a rejected referral via unit entries within the “Rejected Referrals” client profile and should indicate in the Service Comments box:

- Date of referral receipt
- Name of referred older adult
- Reason for referral rejection
- Any other pertinent information, including information and referrals provided.

Exception: if the referred older adult has an existing client profile and was previously known to the program, actions taken to respond to the rejected referral may be documented in that individual’s client profile to maintain continuity of records. In such instances, units may be entered within the client’s profile; programs should not complete a new enrollment or supplemental intake.

Compliance 4.3. If the program receives a referral on behalf of an older adult who appears eligible and appropriate for Elder Justice services based on the referral content, but the referral does not include sufficient information required to conduct client outreach, the program should inform the referral source what additional information is required to accept the referral. In such cases, the program can document these efforts via unit entries within the client’s profile. Programs should not complete the program enrollment and supplemental intake until sufficient information required to conduct client outreach has been obtained.

Note: if the referred older adult does not have an existing client profile in VIVÉ, the program must adhere to all applicable policies outlined in the Elder Justice Pre-Consent Protocol, issued on January 31, 2025 (see Definitions and Service Units).

Compliance 4.4. In order to accept a referral, basic information required to determine program eligibility must be obtained, including the referred older adult’s name, age, full address including apartment number if applicable, and confirmation that abuse or mistreatment by a trusted individual is suspected or alleged. If the referral is accepted, the program attempts to contact the prospective client at least three (3) times within five (5) business days of receiving the referral. If the client is contacted in fewer than three (3) attempts, additional outreach is not required.

Exceptions:

- The following categories are considered “High Risk” (see Definitions and Service Units section) and the first client contact attempt should be made on the same day the referral is received when possible, and must be made within one (1) business day: self-referrals; referrals from NYPD; referrals where an Order of Protection is currently in place or is being sought; and referrals that include allegations of physical abuse and/or lack of access to food and/or water.
- If a client referral meets any of the High Risk criteria specified above, this must be documented by selecting the corresponding section(s) in the supplemental intake form in VIVÉ (see Standard 5).
- In imminently life-threatening emergencies, the program immediately calls 911 and follows up with the client the next business day to assess needs and safety concerns.

Compliance 4.5. For cases referred by NYPD, the program will notify the referring officer as soon as possible via phone and/or email if the client cannot be reached. When safety concerns are present, a joint home visit with the referring officer should be considered as part of the program's outreach efforts, especially for repeat cases known to both parties. If the client cannot be contacted or refuses services, the program must notify the referring officer prior to case closure.

Compliance 4.6. If the program is unable to reach the client after making at least three (3) contact attempts within five (5) business days of receiving a referral, the program:

- Refers the case either: to the NYPD, if there is suspicion that a crime has occurred, or client is in physical danger; or to APS if the person appears APS-eligible and the situation appears to warrant further attention (e.g., the referral source is credible, and the complaint appears real but not life threatening);
- Sends a letter offering generic services, and allows two weeks for the client to respond before closing out the referral; and
- Attempts to notify the referral source that the program was unable to make contact with the client and advises where the case was referred, if applicable.

Standard 5: Intake

The program conducts intakes to determine eligibility.

Compliance 5.1. Within one (1) business day of receiving the referral, if the prospective client appears eligible and appropriate for services based on the referral information provided, and the referral meets the minimum requirements outlined in Standard 4.4, the program must complete the enrollment and complete the Supplemental Intake Form in VIVÉ on behalf of the client. The enrollment and supplemental intake may be completed prior to initial contact. In the supplemental intake, the program must:

- Indicate if any High Risk criteria were met at the time of referral (see Standard 4) to ensure that VIVÉ appropriately flags the case as High Risk and calculates the correct date by which the first initial client contact must be completed; and
- Backdate the supplemental intake date to match the date the referral was received by the program, to ensure that VIVÉ appropriately calculates subsequent case action due dates.

Note: if the referral was sent outside of business hours, programs may indicate that the referral was received on the following business day on the supplemental intake form. For example, if a referral is received on Sunday January 1st, programs may backdate the supplemental intake date to Monday January 2nd as that is the first date the office was open and able to receive the referral.

Compliance 5.2. When completing the enrollment and supplemental intake on behalf of a referred client, the program must adhere to all applicable policies outlined in the Elder Justice Pre-Consent Protocol, issued on January 31, 2025 (see Definitions and Service Units).

Compliance 5.3. At time of first client contact, provided the client is willing and able to participate, the program conducts a screening interview, including Crisis Intervention when needed. The screening interview involves an assessment of the prospective client's level of risk and potential for immediate danger, the validity of the alleged abuse or mistreatment reported in the referral, gathering of any additional and relevant information and confirmation that the client is eligible and appropriate for Elder Justice services. This conversation is documented via case notes.

Standard 6: Case Assistance

The program provides case assistance to all clients.

Compliance 6.1. Within five (5) business days of first successful (initial) client contact, the program must begin conducting a comprehensive assessment (“the assessment”) of the client’s needs. Whenever possible, programs should begin the assessment at the time of first (initial) client contact. To begin the assessment, the program conducts a private, face-to-face, telephone, or virtual interview with the client in a location that is in the best interests of the client and respects the client’s need for privacy, safety, support, and protection. (The assessment forms can be found in NYC Aging’s client data system). To the extent possible, the program gathers information about:

- The client’s physical, environmental, behavioral, psychological, economic and social situation;
- The nature, cause and progression of the elder abuse that has occurred/is occurring, including the persons involved and their relationship(s);
- The client’s strengths;
- The client’s ambivalences and ability to understand their current situation, including the potential consequences of remaining in the abusive situation; and
- The client’s wishes, desires, and goals.

Compliance 6.2. As part of the assessment, the program completes a Service and Safety Plan with the client and completes the Service and Safety Plan, Abuser Details and Risk Factor forms in NYC Aging’s client data system. Whenever possible, the initial safety plan is to be completed during the first (initial) client contact as part of the assessment. The service and safety plans are used as the basis for service delivery throughout the case duration and should be reviewed as appropriate with the client and updated as needed in the assessment form and/or case notes (See also Standard 7).

Compliance 6.3. As part of the assessment, the program screens the client for depression using the Patient Health Questionnaire 9 (PHQ-9) and screens for anxiety using the Generalized Anxiety Disorder Scale (GAD-7) or documents the reason(s) why the screening could not be conducted. If the victim scores ten (10) or above on either the PHQ-9 or GAD-7, is not already receiving mental health services and gives consent, a referral is made to an appropriate program for mental health services.

Compliance 6.4. With the client’s consent, the program makes collateral contacts with other appropriate parties (e.g., physician, social worker, health unit, hospital, older adult center staff, etc.) as needed. The program offers services but does not share client information without consent from the client.

Compliance 6.5. Within twenty (20) business days from date of assessment initiation, the assigned worker completes the comprehensive assessment, including a service and safety plan, enters the information into NYC Aging’s client data system and submits the assessment to their supervisor for review and approval.

Compliance 6.6. Within ten (10) business days of assessment submission by the assigned worker, the supervisor reviews the assessment and must either approve the assessment or, if additions or edits are needed, return it to the assigned worker.

Compliance 6.7. If the assessment is returned by the supervisor, within five (5) business days the assigned worker must complete any edits or additions and re-submit the assessment to the supervisor for re-review and approval.

Compliance 6.8. Within five (5) business days of assessment re-submission by the assigned worker, the supervisor must re-review and approve the assessment.

Standard 7: Service and Safety Plan

The program develops and implements the Service and Safety Plan and appropriately documents progress and changes.

Compliance 7.1. The program uses information obtained through the assessment to develop a Service and Safety Plan together with the client that addresses the issues/problems the client wants to resolve and takes into account their needs, fears, strengths, and preferences. The Service and Safety Plan includes:

- Problems/needs the client agrees to address and long/short term goals and objectives for achieving these;
- Major action steps to be undertaken by the program and the client, including:
 - Case assistance activities as needed by the client (e.g., planned contacts/referrals/criminal-legal system support, assistance obtaining entitlements and benefits, application to Office of Victims' Services funds);
 - Type(s) of counseling that will be provided and its purpose (e.g., Supportive Counseling; participation in a support group; group and/or individual clinical therapy) and details how counseling will be provided (by the program, through referral or through sub-contract);
 - Activities to address needs of client/family (if both client and the alleged abuser consent); and
 - Supplemental Services, as needed (types and how they will be provided) (see Standard 10).
- Anticipated outcomes; and
- Outcome criteria that will be used to evaluate whether the client's objectives have been accomplished and goals have been met.

Compliance 7.2. The program recognizes and respects the client's right to self-determination at all stages of the service and safety planning process.

Compliance 7.3. The program captures all planned actions in the written service and safety plan. Actions are carried out within the timeframes designated in the service and safety plan. If an action is not taken within the designated time frame, the reason for this is clearly stated in the case record.

Compliance 7.4. The program encourages the client to carry out any actions for which they have responsibility.

Compliance 7.5. During supervision, the service and safety plan is reviewed for continuing appropriateness to the client's needs/wishes and revised when necessary, and changes are documented within the assessment form and/or case notes. This review is documented by the supervisor in the client data system with action steps for the Elder Justice program clearly defined, including revisions to the service and safety plan when necessary.

Compliance 7.6. The case record clearly indicates whether each service and safety plan action was achieved, and if not, the program states the reason. If any identified service needs are not met, case notes must indicate why those needs were not addressed. If changes to the service and safety plan are needed after the assessment is finalized, they are documented in case notes.

Standard 8: Case Monitoring

To monitor cases, the program contacts clients at least every twenty (20) business days while the case is active.

Compliance 8.1. Case monitoring and follow-ups are defined as attempted or successful client contacts and are conducted, at minimum, every twenty (20) business days. Case monitoring actions are captured in the client data system to document compliance and accurately reflect dates of attempted and successful client contacts.

Standard 9: Client Counseling

The program provides ongoing Supportive Counseling to all clients.

Compliance 9.1. All clients are eligible to receive Supportive Counseling once consent is obtained, if appropriate (see Definitions and Service Units).

Compliance 9.2. When needed, clients receive formal, structured Counseling and/or Support Group therapy, in accordance with the service definitions. The program is highly encouraged to provide at least one Support Group at any given time. (See Definitions and Service Units.)

Compliance 9.3. Clients in crisis receive Crisis Intervention counseling (See Definitions and Service Units section).

Standard 10: Supplemental Services

The program provides budgeted Supplemental Services directly or through subcontract.

Compliance 10.1. The program provides/arranges for budgeted Supplemental Services in accordance with service definitions. (See Definitions and Service Units.)

Standard 11: Holistic Trauma-Informed Care

The program provides services to the alleged abuser when in the client's best interest.

Compliance 11.1. With approval from the supervisor, the elder justice program may work with the client through a family systems approach to address the service needs of the alleged abuser if it is determined that those needs, if met, would positively impact the client's health and improve safety. For example, the program may connect an adult alleged child abuser with needed health or substance abuse services. The program may also provide Case Assistance to the alleged abuser, either separately or jointly with the client.

Compliance 11.2. Where applicable, with the consent of and in close coordination with the client, the program works with alleged abusers, primarily by providing referrals to trusted and known entities (e.g., housing, employment, physical health, mental health and substance abuse services). Provision of information and referral to the alleged abuser needs to work in complement with services to the client. The goal is to address and end cycles of family mistreatment and support the client by supporting and strengthening the family system.

Compliance 11.3. Services provided to the alleged abuser are documented in the client's record. A separate case is not opened for the alleged abuser.

Standard 12: Continuity of Care

The program ensures continuity of care when clients are referred to other systems or to NYC Aging-funded service agencies.

Compliance 12.1. When the program refers an established client to APS, the program follows up with APS to ascertain disposition within five (5) business days of the referral. The worker continues to be engaged in the client's case (i.e., the case is kept open, with all required follow-ups continuing) until it can be officially documented that APS has assigned a worker to the client, at which point the program closes the case indicating that APS has assigned a case worker.

Exception: The case is kept open if the program is able to provide services not available through APS. Explanation of why the case is open at both agencies is documented in the case notes.

Compliance 12.2. When a client is referred to another service provider, the program continues to provide elder abuse services based on program expertise. When the provider is a case management, caregiver services, or

NORC program, the program maintains appropriate contact with such provider concerning the client's status or until elder abuse services are no longer needed.

Compliance 12.3. If the client opts to discontinue service, the program helps the client identify emergency contacts and community resources and assists with safety planning and accessing resources that will be of assistance to them (e.g., home care, social activities).

Compliance 12.4. The program uses various strategies to engage clients who decline services, for example, reviewing obstacles with their supervisor, creating a safety plan, or offering to check in with the client at another time. Programs should respect a client's right to self-determination after various strategies to engage the client have been utilized. Non-response protocol should follow case closing protocol as defined in Standard 13, Compliance 13.3.

Section 4. Procedures and Methods

Standard 13: Management of Caseloads

The program manages caseloads in accordance with NYC Aging guidelines.

Compliance 13.1. The program maintains sufficient caseloads required to meet their contracted targets for service delivery and ensures that cases meet all program standard requirements while active. (See Service Definitions and Units section)

Compliance 13.2. The program closes cases with supervisor consultation and documented approval when:

- The client's goals are achieved, and services are no longer needed;
- The client refuses further program services/requests case closure;
- The client demonstrates a consistent pattern of noncompliance with the service plan;
- The client no longer needs the service as they have passed away, moved or been placed in a nursing home;
- The client needs different or a higher level of service than the program can provide (e.g. APS when they officially take over); or
- The case is inactive (i.e., the client is non-responsive and/or no service has been provided for twenty (20) or more business days).

Compliance 13.3. To close a case:

- The assigned worker reviews the case to confirm all required documentation has been entered and the case is appropriate for closure and then adds a case note indicating the reason for closure, including any final safety plan discussed with the client when needed.
- The case is submitted to the supervisor for review; once reviewed, the supervisor inputs a case note and unit entry indicating the case was reviewed and approved for closure.
- The supervisor reviews all unit entries to confirm documentation is complete prior to closing the case.
- The supervisor inputs the closing information, and the program enrollment is closed. Best practice is for cases to be closed within five (5) business days of submission to supervisor for review.

Standard 14: Outreach and Educational Activities

The program conducts outreach and educational activities, with particular attention to increasing utilization of elder justice services and increasing awareness of elder abuse and exploitation, including financial crimes, fraud and scams.

Compliance 14.1. All presentations, outreach and educational activities must be culturally competent and targeted to increase awareness of elder abuse and exploitation, and of available services. Outreach and Education Activities:

- Must include presentations and outreach to older adult, community and professional audiences.
- May be conducted through various methods, including community events, service fairs, virtual or in-person meetings, mailings, phone calls, etc.

Compliance 14.2. Outreach and educational activities are conducted as planned and within projected timeframes required to meet contracted targets.

Compliance 14.3. The program conducts its educational presentations for older persons in locations that are geographically accessible to older adults from all neighborhoods of the program's service area. These presentations may also be conducted virtually.

Compliance 14.4. The program's Outreach and Educational Activities must be responsive to community need(s) as determined and identified by the program.

Compliance 14.5. Each program is required to hold at least one (1) annual event either: in June, to acknowledge and bring awareness to World Elder Abuse Awareness Month; or in October, to acknowledge and bring awareness to Domestic Violence Awareness Month.

Compliance 14.6. Each program is required to collect and retain backup documentation of all Outreach and Education Activities. This documentation is reviewed as part of NYC Aging's Annual assessment to validate the accuracy of Education and Outreach units entered in VIVE. At the end of each contract period, programs must electronically submit all Education and Outreach backup documentation to NYC Aging.

Standard 15: Linkages and Collaborative Partnerships

The program develops linkages and collaborative partnerships with a broad range of agencies and organizations in order to meet the multi-service needs of victims.

Compliance 15.1. The program develops and maintains collaborative working relationships with a range of providers such as: law enforcement (NYPD), designated police precinct(s), domestic violence officers, housing police; appropriate courts; the District Attorney's Offices; the NYC Family Justice Centers; the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV); legal service providers; older adult centers and NORCs; case management agencies; Mobile Crisis Teams; HRA's Adult Protective Services (APS); NYCHA; caregiver programs; MDTs; Safe Horizon; and faith-based programs.

Compliance 15.2. Referrals made by the program demonstrate robust linkages with NYC Aging-funded contractors; other community resources; legal providers where appropriate; law enforcement agency where appropriate (the District Attorney's Office, the NYPD, and the Attorney General's Office).

Compliance 15.3. The program's educational presentations demonstrate coordination with a wide range of organizations, agencies, and other types of resources.

Compliance 15.4. The program maintains a linkage with its borough's NYC Family Justice Center to accept referrals.

Standard 16: Program Metrics/System Impact

The program reports on program process/output measures and key outcomes.

Compliance 16.1. The program reports both process/output measures as required in VIVÉ and outcome indicators via case closure reason codes at time of enrollment inactivation in VIVÉ. These data may be provided to each program annually as a tool to assess program results, impact and opportunities for quality and practice improvement.

Section 5. Staff Appropriateness and Continuity

Standard 17: Staffing

Program staffing is sufficient to serve the program's catchment area and the proposed number of clients.

Compliance 17.1. The program has the capacity at all times to assign a qualified elder abuse worker to each elder abuse client and to provide all Elder Justice activities.

Compliance 17.2. All persons reporting units appear on the contract budget or are included (in-kind) in the budget narrative.

Standard 18: Staff Qualification

Only qualified persons provide client services.

Compliance 18.1. The Program Director and at least one supervisor has an MSW degree or LCSW credentialing, or a Master's degree in a related field and with significant relevant experience.

Compliance 18.2. Each Elder Justice worker who provides direct services has an MSW degree or LCSW credentialing or closely related Master's degree, or a Bachelor's in Social Work (BSW) or closely related Bachelor's degree and two (2) years of relevant experience.

Note: Effective July 1, 2022, if the program wishes to hire anyone without these credentials, the program must obtain pre-approval from NYC Aging to do so.

Compliance 18.3. Elder Justice workers and their direct supervisors engaged in direct counseling services have at least two (2) years of documented experience in counseling under the supervision of a licensed psychiatrist, social worker or psychologist.

Compliance 18.4. Persons that work with clients demonstrate the following competencies:

- Cultural sensitivity/competence in recognizing and addressing the special needs and challenges of New York City's diverse populations, including different socio-economic, racial and ethnic older populations as well as recent immigrants, and lesbian, gay, bisexual, and transgender older adults.
- Thorough knowledge of the various forms of elder abuse and the impact of elder abuse on physical, mental, sexual, financial, social and psychological well-being.
- Skill in evaluating the client's current situation including potential dangers.
- Skill in utilizing information about the client's fears, concerns, ambivalence and wishes to support engagement and understand the client's needs.
- Thorough knowledge of community resources for older adults and elder abuse victims.
- Ability to utilize good judgment and prudence.
- Trauma informed principles and practices.
- Ability to employ a family system approach to the work.

Standard 19: Supervision and Training

Persons providing elder abuse services are appropriately trained and supervised.

Compliance 19.1. All direct service staff attend 14 hours of training annually on issues related to elder abuse and/or direct service practice. Training is provided by reliable sources (e.g., NYC Aging, NYSOFA, ACL, other government agencies or reputable non-profits).

Note: Part-time staff members and those who are hired mid-year attend training hours in proportion to their annual work hours. Programs may use the Staff Roster template provided by NYC Aging to calculate prorated training hours.

Compliance 19.2. Proof of completion of required staff training must be maintained by each program and submitted electronically to NYC Aging at the end of each contract year. Programs should utilize the Training Log provided by NYC Aging to document training compliance for program staff and adhere to all documentation and reporting requirements outlined in the Training Log instructions. As part of NYC Aging's Initial Program Assessment, staff training logs may be reviewed as a mid-year check; this mid-year review will not be evaluative but may be performed to confirm if staff are on track to reach the annual training requirements.

Compliance 19.3. Newly hired direct service staff must complete NYC Aging's Elder Abuse Awareness and Prevention e-Learning module(s) within the first ten (10) business days of employment and cannot be assigned any Elder Justice client cases until they have completed the required e-Learning module(s). Supervisors are required to complete e-Learning modules 1 and 2; non-supervisors are required to complete e-Learning module 1 but may complete module 2 if they elect to do so. Providers must request VIVÉ access for new staff by emailing NYC Aging; VIVÉ access will not be granted without proof that new staff have completed the required Elder Abuse Awareness and Prevention e-Learning module(s).

Note: Beyond this required new staff training, each Program Director and Supervisor(s) should determine appropriate training for each newly hired staff member, based on their individual background and skillset. The 2011 Under the Radar Prevalence Study on Elder Abuse in New York State may be useful to newly hired staff, in addition to other relevant materials and trainings identified by Program Director(s) and Supervisor(s).

Compliance 19.4. Supervisor(s) hold scheduled sessions with each direct service worker (and each student intern working with clients) at least every twenty (20) business days. It should be noted that this is a minimum standard; staff who are new to elder abuse direct service, managing high-risk or complex cases and/or require a higher level of oversight may require more frequent supervision. Each program is expected to provide the level of supervision needed to ensure adequate service provision in compliance with program standards. Supervision may be provided individually or to a group of workers. For each client discussed, the supervisory session is documented by the supervisor in the client file in NYC Aging's client data system.

Compliance 19.5. Supervisor(s) conduct and program maintains annual written evaluations of all program staff, volunteers and interns who provide elder abuse services, and will make such available to NYC Aging upon request.

Compliance 19.6. The program provides appropriate training to enhance skill deficits noted. (e.g., interviewing, assessment, case planning, cultural competence, trauma informed practice, and working with abusers/family system).

Compliance 19.7. The program is responsible for the recruitment and screening of employees and volunteers performing work, including the verification of credentials, references, background checks and suitability for working with clients and participants. The program complies with all Federal, State and city laws. Copies of background checks are kept on file.

Compliance 19.8. Key positions are filled within three (3) months of vacancy, or the program can document strenuous efforts to fill important vacancies.

Section 6. Language Access and Cultural Competency

Standard 20: Cultural Competence and Language Access

The program is linguistically and culturally competent. (See also NYC Aging General Standards of Operation, Standard 9)

Compliance 20.1. The program informs individuals with Limited English Proficiency (LEP) of the availability of free language assistance by providing written notice in the language LEP persons will understand at the service location.

Compliance 20.2. Language Access. The program provides language assistance free of charge to LEP persons. At minimum, the program has a telephonic interpretation service contract or similar community arrangement with a language interpretation services provider to assist LEP individuals.

Compliance 20.3. Cultural Competence. 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 20.4. Best practice is to employ bilingual staff who are reflective of the neighborhoods served.

Section 7. Levels of Service

Standard 21: Budgeted Units

The program provides the annual budgeted units for case assistance and counseling.

Compliance 21.1. The total number of new clients served, and units delivered for core services (combined case assistance and counseling, and education and outreach) is within the 10% variance allowed by NYC Aging.

Standard 22: Unit Definitions

The program uses the correct unit definitions in documenting the provision of services.

Compliance 22.1. Units of core services and supplemental services reported by the program conform to NYC Aging unit definitions (See Service Definitions and Units section).

Compliance 22.2. A unit of elder abuse education is each planned, organized and scheduled educational activity attended by at least four persons. A sign-in sheet must be utilized to include the names and titles of the individuals in attendance for all professional trainings. The program retains copies of all sign-in sheets for documentation and review by NYC Aging. If fewer than four (4) persons attend, the activity cannot be reported as education/training.

Section 8. Documentation and Reporting

Standard 23: Documentation

Compliance 23.1. The program maintains required documentation of client and service information. To the extent possible, all program records should be maintained electronically.

Compliance 23.2. For records that cannot be maintained electronically, the program maintains paper documentation in compliance with Article 5, Section 5.02 of Appendix A of the City’s Standard Human Services Contract. Case files are available to authorized personnel at all times. If for any reason a file needs to be removed (e.g., for court appearance), a complete copy of the record remains on site and is stored electronically whenever possible.

Compliance 23.3. Each client’s case record contains the following:

- A completed Intake.
- A completed/approved Assessment.
- Client’s Service and Safety Plan and amendments to the plan.
- Signed consent forms, or case note documentation of verbal consent.
- Copies of any legal documents (e.g., police reports, order of protection, etc.) related to the case.
- Programs’ case notes which clearly explain and substantiate units indicated in NYC Aging’s client data system.
- Supervisory reviews.
- Closing summary.

Note: Documentation of all case actions including Case Notes, Unit Entries, Assessments and Events are entered into VIVÉ within five (5) business days of the event date.

Compliance 23.4. The program enters information on each support group into NYC Aging’s client data system, including name of the individual worker(s) facilitating the group, and date of the group. Corresponding case notes are maintained in each group participant’s case file.

Compliance 23.5. The program maintains a record of all elder abuse prevention and outreach activities, including agendas, flyers, and activity sign-in sheets. Events are documented in the client data system.

Compliance 23.6. The program maintains the following information in NYC Aging’s client data system on Supplemental Services provided to clients as detailed below. Related documents and receipts of service must be uploaded as attachments within the client data system, as applicable.

Escorted Trips. Documentation (via case notes and/or unit entries within each client’s case record) indicates:

- Name of worker escorting a client.
- Date service was provided.
- Destination for each trip (e.g. court, health care, police, return home, etc.)

Transportation. Documentation (via case notes, unit entries and/or documents section in each client’s case record) indicates:

- Name of worker coordinating transportation.
- Mode of transportation.
- Date service was provided.
- Destination (e.g., court, health care, police, return home, etc.)
- Receipt of payment or invoice from vendor

Security Device Installation. Documentation (via case notes, unit entries and/or documents section in each client’s case record) indicates:

- Name of worker arranging for the installation of the home security device.
- Date service was provided.
- Type of device installed.
- Receipt of payment or invoice from the vendor.
 - Note: When the alleged abuser resides in the home security devices cannot be installed on an entry door unless there is either a Criminal or Family Court Full Order of Protection in effect.

Emergency Cash Assistance/Emergency Financial Assistance. Documentation (via case notes, unit entries and/or documents section in each client's case record) indicates:

- Date financial assistance was provided.
- Type of financial assistance provided (cash to client or check/other payment to vendor).
- Purpose of assistance.
- Receipt of purchase, invoice or proof of bill payment from vendor where applicable.

Legal Assistance. Documentation (via unit entries only within each client's case record) indicates:

- Name of attorney providing the service
- Date service was provided.
- Time spent

Standard 24: Reporting

The program accurately completes and submits all reports and data required by NYC Aging.

Compliance 24.1. The program complies with NYC Aging's requirements for submitting reports and other data.

Compliance 24.2. Submissions to NYC Aging are accurate, complete and timely.

Section 9. Emergency Preparedness and Planning Procedures

Standard 25: Emergency Preparedness

The program maintains emergency procedures. (See also General Program Standards, Standard 28)

Compliance 25.1. The program has comprehensive accident and emergency procedures, which includes fire/other evacuation emergency procedures.

Compliance 25.2. The program requests and maintains emergency contact information for all clients, when available.

Definitions and Service Units

Elder Abuse

Elder Abuse refers to any of several forms of maltreatment of a person aged 60 or older by someone who has a special or “trusting” relationship with the elder (e.g., a spouse, sibling, child, friend or caregiver).

Forms of Elder Abuse

- Physical abuse is the non-accidental use of force that results in bodily injury, pain or impairment, including but not limited to, being slapped, burned, cut, bruised or inappropriately restrained.
- Sexual abuse is non-consensual contact of any kind, including but not limited to, forcing sexual contact with the abuser or forcing sexual activity with a third party.
- Emotional abuse is the willful infliction of mental or emotional anguish by threat, humiliation, intimidation or other abusive conduct, including but not limited to, frightening or intimidating an older adult.
- Active neglect means willful failure by the caregiver to fulfill the care functions and responsibilities assumed by the caregiver, including but not limited to, abandonment; willful deprivation of food, water, heat, clean clothing and bedding, eyeglasses, dentures, and/or required assistive devices; or denial of health-related services.
- Passive neglect means the non-willful failure of a caregiver to fulfill the care functions and responsibilities assumed by the caregiver due to inadequate caregiver knowledge or infirmity. Forms of passive neglect include, but are not limited to, abandonment; denial of food, water, heat, clean clothing and bedding, eyeglasses, dentures, and/or required assistive devices; or denial of health-related or other prescribed services.
- Financial abuse/exploitation is the improper use of an older person’s funds, property or resources by another individual, including but not limited to, fraud, false pretense, embezzlement, conspiracy, forgery, falsifying records, coercing property transfers or denying access to assets.

APS (Adult Protective Services)

Physically and/or mentally impaired adults who are at risk of harm can get help through the Adult Protective Services Program (APS) of New York City’s Human Resources Administration. APS is available to persons who: are 18 years of age and older without regard to income who are mentally and/or physically impaired; due to these impairments, are unable to manage their own resources, carry out the activities of daily living, or protect themselves from abuse, neglect, exploitation or other hazardous situations without assistance from others; and have no one available who is willing and able to assist them responsibly.

Case Assistance Service

Case assistance is a core Elder Justice program service. Elder Justice case assistance includes but is not limited to:

- Screening, intake, and client evaluation, including depression and anxiety screening.
- Development of a safety plan with the client.
- Development of a service plan with the client.
- Provision of accurate and sufficient information about resources, services, and opportunities (e.g., legal options and instruments, supportive services) to facilitate informed decision-making.
- Assistance with applying for benefits, entitlements, and services, including but not limited to legal services, case management services, caregiver services, SCRIE, SNAP, medical care, counseling services, faith-based services, transportation, sources of financial assistance, and/or installation of security devices.
- Assistance with filing for funds from the Office of Victims Services; obtaining orders-of-protection; filing police reports; filing reports with the Attorney General’s Office and/or the District Attorney’s Offices; and/or filing a mental hygiene warrant to assist the abuser in getting mental health services.

- Assistance with obtaining emergency shelter and/or respite services for the victim.
- Advocacy on behalf of clients to obtain services or benefits or to prevent or forestall actions such as eviction, service cut-off, and/or denial of benefits.
- Referral to and coordination with other agencies on behalf of clients (e.g., APS, banks, social service organizations, medical providers, government entities and programs).
- Accompanying a client to court, police station, medical appointment, etc.
- Communication with clients (in-home, office, or via telephone or mail/email).
- Communication with collateral contacts on behalf of the client.
- Working with the abuser, when it is deemed to be appropriate and beneficial to the client and with the client's consent.

Case Assistance Unit. A unit of Elder Justice case assistance is each hour, including quarter hours (0.25), spent conducting a case assistance service (or services). It also includes:

- completion of paperwork related to a client's case;
- documentation in client's case record, including computer entries;
- case supervision;
- making collateral contacts on behalf of the client;
- traveling to meet with the client

Note: Case Assistance can be counted at any point in the process via units entered within the client enrollment.

The case assistance unit does **not** include professional development, such as continuing education, NYC Aging's trainings, participation in community meetings, or activities related to program promotion and marketing.

Counseling Service

Counseling is a core Elder Justice program service. The program provides the following types of elder abuse counseling:

1. Individual, group, or family crisis counseling, including:

- a. Supportive Counseling
 - Provides validation to the client through reassurance, clarification and empathic listening.
 - Explores emotional barriers to accepting interventions or developing a safety plan, including self-blame.
 - Addresses social isolation by encouraging the client to take advantage of existing community services and resources.
 - Educates the client about elder abuse dynamics and its patterns of escalation over time.
- b. Crisis Intervention
 - A time-limited intervention to offer immediate help to address acute distress and restore client to pre-crisis baseline.
 - In cases of imminent life-threatening emergencies, such as a medical emergency, the client expressing suicidal ideation with a plan, the abuser is reported to be armed, the client feels their life is in imminent danger, or other situations requiring prompt attention (usually within 24 hours) the program will call 911.
 - If 911 is called, the program will follow up with the client the next business day to assess the client's needs and safety concerns.

2. Support Groups: Support groups are structured and limited (8-10 weeks) and consist of three or more individuals. Some of the ways support group participation might benefit a client include helping them to feel less lonely, isolated or judged; gain a sense of empowerment and control; improve coping skills and sense of adjustment; and speak openly and honestly about their feelings. Participants may attend virtually or by phone if

they are not able to attend in person. Support groups must be provided by qualified persons (i.e., PhD, LMSW, LCSW, MA or MS in Psychology or in related field; or BSW when supervised by LMSW or PhD level professional).

Note: The support group time limitation does not preclude the program from reconvening the group, extending the group (in consultant with NYC Aging) or having a client continue in a subsequent group.

3. Formal, structured counseling and/or clinical therapy (individual or group therapy): This type of formal, structured counseling/therapy is intended for clients with diagnosable mental health issues such as depression, PTSD, or anxiety or clients with personal problems of a complex nature. It follows commonly accepted therapeutic techniques, including but not limited to cognitive behavioral therapy, problem-solving treatment, trauma response/debriefing, role play, cognitive reframing, and motivational interviewing. Structured counseling and/or clinical therapy:

- Must be provided by qualified persons (i.e., LMSW, LCSW, MA or MS in Psychology or in related field; PhD in Psychology or related field).
- May be provided in-person or over the phone.
- May occur in the client's home or in the office setting.

Counseling Unit. A unit of elder abuse counseling is a minimum of one-half hour (0.50) spent providing unplanned or planned face-to-face counseling services to a client or group (homebound and individuals in need of immediate crisis intervention may be assisted virtually or via telephone). Counseling is provided by program workers, except for Support Groups, which may be provided via subcontractor. A counseling unit may be reported for:

- Individual, group, or family crisis counseling.
- Structured and time limited support group sessions (8-10 weeks with 3 or more individuals).
- Support group preparation time – one hour for each support group session delivered by the program to a group of three or more clients.
- Updating counseling, therapy or support group related case notes.
- Case supervision on counseling, therapy and support group clients.
- Travel time to meet with the client.

High Risk

An incoming referral is considered "High Risk" if any of the following criteria are met. In these cases, initial contact should be attempted on the same day the referral was received when possible and must be attempted within one (1) business day of receiving the referral. The case must be flagged as High-Risk in VIVÉ via the supplemental intake form. See Compliance 4.3.

- The client has contacted the program to request services (i.e., a self-referral).
- The case was referred by NYPD.
- Physical abuse is suspected or alleged.
- Lack of access to food and/or water is suspected or alleged.
- The client currently has or is seeking an Order of Protection.

An open or ongoing case may be considered "High Risk" if any of the criteria listed above become known. In these cases, a higher level of service – which would include, but not be limited to, more frequent client contact, follow up on identified service needs, and more frequent staff supervision – may be warranted to ensure client safety and appropriate service delivery. Programs may use their discretion when determining whether to upgrade an open/active case to High Risk status. If elevated, the upgrade to High Risk must be documented in VIVÉ by creating a new form in the "High Risk" tab.

Some examples of reasons to upgrade a client's risk level include but are not limited to:

- New allegations of physical abuse or threats with deadly weapons.

- New allegations of severe neglect, including no access to food and/or water, lack of heat when required by City regulations or the withholding or medication(s) by the alleged abuser.
- New allegations of forced isolation, including being prevented from contacting family, friends, medical providers, etc.
- A recent escalation in the severity or frequency of reported abuse.
- A Criminal or Family Court Order of Protection is put into place or the client seeks one.

New Client

A new client is any individual whose case has been opened (Intake information entered into NYC Aging's client data system) during a designated time period because the client meets the following eligibility criteria:

- Client is aged 60 or over or is a secondary victim of elder abuse under the age of 60;
- Client lives in the program's catchment area;
- Client or referral source has reported that the elder is a victim of mistreatment, including active/passive neglect (see definition of Elder Abuse) or that the elder is allegedly or presumptively a victim;
- Client does not appear to meet APS criteria for service; and
- The person responsible for the alleged elder mistreatment has a trusting relationship with the client (e.g., is a family member, spouse, partner, boyfriend/girlfriend, friend, trusted professional).

The count of new clients must be unduplicated.

- "New clients" are: (1) clients with case files newly created and opened during the present contract year; (2) clients with case files closed during the previous contract year and reopened during the course of the current contract year; or (3) secondary victims (see definition below) who are provided with services.
- "New clients" are not: (1) clients carried over from one contract year to another; (2) clients closed and reopened during the current contract year; or (3) clients provided with information only.

In order to be included in the new client count a client must receive at least one unit of service.

Safety Plan

Developing a safety plan with the elder abuse client is one of the first concerns of the direct service worker. It helps the client plan in advance how they will try to manage potentially dangerous situations. It includes what the client can do to self-protect against family members who are harmful, what to do if the danger level should escalate, and how to use an order of protection or a restraining order. Safety plan should be reviewed for continuing appropriateness to the client's needs/wishes and revised when necessary, and changes are documented within the assessment form and/or case notes.

Secondary Victim

A secondary victim is a person who either: (1) lives in the elder abuse victim's household and has observed and/or been indirectly or directly affected by the elder abuse situation; or (2) does not reside with the client but has been directly affected by the elder abuse situation. The secondary victim experiences many of the same psychological injuries and feelings as the primary victim.

Units would be counted under Case Assistance.

Supplemental Services

Supplemental services are voluntary client-driven services the program proposed to provide in its Elder Justice proposal or as modified and approved by NYC Aging after the contract's first year of operation. Supplemental

services augment the core services of case assistance and counseling but are not counted towards contract compliance. Supplemental Services include but are not limited to:

Escort. Accompaniment of an elder abuse client to and from locations in the community (e.g., to family/housing court; district attorney's office; police precincts; medical care; and/or shelter services).
A unit of escort service is a one-way escorted trip.

Transportation. Trips provided to a variety of locations and appointments, including medical, court, police and other necessary client appointments.
A unit of transportation is each one-way trip.

Security Devices. Purchase and installation of devices to enhance security, such as locks, gates, and steel doors.
A unit of service may be claimed for each security device installed.

Emergency Cash Assistance. The client may be provided with a payment of cash (up to \$50) for personal expenses (e.g., groceries, metro card and/or clothing). Priority for cash assistance must be given to clients who have limited income and resources.
A unit of emergency cash assistance includes each instance of assistance documented in the client's record.

Financial Assistance. Different from cash assistance, this form of assistance includes payment of client's bills or personal expenses directly to the issuer of the charge. Cash or checks cannot be given to the client. Any expense over \$500 requires NYC Aging's prior written approval.
A unit of financial assistance includes each bill/expense paid on behalf of the client documented by a receipt and maintained in the client's record.

Legal Assistance

Legal assistance includes the following activities related to legal issues: (1) communication with clients in the setting of the client's home or office, or via telephone or mail/email; (2) completion of paper work related to the case(s); (3) case documentation, including computer entries; (4) case consultations/supervision on clients' cases; (5) making collateral contacts on behalf of clients; (6) accompanying clients to court; (7) legal research, including writing and drafting of legal papers; (8) negotiation and legal advocacy; (9) appearances before courts, administrative tribunals and government bodies; and/or (10) legal counseling.

A unit of elder abuse legal assistance is each hour spent providing legal services on behalf of an active Elder Justice client or clients. Active Elder Justice clients include clients enrolled in the Elder Justice program and receiving ongoing monitoring by an Elder Justice worker. Time spent working on the matter must be documented as units in the client's case record, though case notes detailing service provision are not required, in order to maintain attorney-client privilege. The legal assistance unit does not include professional development, such as continuing legal education (CLE) or participation in community meetings. It also does not include activities related to program promotion.

Elder Abuse Respite

Respite offers elder abuse clients temporary relief from the elder abuse situation through a stay at a hotel, motel, or other appropriate alternate setting. It is separate and apart from emergency shelter referrals and stays.
A unit of respite is one overnight stay provided to or purchased for the client by the program.

Pre-Consent Protocol (Issued 1/31/25)

Personal Identifying Information (PII) of new client referrals who have not yet consented to receive services and who are not already in the client management system (VIVE) cannot be uploaded in the client management system until consent to collect their PII is obtained. Personal Identifying Information is any information that can be used to identify an individual.

Note: for existing clients (their PII is already in the system) you can proceed as usual, creating either the intake or service ticket and later obtaining the consent to provide Elder Justice services.

To document pre-consent efforts made on behalf of new client referrals, NYC Aging will provide an Excel spreadsheet template that your program will use to capture and store PII data for clients who have not yet consented to receive services and who are not already in the NYC Aging client data system. The de-identified ID number assigned to each referral in the Excel sheet will then be used to capture case history in the client management system, capturing efforts without violating consent.

Providers will be responsible for maintaining their respective Pre-Consent spreadsheet and ensuring staff utilize it appropriately.

To capture case history for new clients pre-consent:

1. Search the referral's name in the client management system to confirm if they are unknown. If a client profile already exists, document referral follow-up there. If the client is not known in the system, proceed to step 2.
2. Search the referral's name in the Pre-Consent Client spreadsheet. If the referral already has a deidentified client ID number assigned, document referral follow-up under the referral's existing client profile associated with their assigned deidentified client ID. If the referral is not found in the Pre-Consent Client spreadsheet, proceed to step 3 to assign the individual a deidentified client ID.
3. Client data (name, address, phone number and referral source) will be added to the spreadsheet, and a deidentified client ID number will be assigned from the spreadsheet. See example below.

A	B	C	D	E	F
Deidentified Client ID	First name	Last name	Client Address	Client phone num	Referral source
CB0001	Test	Test	2 lafayette	212-123-4567	NYPD
CB0002					

4. Using the deidentified ID as first name, data will be input into the client management system (e.g., referral John Doe would be entered in the client data system (VIVE) as:
 - a. **First Name:** The assigned deidentified client ID from the spreadsheet
 - b. **Last Name:** Program name
 - c. **Address:** Program address
 - d. **Phone number:** Program phone number
5. All services provided before gaining client consent will be documented under the deidentified ID as either service tickets or intakes, as appropriate.
6. Once client consent is obtained, the provider will indicate that consent was obtained on the Pre-Consent spreadsheet, and the provider will update the client's name and address in the client management system to reflect the client's real name and address. Note: If the above process results in a duplicated client record, provider should notify NYC Aging and provide the VIVE ID number associated with the client's primary and duplicate client profiles. Once providers begin using VIVE, duplicate client profiles can be flagged in VIVE, and additional notification to NYC Aging is not required.